

WHO Surgical safety checklist

CPQIH Basic Training

Thanjavur

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WHO Surgical safety checklist

- The focus of the Challenge is the WHO Safe Surgery Checklist. The checklist identifies three phases of an operation, each corresponding to a specific period in the normal flow of work:
- Before the induction of anaesthesia (“sign in”)
- Before the incision of the skin (“time out”)
- Before the patient leaves the operating room (“sign out”)
- In each phase, a checklist coordinator must confirm that the surgery team has completed the listed tasks before it proceeds with the operation.



1.SIGN IN PHASE

- Anaesthetic reevaluation Is done for patients for fitness prior to the surgery.
- Informed consent for administration of anaesthesia is obtained by the Anaesthetist before patient undergoing surgery.
- Patient made aware of complications, risks involved, post OP recovery time, status and post OP analgesia methods.



1.SIGN IN PHASE

- The department of anaesthesia has uniform policy for performing surgical procedures. Which includes qualified/trained anaesthetist asses for the fitness of anaesthesia.
- Assessment is based upon the
- ASA grading
- NBM status
- Patient's past medical history
- Patient's allergic manifestation
- Patient's medication assessed during IP
- Patient's airway restrictions assessed



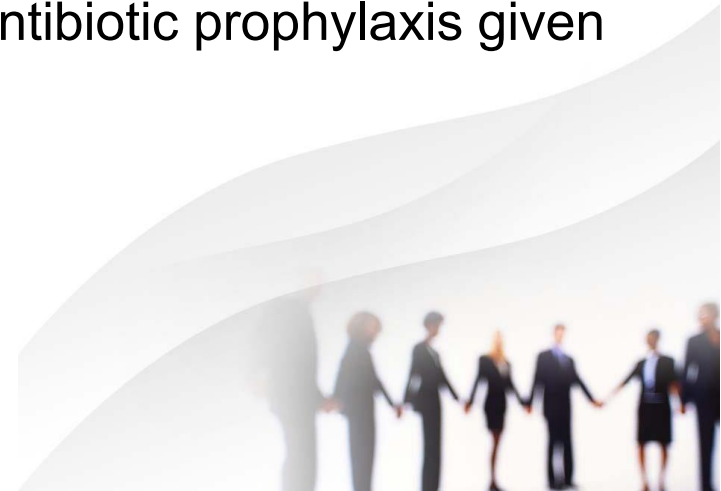
1.SIGN IN PHASE

- **Anaesthetic check in the OP**
- Anaesthesia machine and medication check should be completed
- Pulse oximeter on the patient and functioning should be checked
- Patient confirmed his/her identity, site, procedure, and consent



2.TIME OUT PHASE

- Before skin incision there should be a proper informed consent from the patient which should be obtained by the operating surgeon or their assistant.
- In OT-All team members (Doctors, Nurses, Anaesthetist and Assistants) should introduce themselves with their name and role.
- Patient's name, UHID no, procedure, and where the incision will be made is confirmed.
- Checking the patient's medical record for antibiotic prophylaxis given within the last 60 mins.



2.TIME OUT PHASE

- Anticipated critical events:
- For Surgeon:
- What are the critical or non-routine steps.
- How long will the case take.
- What is the anticipated blood loss. [Risk of >500ml blood loss (7ml/kg in children?) Two IVs/central access and fluids should be planned]



2.TIME OUT PHASE

- For Anaesthetist:
- Any patient-specific concerns.
- For Nurses:
- Has sterility (including indicator results) been confirmed.
- Are there equipment issues or any concerns regarding.



3 SIGN OUT PHASE

Nurse verbally confirms:

- The name of the procedure Completion of instrument, sponge and needle counts
- Specimen labelling (read specimen labels aloud, including patient name)
- Whether there are any equipment problems to be addressed



3 SIGN OUT PHASE

Surgeon confirmation:

- Operating surgeon, documents, operative notes includes (type of surgery, site involved, procedure done and the risks and non risks that happens during the surgery)
- Post operative plan of care.



Anaesthetist monitoring:

- Operating anaesthetic documents, patient's condition during the surgery and recovery.
- Post operative monitoring done according to set criteria and surgical complications.
- Nurses monitoring
- Checking the patients well being till the discharge of the patient along the treating consultants advice.



THANK YOU

