

Step 1: Prior to Induction of Anesthesia (Nursing and Anesthesia)

- With Patient Confirm: Identity Site and site marked (or N/A) Procedure Consent Allergies
 Anesthesia team confirms: Anesthesia Machine Ready Patient position
 Airway/aspiration risk assessment completed If increased risk, needed equipment available, plan described

Step 2: Briefing—Prior to Skin Incision (All Team Members)

- Team members introduce themselves by name and role
- Surgeon, Anesthesia, Nurse: Confirm Patient (at least 2 identifiers), Site, Procedure
- Personnel exchanges discussed (timing of and plan for announcing exchanges)

Anesthesia Team Reviews

- Concerns (airway, special meds [beta blockers], relevant allergies, conditions affecting recovery, etc)

Surgeon Reviews

- Brief description of procedure and anticipated difficulties
- Expected duration of procedure
- Expected blood loss
- Need for instruments/supplies/IV access beyond those normally used for the procedure

Nursing Team Reviews

- Equipment issues (e.g., instruments ready and trained on, requested implants available, gas tanks full)
- Sharps management plan reviewed
- Other patient concerns

Step 3: Process Control—Prior to Skin Incision (Surgeon Leads)

- Essential imaging displayed, right and left confirmed N/A
- Antibiotic prophylaxis given in last 60 minutes N/A

Case expected to be less than 1 hour?

- Yes (proceed with operation)
- No (follow arrow to right)



CASE EXPECTED TO BE LONGER THAN 1 HOUR:

- Active warming in place
- Glucose checked for diabetics
 - Insulin protocol initiated if needed
- DVT/PE prevention plan in place
- If patient on beta blocker, post-op plan formulated
- Re-dosing plan for antibiotics
- Specialty-specific checklist

Step 4: Debriefing—At Completion of Case (All Team Members)

- (Surgeon and Nursing) Before closure: Are instrument, sponge, and needle counts correct?
- (Surgeon and Nursing) If there is a specimen, confirm label and instructions (e.g. orientation, 12-lymph nodes for colon CA)
- (All) Confirm name of procedure
- (All) Equipment issues to be addressed? No Yes, and response plan formulated (Who/When)
- (All) What could have been better? Nothing Something, with plan to address (Who/ When)
- (Surgeon and Anesthesia) Key concerns for recovery (e.g., plan for pain management, nausea/vomiting)