LibertyHealth
Jersey City Medical Center

OPERATING ROOM SURGICAL CHECKLIST

DO NOT WRITE IN THIS AREA

Pre-Procedure Verification	Sign-In	Time-Out	
*In Holding Area/Same Day Surgery Area	*Before Induction of Anesthesia	*Before Skin Incision	PATIENT LABEL MUST BE PLACED WITHIN THIS BOX
Active Confirmation: Patient/Patient Representative actively confirms with RN: a) Name b) Procedure c) Site of Procedure ❑ Yes	**RN Circulator and Anesthesia Care Provider confirm:**	**Initiated by RN Circulator** **All other activities to be suspended (unless a life threatening emergency)**	**Sign-Out** *Before the patient leaves the Operating Room

RN confirms presence of:

History and physical ❑ Yes

Pre-anesthesia assessment ❑ Yes

Diagnostic and radiologic test results ❑ Yes ❑ N/A

Blood products ❑ Yes ❑ N/A

Any special equipment, devices, implants ❑ Yes ❑ N/A
(if yes, preparation confirmed) ❑ Yes

Site marked by person performing the procedure ❑ Yes ❑ N/A

Pre-Procedure Nurse Signature:

____

Printed Name, Title, Date:

____

____

Surgeon:
Beta blocker medication given (SCIP) ❑ Yes ❑ N/A

Venous thromboembolism prophylaxis ordered (SCIP) ❑ Yes ❑ N/A

Normothermia measures (SCIP) ❑ Yes ❑ N/A

Surgeon Signature:

____

Printed Name, Title, Date:

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Confirmation of: identity, procedure, procedure site and consent(s) ❑ Yes

Site marked by person performing the procedure ❑ Yes ❑ N/A

Patient allergies ❑ Yes ❑ N/A

Difficult airway or aspiration risk? ❑ Yes ❑ No
(if yes, preparation confirmed) ❑ Yes

Risk of blood loss? (> 500 ml) ❑ Yes ❑ N/A

# of units available: _________

Anesthesia Consent completed ❑ Yes

Anesthesia Signature:

____

Printed Name, Title, Date:

____

____

Introduction of team members ❑ Yes

All:
Confirmation of the following: identity, procedure, incision site, consent(s)? ❑ Yes

Site is marked and visible? ❑ Yes ❑ N/A

Relevant images properly labeled and displayed? ❑ Yes ❑ N/A

Scrub and Circulating Nurse:
❑ Sterilization indicators have been confirmed? ❑ Yes ❑ N/A

Anesthesia Provider:
❑ Antibiotic prophylaxis within one hour before incision? ❑ Yes ❑ N/A

Circulating RN Confirms:

Name of operative procedure, Completion of sponge, sharp, and instrument counts ❑ Yes

Count results verbalized to surgeon? ❑ Yes ❑ N/A

Specimens identified and labeled ❑ Yes ❑ N/A

Scrub Signature:

____

Printed Name, Title, Date:

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RN Circulator Signature:

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Printed Name, Title, Date:

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DO NOT WRITE IN THIS AREA

PROOF

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