# General Thoracic Surgery Checklist

## Before Induction – SIGN IN

- **Patient has confirmed:**
  - [ ] Identity
  - [ ] Site
  - [ ] Procedure
  - [ ] Consent
- [ ] Site marked/not applicable
- [ ] H&P current (< 30 d)
- [ ] 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, and equipment/assistance available

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

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

- **Conversion equipment readily available?**
  - [ ] 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
- [ ] 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:**
- [ ] 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

**Specimen labeling:**
- [ ] Verify patient name
- [ ] Number of specimens
- [ ] Tissue type/nodal stations

- **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): _____________________________**

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