

Adult Cardiac Surgery Check List (Template)



Before Induction **SIGN IN**

- PATIENT HAS CONFIRMED**
- IDENTITY
 - SITE
 - PROCEDURE
 - CONSENT
- SITE MARKED/NOT APPLICABLE**
- ANESTHESIA SAFETY CHECK COMPLETED**
- PULSE OXIMETER ON PATIENT AND FUNCTIONING**
- UNOS ID# (IF APPLICABLE)**
- DOES PATIENT HAVE A KNOWN ALLERGY?**
- NO
 - YES
 - DRUGS
 - LATEX
 - OTHER
- DIFFICULT AIRWAY/ASPIRATION RISK?**
- NO
 - YES, AND EQUIPMENT/ASSISTANCE AVAILABLE
- RISK OF >500ML BLOOD LOSS OR (7ML/KG IN CHILDREN)?**
- NO
 - YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED
- BLOOD AVAILABLE**
- SIGN (NURSING):** _____
- SIGN (ANESTH):** _____

Before Skin Incision **TIME OUT**

- CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE: SURGEON, ANESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM**
- | | |
|---|--|
| <input type="checkbox"/> PATIENT | <input type="checkbox"/> SITE/SIDE |
| <input type="checkbox"/> PROCEDURE | <input type="checkbox"/> POSITION |
| <input type="checkbox"/> PERFUSION TEMP | <input type="checkbox"/> BLOOD BORN PATH |
| <input type="checkbox"/> PREP PROTOCOL | <input type="checkbox"/> IMPLANTS AND EQUIP. |
- ANTICIPATED CRITICAL EVENTS**
- SURGEON REVIEWS:**
- CRITICAL OR UNEXPECTED STEPS, AIRWAY OR VENTILATORY ISSUES
 - OPERATIVE DURATION, ANTICIPATED BLOOD LOSS? FLUID MANAGEMENT
- ANESTHESIA TEAM REVIEWS:**
- ANY PATIENT-SPECIFIC CONCERNS?
- NURSING TEAM REVIEWS:**
- HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED?
 - ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?
- HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?**
- YES
 - NOT APPLICABLE
- DVT PROPHYLAXIS?**
- COMPRESSION STOCKINGS
 - SQ HEPARIN
- IS ESSENTIAL IMAGING DISPLAYED?**
- YES
 - NOT APPLICABLE
- SIGN (SURG):** _____

Before Patient Leaves Room **SIGN OUT**

- NURSE VERBALLY CONFIRMS WITH THE TEAM:**
- NAME OF THE PROCEDURE
 - THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT OR NOT APPLICABLE
- POST PUMP ABX**
- MEDICATION/DRIPS**
- HOW THE SPECIMEN IS LABELLED**
- INCLUDING PATIENT NAME
- WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED**
- SURGEON, ANESTHESIA PROFESSIONAL AND NURSE**
- REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT
- SIGN (NURSING):** _____
- SIGN (SURG):** _____