### Step 1: Operative Preparation (Nursing and Anesthesia)

<table>
<thead>
<tr>
<th>With Patient Confirm:</th>
<th>Anesthesia Confirms:</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Identity</td>
<td>❑ Anesthesia Machine Ready</td>
</tr>
<tr>
<td>❑ Site and site marked ( or N/A)</td>
<td>❑ Patient Position</td>
</tr>
<tr>
<td>❑ Procedure</td>
<td>❑ Airway/aspiration risk assessment completed</td>
</tr>
<tr>
<td>❑ Consent</td>
<td>❑ If increased risk, needed equipment available, plan described</td>
</tr>
<tr>
<td>❑ Allergies</td>
<td>For Clean-Contaminated Cases</td>
</tr>
</tbody>
</table>

### 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 |

**CASE EXPECTED TO BE ≥ 1 HOUR:**

- Glucose checked for diabetics
- Insulin protocol initiated if needed
- DVT/PE chemoprophylaxis 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 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)