



Benecare Multispeciality Hospital Pune with Best Services

This Benecare Hospital checklist aims to reinforce accepted all the best safety practices and foster better communication and teamwork between clinical disciplines and maintenance.

<https://benecarehospital.com/>



Surgical Safety Checklist

Location :

Name of Patient : _____ Name of Procedure : _____		Sex : _____
Date of Surgery : _____ Time of Surgery : _____ Surgeon: _____		Male <input type="checkbox"/>
MPI No : _____ Anaesthetist : _____		Female <input type="checkbox"/>
Before Induction Of Anaesthesia Time: _____ Before Skin Incision Time: _____ Before Patient Leaves Operating Room Time: _____		
Sign In	Time Out	Sign Out
Patient Has Confirmed Identity <input type="checkbox"/> Site <input type="checkbox"/> Side <input type="checkbox"/> Procedure <input type="checkbox"/> Consent <input type="checkbox"/>	Confirm all team members have introduced themselves by name and role <input type="checkbox"/>	Nurse verbally confirms with the team: The name of the procedure recorded <input type="checkbox"/>
Site marked <input type="checkbox"/> Not Applicable <input type="checkbox"/>	Surgeon, anaesthesia professional and nurse verbally confirm Patient <input type="checkbox"/> Site <input type="checkbox"/> Side <input type="checkbox"/> Procedure <input type="checkbox"/>	That instrument, sponge and needle counts are correct or not applicable <input type="checkbox"/>
Anaesthesia safety check completed <input type="checkbox"/>	Implant <input type="checkbox"/> Verification of Pre-operative checklist <input type="checkbox"/>	Has the specimen been labeled(including patient name) <input type="checkbox"/>
Pulse oximeter on patient and functioning <input type="checkbox"/>	Anticipated Critical Events Surgeon reviews: What are the critical or unexpected steps, operative duration, anticipated blood loss? <input type="checkbox"/>	Whether there are any equipment problems to be addressed <input type="checkbox"/>
Does Patient Have: 1. Known allergy? No <input type="checkbox"/> Yes <input type="checkbox"/>	Anaesthesia team reviews: are there any patient-specific concerns? <input type="checkbox"/>	Surgeon, anaesthesia professional and nurse review the key concerns for recovery and management of this patient <input type="checkbox"/>
2. Difficult airway/aspiration risk? No <input type="checkbox"/> Yes, and equipment/assistance available <input type="checkbox"/>	Nursing team reviews: has sterility (including indicator result) been confirmed? Are there equipment issues or any concerns? <input type="checkbox"/>	Post Operative Instruction
3. Risk of >500ml blood loss (7ml/kg in children)? No <input type="checkbox"/> Yes and adequate intravenous access and fluids planned <input type="checkbox"/>	Has antibiotic prophylaxis been given within the last 60 minutes? Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/>	By Surgeon <input type="checkbox"/>
Blood kept standby No <input type="checkbox"/> Yes <input type="checkbox"/>	Antibiotic Name:.....Time of Administration.....	By Anaesthetist <input type="checkbox"/>
Serology status done Negative <input type="checkbox"/> Positive <input type="checkbox"/>	Is essential imaging displayed? Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/>	Recovery Charting Done <input type="checkbox"/>
OT Nurse	Anaesthetist	Surgeon
Name : _____	Name : _____	Name : _____
Signature : _____	Signature : _____	Signature : _____