

Surgical Safety checklist

Patient name:	Procedure:
Patient ID:	Team:
PRE-ANAESTHETIC	PRIOR TO CLOSURE
Patient name & procedure confirmed Owner consent confirmed IV cannula placed & patent Airway equipment available & functioning ET cuffs checked	Instrument count Swab count Needle count
Anaesthetic machine checked Enough oxygen to support patient Breathing system working & correctly connected Person assigned to monitor patient Risks identified & communicated Emergency interventions available	All planned procedures performed Mouth packs/ rectal swabs removed Assessment & intervention plan confirmed Analgesic plan confirmed
PRE-PROCEDURE	RECOVERY
Patient name & procedure confirmed Monitoring equipment attached Depth of anaesthesia appropriate Surgery site prepped Safety concerns communicated Instrument count Swab count Needle count	Safety concerns communicated Airway Breathing Circulation Body temperature Pain Assessment & intervention plan confirmed Analgesic plan confirmed Person assigned to monitor patient

