



## SURGERY SAFETY CHECKLIST

Before Incision	Before Closing
<ul style="list-style-type: none"><li><input type="checkbox"/> Patient name and ID confirmed</li><li><input type="checkbox"/> Procedure confirmed</li><li><input type="checkbox"/> Surgical site confirmed (Left / Right)</li><li><input type="checkbox"/> Sterility indicators checked</li><li><input type="checkbox"/> Antibiotics administered (if indicated, time noted)</li><li><input type="checkbox"/> Any anticipated complications or critical steps?</li><li><input type="checkbox"/> Any patient-specific concerns?</li><li><input type="checkbox"/> Initial instrument and sponge count complete</li><li><input type="checkbox"/> Active warming in place</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Final instrument and sponge count complete and discrepancies resolved</li><li><input type="checkbox"/> Surgical field inspected and hemostasis confirmed</li><li><input type="checkbox"/> Specimens labeled (if applicable)</li><li><input type="checkbox"/> Any additional steps before recovery (radiographs, NG tube placement, purse string removal, etc.)?</li><li><input type="checkbox"/> Current patient temperature?</li><li><input type="checkbox"/> Any recovery risks or concerns?</li><li><input type="checkbox"/> Recovery and monitoring plan discussed</li><li><input type="checkbox"/> Pain management plan discussed</li></ul>



**STOP if any checklist items are incomplete!**

