# AORN Comprehensive Surgical Checklist

Blue- World Health Organization; Green-TJC Universal Protocol/2010 NPSG; Orange-TJC and WHO

## PREPROCEDURE CHECK-IN

### In Holding Area

<table>
<thead>
<tr>
<th>Column</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/patient representative actively confirms with Registered Nurse (RN):</td>
<td></td>
</tr>
<tr>
<td>RN and anesthesia care provider confirm:</td>
<td></td>
</tr>
<tr>
<td>Confirmation of: identity, procedure, procedure site and consent(s)</td>
<td>Yes</td>
</tr>
<tr>
<td>Site marked</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### RN confirms presence of:

- History and physical: Yes
- Preanesthesia assessment: Yes
- Diagnostic and radiologic test results: Yes | N/A
- Blood products: Yes | N/A
- Any special equipment, devices, implants: Yes | N/A

### Include in Preprocedure check-in as per institutional custom:

- Beta blocker medication given (SCIP): Yes | N/A
- Venous thromboembolism prophylaxis ordered (SCIP): Yes | N/A
- Normothermia measures (SCIP): Yes | N/A

## SIGN-IN

**Before Induction of Anesthesia**

- Patient/patient representative actively confirms with RN:
  - Identity: Yes
  - Procedure and procedure site: Yes
  - Consent(s): Yes
  - Site marked: Yes | N/A

- Confirmation of identity, procedure, procedure site and consent(s): Yes
- Site marked: Yes | N/A

**RN and anesthesia care provider confirm:**

- Patient allergies: Yes | N/A
- Difficult airway or aspiration risk: No | Yes (preparation confirmed)
- Risk of blood loss (>500 ml): Yes | N/A
- Anesthesia safety check completed: Yes

**Briefing:**

- All members of the team have discussed care plan and addressed concerns: Yes

## TIME-OUT

**Before Skin Incision**

- Initiated by designated team member:
  - All other activities to be suspended (unless a life-threatening emergency)

- RN confirms:
  - Introduction of team members: Yes
  - All:
    - Confirmation of the following: identity, procedure, incision site, consent(s): Yes
    - Site marked and visible: Yes | N/A
    - Relevant images properly labeled and displayed: Yes | N/A
  - Any equipment concerns?

## SIGN-OUT

**Before the Patient Leaves the Operating Room**

- Name of operative procedure:
  - Completion of sponge, sharp, and instrument counts: Yes | N/A
  - Specimens identified and labeled: Yes | N/A
  - Any equipment problems to be addressed?: Yes | N/A

- To all team members:
  - What are the key concerns for recovery and management of this patient?

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**Anticipated Critical Events**

**Surgeon:**

- States the following:
  - Critical or nonroutine steps
  - Case duration
  - Anticipated blood loss

**Anesthesia Provider:**

- Antibiotic prophylaxis within one hour before incision: Yes | N/A
- Additional concerns?

**Scrub and circulating nurse:**

- Sterilization indicators have been confirmed
- Additional concerns?