# Yekatit 12 Hospital Surgical Safety Checklist

**Patient Name:**

**Card Number:**

**Age & Sex:**

**Date of Operation:**

## Before induction of anaesthesia

(anaesthetist checks with notes and patient)

- **Has the patient confirmed his/her identity, site, procedure, and consent?**
  - Yes
  - No

- **Is the site marked?**
  - Yes
  - Not applicable

- **Are the anaesthesia equipment and medication checks complete?**
  - Yes

- **Does the patient have:**
  - Known allergy?
  - No
  - Yes

- **Difficult airway or aspiration risk?**
  - No
  - Yes: equipment/assistance available
  - Yes: equipment/assistance not available but safe to proceed

- **Is blood required?**
  - No
  - Yes and is prepared and available

## Before skin incision

(circulating nurse checks with scrub nurse, anaesthetist and surgeon)

- **Confirm all team members have introduced themselves by name and role**

- **Confirm the patient’s name & procedure**

- **Has antibiotic prophylaxis been given within the last 60 minutes?**
  - Yes
  - Not applicable

- **Anticipated Critical Events:**
  - To Surgeon:
    - What are the critical or non-routine steps?
    - How long will the case take?
  - Is the anticipated blood loss is > 500ml (7 ml/kg)?
    - No
    - Yes: x2 IV cannula sited and fluid / blood planned

- **To Anaesthetist:**
  - Are there any patient-specific concerns?
  - Pulse oximeter is on the patient and functioning

- **To Nursing Team:**
  - Sterility confirmed
  - Sufficient equipment to proceed

- **Is essential imaging displayed?**
  - Yes
  - Not applicable

## Before patient leaves operating room

(circulating or senior nurse checks with scrub nurse, anaesthetist and surgeon)

- **Nurse Verbally Confirms:**
  - The name of the procedure
  - Completion of instrument, sponge, needle and suture counts

- **Are there any equipment problems to be addressed?**
  - Yes
  - No

- **To Surgeon, Anaesthetist, and Nurse:**
  - What are the key concerns for recovery and management of this patient?

## In specimen / scrub room

(senior nurse checks with scrub team)

- **Specimen labelled correctly?**
  - Yes
  - Not applicable

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Case cancelled ☐ Reason for cancellation.................................

Patient deceased ☐ Cause of death.............................................