



**MEDICAL AND DENTAL COUNCIL CHECKLIST**

MDPCE/55/16

SIGN IN (To be read out loud) Before induction of anaesthesia	TIME OUT (To be read out loud) Before start of surgical intervention for example, skin incision	SIGN OUT (To be read out loud) Before any member of the team leaves to operating room
Has the patient confirmed his/her identity, site, procedure and consent? <input type="checkbox"/> Yes	Have all team members introduced themselves by name and role? <input type="checkbox"/> Yes	<b>Registered Practitioner verbally confirms with the team:</b> <input type="checkbox"/> Has the name of the procedure been recorded? <input type="checkbox"/> Has it been confirmed that instruments, swabs and sharps counts are complete (or not applicable)? <input type="checkbox"/> Have the specimens been labelled (including patient name)? <input type="checkbox"/> Have any equipment problems been identified that need to be addressed  <b>Surgeon, Anaesthetist and Registered Practitioner:</b> <input type="checkbox"/> What are the key concerns for recovery and management of this patient?
Is the surgical site marked <input type="checkbox"/> Yes/not applicable	<b>Surgeon, Anaesthetist and Registered Practitioner verbally confirm:</b> <input type="checkbox"/> What is the patient's name? <input type="checkbox"/> What procedure, site and position are planned?	
Is the anaesthesia machine and medication check complete? <input type="checkbox"/> Yes	<b>Anticipated critical events</b> <b>Surgeon:</b> <input type="checkbox"/> How much blood loss is anticipated? <input type="checkbox"/> Are there any specific equipment requirements or special investigations? <input type="checkbox"/> Are there any critical or unexpected steps you want the team to know about?	
Does the patient have a: Known allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes Difficult airway/aspiration risk? <input type="checkbox"/> No <input type="checkbox"/> Yes, and equipment/assistance available Risk of >500ml blood loss (7ml/kg in children) <input type="checkbox"/> No <input type="checkbox"/> Yes and adequate IV access/fluids planned	<b>Anaesthetist:</b> <input type="checkbox"/> Are there any patient specific concerns? <input type="checkbox"/> What is the patient's ASA grade? <input type="checkbox"/> What monitoring equipment and other specific levels of support are required, for example blood? <b>Nurse/ODP:</b> <input type="checkbox"/> Has the sterility of the instrumentation been confirmed (including indicator results)? <input type="checkbox"/> Are there any equipment issues or concerns?	
<p style="text-align: center;">PATIENT DETAILS</p> Last name:.....  First name:.....  Date of birth:.....  Hospital Number:.....  Procedure:.....	Has the surgical site infection (SSI) bundle been undertaken? <input type="checkbox"/> Yes/not applicable <ul style="list-style-type: none"> <li>• Antibiotic prophylaxis within the last 60 minutes</li> <li>• Patient warming</li> <li>• Hair removal</li> <li>• Glycaemic control</li> </ul> Has VTE prophylaxis been undertaken? <input type="checkbox"/> Yes/not applicable  Is essential imaging displayed? <input type="checkbox"/> Yes/not applicable	

*Handwritten signature and date:*  
 18/10/16