

General Thoracic Surgery Check List (Template)



Before Induction SIGN IN

- 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):** _____

Before Skin Incision TIME OUT

- 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):** _____

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
- 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):** _____