

Step 1: Operative Preparation (Nursing and Anesthesia)

- With Patient Confirm: Identity Site and site marked (or N/A) Procedure Consent Allergies
- Anesthesia Confirms:
- Anesthesia Machine Ready
 - Patient Position
 - Airway/aspiration risk assessment completed
 - If increased risk, needed equipment available, plan described
- For Clean-Contaminated Cases Confirm that skin prep is with chlorhexedine unless contraindicated

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

- Team members introduce themselves by name and role
- Surgeon, Anesthesia, Nursing/Surgical Tech Team: 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/Surgical Tech 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
- Active warming in place N/A

<p>Case expected to be less than 1 hour?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes (proceed with operation) <input type="checkbox"/> No (follow arrow to right) 		<p>CASE EXPECTED TO BE ≥ 1 HOUR:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Glucose checked for diabetics <ul style="list-style-type: none"> <input type="checkbox"/> Insulin protocol initiated if needed <input type="checkbox"/> DVT/PE chemoprophylaxis plan in place <input type="checkbox"/> If patient on beta blocker, post-op plan formulated <input type="checkbox"/> Re-dosing plan for antibiotics <input type="checkbox"/> Specialty-specific checklist
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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 specimen, confirm label & 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)