<table>
<thead>
<tr>
<th>Before Induction</th>
<th>Before Skin Incision</th>
<th>Before Patient Leaves Room</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SIGN IN</strong></td>
<td><strong>TIME OUT</strong></td>
<td><strong>SIGN OUT</strong></td>
</tr>
</tbody>
</table>

### PATIENT HAS CONFIRMED
- [ ] IDENTITY
- [ ] SITE
- [ ] PROCEDURE
- [ ] CONSENT
- [ ] SITE MARKED/NOT APPLICABLE
- [ ] H & P CURRENT
- [ ] 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 OR NA

### SIGN (NURSING): ________________________

### SIGN (ANESTH): ________________________

### CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE SURGEON, ANESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM
- [ ] PATIENT
- [ ] SITE
- [ ] PROCEDURE

### ANTICIPATED CRITICAL EVENTS

#### SURGEON REVIEWS:
- [ ] CRITICAL OR UNEXPECTED STEPS, AIRWAY OR VENTILATORY ISSUES
- [ ] OPERATIVE DURATION, PROSTHETICS, 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 OR NA

### DVT PROPHYLAXIS?
- [ ] COMPRESSION STOCKINGS
- [ ] SQ HEPARIN

### IS ESSENTIAL IMAGING DISPLAYED?
- [ ] YES
- [ ] NOT APPLICABLE

### SIGN (SURG): ________________________

### NURSE VERBALLY CONFIRMS WITH THE TEAM:
- [ ] NAME OF THE PROCEDURE
- [ ] THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT OR NOT APPLICABLE

### HOW THE SPECIMEN IS LABELLED
- [ ] CHECK PATIENT NAME
- [ ] NUMBER OF SPECIMENS
- [ ] TISSUE TYPE/ NODAL STATIONS

### 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): ________________________

### BEFORE INDUCTION

### SIGN IN

### BEFORE SKIN INCISION

### TIME OUT

### BEFORE PATIENT LEAVES ROOM

### SIGN OUT