**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 or aspiration risk?
  - No
  - Yes
  - Yes, and equipment/assistance available

- Risk of >500 mL blood loss
  - No
  - Yes
  - Yes, and adequate intravenous access and fluids planned

- Blood bank notified and blood available?
  - No
  - Yes
  - Not applicable

- Conversion equipment readily available? (Robotic, minimally invasive cases)
  - No
  - Yes
  - Not applicable

**Before Skin Incision – TIME OUT**

- Confirm all team members have introduced themselves by name and role.

**Surgeon, anesthesia professional, and nurse verbally confirm:**
- Patient
- Procedure
- Perfusion temp.
- Site
- Position
- Blood born path.
- Prep protocol
- 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:**
- If sterility (including indicator results) has been confirmed
- If there are any equipment issues or concerns

- Has antibiotic prophylaxis been given within the last 60 minutes?
  - Yes
  - Not applicable

- DVT prophylaxis?
  - Compression stockings
  - Medication

- Is essential imaging displayed?
  - Yes
  - Not applicable

**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 antibiotic
- Medication/Drips
- Specimen labeling:
  - Verify patient name
  - Number of specimens
  - Specimen location description

- Are there any equipment problems to be addressed?
  - No
  - Yes: _______________________________

**Surgeon, anesthesia professional, and nurse:**
- Review the key concerns for recovery and management of this patient

**SIGN (NURSING):** __________________________

**SIGN (SURG):** ___________________________

**SIGN (ANESTH):** __________________________

**SIGN (NURSING):** __________________________

**SIGN (SURG):** ___________________________