

"PATIENT SAFETY IN THE OPERATING THEATRE" CHECK-LIST

2018 version

« Check together to decide »

Theatre: Room:
 Procedure date: Time (start):
 "Operating" surgeon:
 "Operating" anaesthetist:
 Check-list coordinator(s):

Patient identification
 Patient label, or Last name,
 first name and date of birth

BEFORE ANAESTHETIC INDUCTION	
Pause time before anaesthesia	
1	<ul style="list-style-type: none"> The patient's identity is correct. <input type="checkbox"/> Yes <input type="checkbox"/> No* The authorisation to operate has been signed by the parents or legal representative. <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A
2	The procedure and surgical site are confirmed: <ul style="list-style-type: none"> <i>ideally</i> by the patient, and in all case, by the file or specific procedure; <input type="checkbox"/> Yes <input type="checkbox"/> No* the necessary clinical and para-clinical documents are available in the theatre. <input type="checkbox"/> Yes <input type="checkbox"/> No*
3	The mode of installation is known to the theatre team, consistent with the site/procedure and non-hazardous for the patient. <input type="checkbox"/> Yes <input type="checkbox"/> No*
4	The operated patient's skin preparation is documented in the service/operating theatre follow-up file (or other procedure in place within the establishment). <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A
5	The equipment required for the procedure has been checked and is adapted to the patient's weight and height: <ul style="list-style-type: none"> for the surgical part; <input type="checkbox"/> Yes <input type="checkbox"/> No* for the anaesthesia part. <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A <i>Procedure performed without anaesthesia</i>
6	Does the patient present with: <ul style="list-style-type: none"> risk of allergy; <input type="checkbox"/> No <input type="checkbox"/> Yes* risk of inhalation, of intubation or mask ventilation difficulties; <input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> N/A risk of significant bleeding. <input type="checkbox"/> No <input type="checkbox"/> Yes*

BEFORE SURGERY	
Pause time before incision (also known as time-out)	
7	"Final" check performed by the team in the presence of the surgeon(s), anaesthetist(s), state-registered anaesthesia nurse/ state-registered scrub nurse/state-registered nurse <ul style="list-style-type: none"> patient identity confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No* scheduled procedure confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No* surgical site confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No* correct installation confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No* required documents available (in particular imaging) <input type="checkbox"/> N/A
8	Verbal sharing of essential information concerning risk elements/critical steps, within the team (time-out) <ul style="list-style-type: none"> at the surgical level <input type="checkbox"/> Yes <input type="checkbox"/> No* <i>(difficult operating time, specific points concerning the procedure, identification of equipment required, confirmation of their operability, etc.)</i> at the anaesthetic level <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A <i>Procedure performed without anaesthesia [potential risks related to diathesis (hypothermia, etc.) or to any treatments that may have been maintained, etc.]</i>
9	Prophylactic antibiotic treatment has been performed according to guidelines and protocols in force in the establishment <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/R Preparation of the surgical site has been performed according to the protocol in force dans l'établissement <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A

AFTER THE PROCEDURE	
Pause before leaving the operating theatre	
10	Verbal confirmation to the team by the staff: <ul style="list-style-type: none"> that the procedure has been recorded; <input type="checkbox"/> Yes <input type="checkbox"/> No* of the correct final count of compresses, needles, instruments, etc.; <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A of labelling of samples, surgical specimens, etc.; <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A whether adverse or high medical risk events occurred: were these reports/declared? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A <i>If no adverse events occurred during the procedure, tick the N/A box</i>
11	Prescriptions and postoperative monitoring (including the specific alert thresholds) have been performed jointly by the surgical team and are adapted to the patient's age, weight and height. <input type="checkbox"/> Yes <input type="checkbox"/> No*

Joint and justified decision in the event of an answer in a box marked with an *

⚠ CAUTION FOR CHILDREN!

- Involve the parents in checking the identity, procedure and surgical site.
- Authorisation to operate signed.
- Installation, equipment and prescription adapted to weight, age and height.
- Prevention of hypothermia.
- Postoperative alert thresholds defined.

The role of the check-list coordinator, assisted by the surgeon(s) and anaesthetist(s) in charge of the procedure, is to tick the items on the check-list: 1. if the check has been performed, 2. if the check was performed verbally in the presence of the members of the team concerned and 3. if the answers marked with a * we made jointly by the team after discussion.



→ FINAL DECISION	
<input type="checkbox"/> GO = OK for incision	
<input type="checkbox"/> NO GO = No incision!	
If No Go: impact on the procedure? <input type="checkbox"/> Delay <input type="checkbox"/> Cancellation	

ACCORDING TO PROCEDURE IN PLACE WITHIN THE ESTABLISHMENT		
Certification that the check-list has been filled in after sharing information between the team members		
Surgeon	Anaesthetist/state-registered anaesthesia nurse	CL coordinator

N/A: Not Applicable to this procedure; N/R: Not Recommended for this procedure

Instructions for use

“Check together to decide”

The HAS “Patient safety in the operating theatre” check-list contains essential and non-modifiable **elements** to be **checked together** as a team in the operating theatre, in order to make **decisions** on whether to continue or interrupt a surgical procedure.

It may, however, give rise to all developments desired by the professionals in the context of the professional associations/approved accreditation bodies.

BEFORE ANAESTHETIC INDUCTION

Pause time before anaesthesia

- 1 Professionals insist on the importance of having the patient give his/her identity. For patients incapable of giving their identity, verification is performed by the operating theatre staff as per the identovigilance procedure in force in the establishment (bracelet, information cross-checking, accompanying staff, etc.)
- 2 The procedure and surgical site are confirmed, ideally by the patient himself/herself and, in all cases, via the file or through any other procedure in force in the establishment (e.g.: staff meeting, shuttle forms) or recommended by the professional associations of the specialty (marking, etc.)
- 3 The team receiving the patient in the theatre possesses information stating the nature of the scheduled procedure, along with the patient installation details, and verifies that the correct platform has been selected and that the accessories are available, etc.
- 4 Skin preparation is documented in the service/operating theatre patient follow-up form. Preparation is performed as per the guidelines/procedures in force in the establishment (shower or wash for dependent patients, depilation if necessary, specifying the method used).
- 5 The qualified staff checks the availability and operation of the instruments power sources (electrotome, etc.) and medical devices required for the procedure. The anaesthetic safety verification procedures are performed as per regulations, by qualified anaesthesia staff.
- 6 The anaesthetic team and nurse communicates concerning certain critical points and adopts the appropriate measures; as such, the anaesthetists ensure:
 - in the event of a risk of inhalation/difficult intubation/mask ventilation, that confirmation has been received of equipment availability along with the necessary assistance;
 - in the event of a risk of significant bleeding (estimated at more than 500 ml or 7ml/kg in paediatrics), of the availability of documents (blood group, IAT, etc.), venous access, transfusion products and equipment, etc.;
 - compliance with the preoperative protocol concerning anticoagulant and/or anti-platelet treatment has been verified.

BEFORE SURGERY

Pause time before incision (time-out)

- 7 These cross-checks of the patient's identity, scheduled procedure and surgical site may appear repetitive, but they are essential to improve patient safety in the operating theatre; these are the final checks before the surgical procedure starts.
The surgeon also ensures that patient installation is consistent with the surgical site/procedure and is not dangerous for the patient.
It is also necessary, no later than at this point in the procedure, to ensure that the necessary clinical and para-clinical documents, particularly any imaging, are available in the theatre.
- 8 During the preoperative pause (time-out), it is also crucial for the surgical, anaesthetic and nursing teams to communicate any essential information in order to anticipate any risk factors, in particular:
 - at the surgical level: inform all team members of those steps that could potentially expose the patient to a risk of significant bleeding, trauma, or any other cause of major morbidity. This also represents an opportunity to review;
 - the steps that may require special equipment, implants or special preparations;
 - at the anaesthesia level: to communicate, if necessary, concerning any co-morbidities or current treatments (anti-platelet agents, anticoagulants, anti-hypertensives, anti-diabetics);
 - at the nursing level: the staff must confirm that there are no specific problems with the equipment required for the procedure (electrotome plate, suction, video system, MD).
- 9 The team ensures that prophylactic antibiotic treatment, if indicated, has been performed as per the guidelines and protocols in force in the establishment.
It is also during this step that surgical site preparation, performed as per the protocol in force in the establishment, is confirmed.

Following phases 1 and 2 of the check-list, the final decision to continue or interrupt the procedure is traced and justified.

AFTER THE PROCEDURE

Pause before leaving the operating

- 10 The team verbally confirms the type of procedure recorded, and whether it was performed, with the correct count of compresses, instruments and needles, along with the identification of all samples and surgical specimens.
It is important that any equipment problem occurring during a procedure is reported and declared by the team.
- 11 Prescriptions for immediate postoperative follow-up are drawn up jointly for patient postoperative care (in particular, prevention of thromboembolism).

For answers marked by an asterisk*, the decision made by the team must be traced and justified.

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The decision to ask the professionals to certify their active participation in filling in the check-list is determined by the establishment's administrative and medical authorities and is intended solely to promote optimum use of the check-list.



KEY POINTS FOR A CHILD

- Involve the parents in checking the identity, procedure and surgical site.
- Possess a signed authorisation to operate.
- Provide an installation, equipment and prescriptions adapted to the child's age, weight and height.
- Prevent preoperative hypothermia.
- Define the specific alert thresholds for the postoperative period.