SURGICAL SAFETY CHECKLIST: OBSTETRICS

DOCUMENT TYPE: FORM

Date: _____ **Priority Code:** ☐ Elective ☐ Emergency (STAT / P1 / P2)

<table>
<tr><td>BRIEFING
Before Induction of Anesthesia
Anesthesia Initiates</td><td>TIME OUT
Before Skin Incisions
Surgeon Initiates</td><td>DEBRIEFING
Before Patient leaves OR
Circulating RN Initiates</td></tr>
<tr><td>☐ Team introduction by name and role

Confirm with Patient and Team:
☐ Identity (2 patient identifiers)
☐ Consent
☐ Procedure
• Additional procedures: (Salpingectomy, IUD insertion, cystectomy, other)
☐ Allergies</td><td>Confirm with Team:
☐ Correct Patient
☐ Correct Procedure/Side
☐ Correct Position
☐ Additional Equipment
☐ Allergies</td><td>Confirm with Team:
☐ Procedure as booked
☐ Counts are correct
☐ Specimen for pathology Y/N
• Specimens labelled correctly
• Pathology req. completed
☐ Review of meds given intra-op
• Suppositories
• Epidural morphine
☐ Quantified blood loss recorded</td></tr>
<tr><td>Pre-Op Antibiotics
☐ Yes, given ☐ Not required</td><td>Antibiotic Prophylaxis (given within 60 minutes)
☐ Yes ☐ No ☐ N/A</td><td>VTE Risk Assessment
☐ None ☐ Prophylaxis Required</td></tr>
<tr><td>Anesthetic
☐ Regional (epidural / Spinal) ☐ General</td><td>Team present for delivery
☐ Pediatric
☐ NICU</td><td>Retained Materials
☐ No
☐ Yes
• Sponges recorded
• Patient wrist band on</td></tr>
<tr><td>Risk of Blood Loss >1500mL
☐ No
☐ Yes
• Pre Op Hb done
• Group and Screen
• Cross match
• Cell salvage available</td><td>Additional Concerns
☐ No
☐ Yes
• Patient
• Infant</td><td>Additional Concerns for Recovery
☐ No
☐ Yes
• Patient
• Infant</td></tr>
<tr><td>Confirm Team for Delivery
☐Pediatrics ☐ NICU
Additional Equipment Required
☐Yes ☐ No
Review of any additional concerns with Anesthesiologist, Surgeon and Nurse</td><td></td><td>Patient Disposition
☐PACU ☐ HAU ☐ OTHER
Equipment concerns
☐Yes ☐ No</td></tr>
<tr><td>Present at BRIEFING:
☐ Surgeon
☐ Anesthesiologist
☐ RN team</td><td>Present at TIME OUT:
☐ Surgeon
☐ Anesthesiologist
☐ RN team</td><td>Present at DEBRIEFING:
☐ Surgeon
☐ Anesthesiologist
☐ RN team</td></tr>
</table>

Developed By

BCW Gynecological Surgical Services – Interim Program Manager

Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
01-Dec-2022	C-06-06-62865 Surgical Safety Checklist: Obstetrics	Approved at: BCW Ambulatory Leadership Committee

Disclaimer