



HOW TO RUN THE CHECKLIST: IN DETAIL – SIGN OUT

“The Sign Out should be completed before removing the patient from the operating room.

The aim is to facilitate the transfer of important information to the care teams responsible for the care of the patient after surgery.”

The **“Sign Out”** can be initiated by the circulating nurse, surgeon or anaesthesia professional and should be accomplished before the surgeon has left the room. It can coincide, for example, with wound closure. Again, each box should be checked only after the coordinator has confirmed that each item has been addressed by the team.

NURSE VERBALLY CONFIRMS WITH THE TEAM:

THE NAME OF THE PROCEDURE RECORDED

Since the procedure may have changed or expanded during the course of an operation, the Checklist coordinator should confirm with the surgeon and the team exactly what procedure was done. This can be done as a question, *“What procedure was performed?”* or as a confirmation, *“We performed X procedure, correct?”*

THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)

Retained instruments, sponges and needles are uncommon but persistent and potentially calamitous errors. The scrub or circulating nurse should therefore verbally confirm the completeness of final sponge and needle counts. In cases with an open cavity, instrument counts should also be confirmed to be complete. If counts are not appropriately reconciled, the team should be alerted so that appropriate steps can be taken (such as examining the drapes, garbage and wound or, if need be, obtaining radiographic images).

HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)

Incorrect labelling of pathological specimens is potentially disastrous for a patient and has been shown to be a frequent source of laboratory error. The circulator should confirm the correct labelling of any pathological specimen obtained during the procedure by reading out loud the patient's name, the specimen description and any orienting marks.

ARE THERE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED?

Equipment problems are universal in operating rooms. Accurately identifying the sources of failure and instruments or equipment that have malfunctioned is important in preventing devices from being recycled back into the room before the problem has been addressed. The coordinator should ensure that equipment problems arising during a case are identified by the team.

SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT

The surgeon, anaesthesia professional and nurse should review the post-operative recovery and management plan, focusing in particular on intraoperative or anaesthetic issues that might affect the patient. Events that present a specific risk to the patient during recovery and that may not be evident to all involved are especially pertinent. The aim of this step is the efficient and appropriate transfer of critical information to the entire team.

WITH THIS FINAL STEP, THE SAFETY CHECKLIST IS COMPLETED. IF DESIRED, THE CHECKLIST CAN BE PLACED IN THE PATIENT RECORD OR RETAINED FOR QUALITY ASSURANCE REVIEW