
		Prince Sultan Military Medical City <u>Controlled Document, Not to be Reproduced</u>		 وزارة الدفاع MINISTRY OF DEFENSE	
Medical City Wide Policy & Procedure		Dept.: Hospital Directorate		Policy No: 1-1-8062-03-027 Version No: 07	
Title: Ensure Safe Surgery				JCI Code: IPSG	
Supersedes: 1-1-8062-03-027 Ensure Safe Version No: 06; 14 February 2021		Issue Date: <i>11 July 2022</i>	Effective Date: <i>6 July 2022</i>	Revision Date: <i>5 July 2025</i>	Page 1 of 13

1. PURPOSE

- 1.1 To ensure that any procedure performed on a patient reflects what has been consented to, and that the procedure/treatment has been performed on the patient's correct side and correct site.
- 1.2 To promote patient safety by providing guidelines for verification of correct site, correct procedure, and correct patient undergoing invasive or surgical procedures.
- 1.3 To provide standardize verification process to assist in minimizing sentinel events or avoidable risk during invasive or surgical procedures.
- 1.4 To ensure clinical privileges of the Surgeon / Physician performing surgery and/or procedure.

2. APPLICABILITY



All Surgical, Anesthetic and Medical Team that performs procedure that potentially expose patient to harm, including diagnostic procedures and those procedures performed in settings other than the operating room.

3. RESPONSIBILITIES

- 3.1 The Surgeon / Physician who performs the procedure carry overall responsibility.
- 3.2 All team members are responsible for ensuring that the correct treatment or procedure is performed on the correct patient and at the correct site.

4. POLICY

- 4.1 To provide standardize verification process in minimizing sentinel events or avoidable risk during invasive or surgical procedures.
- 4.2 Active involvement and effective communication between the patient and all members of the surgical or medical team is required to ensure that the correct treatment or procedure is performed on the correct patient and at the correct site.
 - 4.3.1 In the pre-procedure / pre-operative, the patient must be involved whenever possible. If the patient is unable to communicate, a designated or authorized decision maker shall participate.

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4.3 Areas within the hospital where surgical and invasive procedures outside operating theatre take place:

- 4.3.1 Interventional Radiology Department
- 4.3.2 Endoscopy / gastrointestinal lab
- 4.3.3 Intensive Care Services procedure room

4.4 To ensure clinical privileges of the Surgeon / Physician performing surgery and/or procedure.

4.5 **Preoperative Verification Process** for correct site procedure/surgery begins with scheduling.

4.6 Surgical Site Marking

4.6.1 All patients going for surgery or invasive procedure must have their surgical site marked.

4.6.2 Surgical and invasive procedure site marking **shall be done by the doctor performing the procedure** and must involve the patient in the marking process.

4.6.3 Surgical and invasive procedure site marking shall be done in the **Ward**.

4.6.3.1 In an event that Surgeon /Physician unable to mark the site due to performing procedure in OR and/or as an emergency case, site marking shall be done in the **Holding Area in the Operating Theatre or Procedure Area**.

4.7 Surgical Safety Checklist

4.7.1 All patients going for a Surgical and/or invasive procedure must have a surgical safety checklist (pre-operative and/or pre-catheterization) completed by the nurse before the procedure.

4.7.2 The pre-surgical verification must include the following:

- 4.7.2.1 All consents are completed and appropriate to the procedure.
- 4.7.2.2 Correct site, correct procedure, and correct patient are identified.
- 4.7.2.3 All relevant documents, laboratory results, radiologic results and medical technology needed are on hand, correct and functional



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4.8 Time-out

- 4.8.1 Immediately before starting the surgery / invasive procedure, the full surgical team must conduct and document a time-out procedure in the area in which the procedure will be performed.
- 4.8.2 All clinical staff involved in the invasive procedure conducts **time-out** utilizing the Surgical Safety Checklist in the Surgical Record for Operating Room and Procedure Safety Checklist in the Invasive Procedure Record for outside Operating Room prior to performing any procedure. (Please see Appendix A and Appendix B)
- 4.8.3 Components of the time-out must include:
 - 4.8.3.1 Correct patient identification
 - 4.8.3.2 Correct side and site
 - 4.8.3.2.1 Two (2) or more members of the clinical team are required to confirm that the imaging data used for confirming the side and site of the procedure are correct and properly labelled.
 - 4.8.3.3 Agreement of the procedure to be done
 - 4.8.3.3.1 Designated staffs to ensure verification process and time out are conducted by the team prior to the proposed procedure.

4.9 Sign-out

- 4.9.1 Immediately after the surgery / invasive procedure, the full surgical team must conduct and document a sign-out procedure in the area in which the procedure will be performed.
- 4.9.2 All clinical staff involved in the invasive procedure conducts **sign-out** utilizing the Surgical Safety Checklist in the Surgical Record for Operating Room and Procedure Safety Checklist in the Invasive Procedure Record for outside Operating Room prior to performing any procedure. (Please see Appendix A and Appendix B)
- 4.9.3 Components of the sign-out must include:
 - 4.9.3.1 Name of the surgical/invasive procedure that was recorded/written.

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- 4.9.3.2 Completion of the instrument, sponge, and needle counts (as applicable).
- 4.9.3.3 Labelling of specimens (when specimens are present during the sign out process, labels are read aloud, including patient name and MRN).
- 4.9.3.4 Any equipment problems to be addressed (as applicable)

4.10 Staffs have the right to stop the proposed procedure if the team does not conduct the verification and time out.

5. **DEFINITION OF TERMS**

- 5.1 **Surgical and invasive procedures** include all procedures involving an incision or puncture, including, but not limited to, open surgical procedures, percutaneous aspiration, selected injections, biopsy, percutaneous cardiac and vascular diagnostic or interventional procedures, laparoscopies, and endoscopies.
- 5.2 **Sentinel Events** – any unanticipated occurrence involving death or serious injury.
- 5.3 **Time Out** – the pause in the patient care activity conducted by the medical team immediately before starting the procedure to confirm the correct patient, site, and procedure that will be perform.
- 5.4 **Pre-op / Pre Procedure Verification** - an on-going process of information gathering and confirmation. The purpose of the pre-procedure verification process is to make sure that all relevant documents and related information or equipment are:
 - 5.4.1 Available prior to the start of the procedure
 - 5.4.2 Correctly identified, labelled, and matched to the patient's identifiers
 - 5.4.3 Reviewed and are consistent with the patient's expectations and with the team's understanding of the intended patient, procedure, and site.

6. **PROCEDURES**

6.1 **Preoperative Verification**

6.1.1 Scheduling

- 6.1.1.1 The following information is required when scheduling an invasive/surgical procedure:



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- 6.1.1.1.1 The correct patient's complete name
- 6.1.1.1.2 Medical Record Number (additional identifier is used if required, i.e., national ID or Iqama)
- 6.1.1.1.3 Procedure to be performed

6.1.1.2 Schedule procedure that involve anatomical sites that have laterality, the word(s) right, left, or bilateral will be written out fully on the procedure/operating room schedule and all relevant documentation (e.g. consents)

6.1.1.3 Any discrepancies in data should be clarified with the physician

6.1.2 Staff completes pre-operative and/or pre-catheterization checklist prior to sending patient to theatre or Cath. Lab. (Please see Departmental Forms on Pre-Operative and Pre-catheterization)

6.2 Site Marking

6.2.1 The physician in charge of the patient retains overall responsibility for ensuring that the site of the surgery/invasive procedure has been correctly identified and marked, and that the surgery/procedure is performed on the correct side and at the correct site.

6.2.2 The site of the surgery or invasive procedure shall be marked with an **arrow** (↑) pointing and near to the incision site by the person performing the surgical or interventional procedure.

6.2.2.1 For Hospitals with Dental services and has implemented Dental R4 system, the WATCH (☹️) icon symbol shall be used as site marking.

6.2.3 Marking should take place with the patient involved, awake and aware, if possible.

6.2.4 If the patient refuses marking, this must be documented in the patient's medical records and alternative strategies must be employed to prevent the procedure being performed on the wrong site.

6.2.5 If at any time, a health care practitioner is concerned that the incorrect side/site is being prepared for surgery or invasive procedure, or feel uncomfortable or inexperience to undertake the verification process, staff should immediately voice their concerns.



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- 6.2.6 The intended site of incision or site of insertion must be unambiguously marked. Multiple operation/procedure sites must be individually marked (do not mark non-procedure sites).
- 6.2.7 All cases involving laterality, multiple structures (e.g. fingers, toes or lesion) or multiple levels (e.g. spine) must be clearly marked.
- 6.2.8 Simultaneous bilateral Surgery shall mark both sites (e.g. both knees, both shoulder).
- 6.2.9 The mark must be visible and sufficiently permanent to remain visible following skin preparation and draping. Site marking should be done with an indelible ink marker.
- 6.2.10 "Left" or "Right" should be written in full on all documentation.
- 6.2.11 If imaging data is used during the marking process, members of the clinical team must confirm that the images are properly labelled and are for the correct patient.
- 6.2.12 Site Marking for the Non-Operating Room as follows;
- 6.2.12.1 Chest Tube Insertion
 - 6.2.12.2 Thoracentesis
 - 6.2.12.3 Joint Aspiration/Joint Injection
 - 6.2.12.4 Bone Marrow Biopsy
 - 6.2.12.5 Breast Biopsy
 - 6.2.12.6 Needle localization
 - 6.2.12.7 Any invasive procedure where physician orders involve right/left distinction.
- 6.2.13 **Exemptions:**
- 6.2.13.1 Single organ cases (e.g., Caesarean Section, Cardiac Surgery).
 - 6.2.13.2 In case of an emergency or obvious signs of trauma, injury, gross deformity, or lesion that corresponds to the planned procedure.
 - 6.2.13.3 Interventional cases for which catheter/instrument insertion site is not predetermined (e.g., Cardiac Catheterization).

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6.2.13.4 In oral procedures:

6.2.13.4.1 Teeth-But, indicate operative tooth name(s) on documentation OR mark the operative tooth (teeth) on the dental radiographs or dental diagram.

6.2.13.4.2 For Hospitals with Dental services and has implemented Dental R4 system, the WATCH (👁️) icon symbol shall be used as site marking

6.2.13.5 For Neonates, Premature infants and geriatric patients, an easily removable soft sticky adhesive tape with a marked **arrow** (↑) shall be applied at the site of surgery and removed prior to antiseptic skin preparation by the person performing the surgical or interventional procedure.

6.3 Staff performs complete handover to relevant area ensuring verification procedure is done using the checklist, i.e. correct patient number, etc.

6.3.1 Ward staff and receiving nurse ensures all information on the checklist has been clarified and verified.

6.4 Patient going for surgery in the Operating Room

6.4.1 Pre Procedure / Pre-Operative (Ward)

6.4.1.1 Prior to the patient receiving any medications that could affect his/her cognitive function, a member of the clinical team will perform verification to confirm the following details with the patient:

- 6.4.1.1.1 Patient's complete name and medical record number (MRN)
- 6.4.1.1.2 Type of treatment/procedure being performed
- 6.4.1.1.3 The reason for the treatment/procedure
- 6.4.1.1.4 The side and site of the treatment/procedure

6.4.1.2 Ensure that valid informed consents have been obtained.

6.4.1.3 Staff must check the patient's response against the patient's identification band, consent form and other information provided in the patient's medical record.



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6.4.1.4 If the patient is incapable of personally participating in the verification process and has no authorized representative present, a member of staff must act as the patient's representative during the verification process.

6.4.1.5 If a patient is unable to participate in the verification step due to lack of mental competence or due to language barriers, another appropriate adult, approved interpreter, i.e., guardian or family member will be asked to assist in the communication process. Details of the discussion and the names of the participants must be recorded in the patient's medical record.

6.4.2 Verification in Holding Area (inside OR)

6.4.2.1 Prior to sending patient inside the OR suite, the nurse with anesthesiologist will perform verification with another nurse member to confirm the following details:

- 6.4.2.1.1 Confirm patient's identity.
- 6.4.2.1.2 Type of treatment/procedure being performed
- 6.4.2.1.3 The side and site of the treatment/procedure
- 6.4.2.1.4 Ensure that valid consent has been obtained
- 6.4.2.1.5 Site marked by person performing the procedure
- 6.4.2.1.6 Presence of History and Physical Assessment
- 6.4.2.1.7 Pre-Anesthesia assessment
- 6.4.2.1.8 Any special equipment, devices or implants needed

6.4.2.2 Nursing staff to review all information provided and confirms that relevant documents/images, i.e. CXR, ECHO and results are properly labelled and correct.

6.4.2.3 Confirms whether the patient has a known allergy or not. If patient has allergy, the information must be communicated to the anesthetist.

6.4.3 Verification inside the OR suite

6.4.3.1 Confirms with the Anesthetist and Anesthesia Care Practitioner (ACP) that the anesthesia machine and medication check is completed.

6.4.3.2 Confirms that the cardio respiratory monitoring equipment has been placed on the patient and functioning.



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6.4.3.3 Confirms with the anesthetist team whether the patient has been assessed for difficult airway or aspiration risk.

6.4.3.4 Confirms with the surgeon whether the surgeon has assessed the patient if he/she is high risk for blood loss (greater than 50 ml). If so, the surgeon must communicate with anesthesia to take necessary precautions.

6.4.4 "Team Time Out" - Before Skin Incision / Puncture

6.4.4.1 Confirms all team members are present and attentive.

6.4.4.2 Team members to address the following standard information:

6.4.4.2.1 Correct patient identity

6.4.4.2.2 Correct type of procedure to be performed

6.4.4.2.3 Correct procedure site has been marked

6.4.4.2.4 Position of the patient

6.4.4.2.5 Antibiotic Prophylaxis

6.4.4.2.6 Availability of the correct prostheses and/or any specialize equipment

6.4.4.3 Ensure the correct and appropriate documents and diagnostic images are available.

6.4.4.3.1 Essential imaging is displayed

6.4.4.4 Surgeon identifies anticipated critical events:

6.4.4.4.1 Non-routine steps, blood loss and how long it takes the case.

6.4.4.5 Anesthetist identifies anticipated critical events:

6.4.4.5.1 If there is any patient specific concern, to communicate with team.

6.4.4.6 Nursing staff anticipates critical events:

6.4.4.6.1 Confirms sterility including indicator result have been successful if there is any discrepancy it should be reported to the entire team member.

6.4.5 **Sign Out (Post Procedure / Post-Operative)** - Before patient leaves operating room.

6.4.5.1 All surgical / invasive procedure team confirms the name of the procedure done.



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6.4.5.2 Nursing staff confirms all instruments; sponge count, sharps and needle count are complete.

6.4.5.3 Nursing staff confirms specimen(s) and ensures correct labelling done.

6.4.5.4 Any equipment problems to be addressed (as applicable)

6.5 Non-Operating Room (Clinical Area)

6.5.1 Complete the Safety Checklist Form for Non-Operating Room for the following procedures:

- 6.5.1.1 Invasive Lines, i.e. Central Line, PICC, Umbilical, Balloon Pump, etc.
- 6.5.1.2 Lumbar Puncture
- 6.5.1.3 Percutaneous Interventional Pain Management Procedure
- 6.5.1.4 Thoracentesis
- 6.5.1.5 Chest Tube Insertion
- 6.5.1.6 Joint Aspiration / Joint Injection
- 6.5.1.7 Bone Marrow Biopsy
- 6.5.1.8 Bronchoscopy
- 6.5.1.9 Trans Esophageal Echocardiogram (TEE)
- 6.5.1.10 Myelograms
- 6.5.1.11 Incision and Drainage
- 6.5.1.12 CT guided biopsy and aspiration
- 6.5.1.13 Pericardiocentesis
- 6.5.1.14 Paracentesis
- 6.5.1.15 Epidural catheter placement
- 6.5.1.16 MRI guided biopsy
- 6.5.1.17 Stereotactic or needle localization breast biopsy
- 6.5.1.18 Dental Extraction / Dental Surgery

6.5.2 Verification in Holding Area (inside Procedure Room)

- 6.5.2.1 Confirm patient's identity.
- 6.5.2.2 Type of treatment/procedure being performed
- 6.5.2.3 The side and site of the treatment/procedure
- 6.5.2.4 Ensure that valid consent has been obtained
- 6.5.2.5 Site marked by person performing the procedure
- 6.5.2.6 Presence of History and Physical Assessment
- 6.5.2.7 Pre-Anesthesia / Pre-Sedation Assessment
- 6.5.2.8 Any special equipment, devices or implants needed



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6.5.3 "Team Time Out" – Just Before Starting the Procedure

- 6.5.3.1 Confirms all team members are present and attentive.
- 6.5.3.2 Team members to address the following standard information:
 - 6.5.3.2.1 Correct patient identity
 - 6.5.3.2.2 Correct type of procedure to be performed
 - 6.5.3.2.3 Correct procedure site has been marked
 - 6.5.3.2.4 Availability of the correct prostheses and/or any specialize equipment.

6.5.4 Sign Out (Post Procedure / Post-Operative) - Before patient leaves operating room.

- 6.5.4.1 All medical team confirms the name of the procedure done.
- 6.5.4.2 All nursing staff completes instruments, sponge and needle count.
- 6.5.4.3 Send specimens with correct labelling if applicable.
- 6.5.4.4 Any equipment problems to be addressed (as applicable)

6.6 All medical staff performs complete handover to receiving unit ensuring all information is correct, i.e. patient response, management, concerns, etc.



6.7 Performs post-operative care is done (Please refer to Nursing Departmental Policy and Procedure).

6.8 Managing Discrepancies

6.8.1 In the event that there is discrepancy identified at any stage in the verification process, or there is disagreement regarding planned treatment/intervention, the commencement of the procedure / intervention must be delayed until verification is confirmed.

6.8.2 All team members and patient (if possible) must agree on the resolution(s) to the identified discrepancy.

6.8.3 The physician, registered nurse, radiology technician, must document the discrepancy and resolution or other appropriate healthcare professional involved in the case.

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7. REFERENCES

- 7.1 Medical Services General Directorate Central Policy, Policy No. MSD-H-1-IPSG-004
- 7.2 Joint Commission International Accreditation Standards for Hospitals 7th edition (2021) - International Patient Safety Goal #4
- 7.3 World Health Organization (WHO) Surgical Safety Checklist and Implementation Manual, 1st Edition. http://www.who.int/patientsafety/safesurgery/ss_checklist/en/
- 7.4 Government of Western Australia Department of Health. Correct Patient, Correct Procedure and Correct Site Policy and Guidelines for Western Australian Health Services (2006)
- 7.5 World Alliance For patient Safety, Implementation Manual Surgical Safety Checklist First Edition, WHO (2008)
- 7.6 American Academy of Orthopedic Surgeons" and "American Association of Orthopedic Surgeons (AAOS) "Joint Commission Guidelines" Retrieved on 2nd December 2013, <http://www3.aaos.org/member/safety/guidelines.cfm>

8. APPENDICES

- 8.1 Surgical Record (4-2-1007-01-056)
- 8.2 Invasive Procedure Record (4-2-1007-01-061)



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9. CONTRIBUTING DEPARTMENT/S

Anesthesia Department
Dental Center
Executive Nursing Affairs
Surgery Department

Compiled by: International Patient Safety Goal (IPSG) Team	Signature: <i>[Signature]</i>	Date: 31.05.2022
Reviewed by: • Brig. Gen. Dr. Muteb Ghazi Al Otaibi Director, Department of Anesthesia	Signature: <i>[Signature]</i>	Date: 2.6.2022
• Dr. Abdulmohsen Al Mashaan Director of Dental Center	Signature: <i>[Signature]</i>	Date: 15.6.2022
• Dr. Saad Thabet Al Qahtani Director of Surgery Department	Signature: <i>[Signature]</i>	Date: 16.6.2022
• Dr. Turki Al Mutairi Executive Director of Nursing Affairs	Signature: <i>[Signature]</i>	Date: 21 JUN 2022
Reviewed by: Dr. Samir Mohammed Bawazir Director, Continuous Quality Improvement & Patient Safety (CQI&PS)	Signature: <i>[Signature]</i>	Date: 24/6/2022
Authorized by: Dr. Amr Momtaz Jad Director of Medical Administration	Signature: <i>[Signature]</i>	Date: 30.6.2022
Authorized by: Dr. Hisham Ayoub Executive Director for Health Affairs Chairman, Senior Medical Management Team (SMMT)	Signature: <i>[Signature]</i>	Date: 4.7.2022
Approved by: Maj. Gen. Dr. Saud Othman Al Shlash General Executive Director of Prince Sultan Military Medical City	Signature: <i>[Signature]</i>	Date: 6.7.2022



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SURGICAL RECORD

Department/Ward: Code: Date:
Consultant Name: Number: Bleep:

A. Pre-Operative Checklist

(TO BE COMPLETED BY SURGEON BEFORE PROCEDURE TAKES PLACE)

Pre-operative diagnosis: Type of procedure: ☐ Elective ☐ Emergency

1. Laboratory Investigation

CBC :	Hb ()	Platelet ()	WBC ()	Ht ()		
	Urea ()	Creatinine ()	Sickle cell test ()	Hepatitis ()		
	PT/PPT ()	INR ()	Blood glucose level ()			
Electrolytes:	Na	K	Ca	<input type="checkbox"/> No need		
Liver function test:	Alb	Bilirubin	Alk.ph	ALT	AST	<input type="checkbox"/> No need
Amylase:						<input type="checkbox"/> No need
Tumour / Other Markers:						<input type="checkbox"/> No need
Hormones/Metabolites:						<input type="checkbox"/> No need
ABG:	<input type="checkbox"/> PH	<input type="checkbox"/> PO2	<input type="checkbox"/> PCO2	<input type="checkbox"/> HCO3		<input type="checkbox"/> No need
Other blood investigations:						<input type="checkbox"/> No need

2. Radiological Studies

Chest X ray	<input type="checkbox"/> No need
Ultrasound	<input type="checkbox"/> No need
CT scans	<input type="checkbox"/> No need
MRI	<input type="checkbox"/> No need
GI Contrast Studies	<input type="checkbox"/> No need
Other Radiological Studies	<input type="checkbox"/> No need

3. Cardiac studies

ECHO Findings:	EF..... %	EDD.....mm	ESD.....mm	<input type="checkbox"/> No need
Coronary angio:				<input type="checkbox"/> No need
(EUROSCORE II)				<input type="checkbox"/> No need

4. Other Investigations / Studies

--

• Planned Procedure Name

--

Surgeon's Name: Signature: Code:
Date: / / Time: Bleep:

B. OPERATING ROOM
(SURGICAL SAFETY CHECKLIST)

TIME IN PRE- PROCEDURE CHECK-IN (Ward)			Signature over Printed Name
Patient/Relatives/Care giver confirms with Registered Nurse (RN)	Patient Identification	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Procedure and procedure site	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Consent(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Site marked by person performing the procedure	<input type="checkbox"/> No <input type="checkbox"/> Yes	
RN confirms presence of:	History and physical assessment	<input type="checkbox"/> No <input type="checkbox"/> Yes	Nurse
	Pre-anaesthesia assessment	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Diagnostic and radiological test results	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Blood products	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Any special equipment, devices, implants	<input type="checkbox"/> No <input type="checkbox"/> Yes	
SIGN IN (VERIFICATION IN HOLDING AREA - inside O.R.)			Signature over Printed Name
Anaesthetist with Registered Nurse (RN):	Patient Identification	<input type="checkbox"/> No <input type="checkbox"/> Yes	Anaesthetist
	Procedure and procedure site	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Consent(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Site marked by person performing the procedure	<input type="checkbox"/> No <input type="checkbox"/> Yes	
RN confirms presence of	History and physical assessment	<input type="checkbox"/> No <input type="checkbox"/> Yes	Nurse
	Pre-anaesthesia assessment	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Diagnostic and radiological test results	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Blood products	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Any special equipment, devices, implants	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Antibiotics <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A		DVT prophylaxis <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
TIME OUT, (BEFORE SKIN INCISION / PUNCTURE)		TIME ()	Signature over Printed Name
Confirm Patient's Identification		<input type="checkbox"/> No <input type="checkbox"/> Yes	Surgeon
Confirm Procedure		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Confirm Site		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Confirm Site marked and visible		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Confirm Patient's Position		<input type="checkbox"/> No <input type="checkbox"/> Yes	
All Team Members present and attentive		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Antibiotics prophylaxis done within 60 min/before incision		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Confirm Implants (if needed) are present		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Anaesthetist
Anticipated Critical Events:			
Surgeon	What are the critical or unexpected steps, operative duration, anticipated blood loss? <input type="checkbox"/> No <input type="checkbox"/> Yes Equipment available <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A Implants available <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Anaesthetist	Are there any patient-specific concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Nursing Team	Has the sterility (including indicator results) been confirmed? <input type="checkbox"/> No <input type="checkbox"/> Yes Are there equipment issues or any concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes Is essential imaging displayed? <input type="checkbox"/> No <input type="checkbox"/> Yes		Nurse
SIGN OUT (BEFORE PATIENT LEAVES OPERATING ROOM)		TIME ()	Signature over Printed Name
Nurse verbally confirms	Name of the procedure <input type="checkbox"/> No <input type="checkbox"/> Yes		Surgeon
	Completion of instrument, sponge and needle counts <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A		
	Specimen labelling (read specimen labels aloud, including patient name) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A		
	Whether there are any equipment problems to be addressed <input type="checkbox"/> No <input type="checkbox"/> Yes		
To Surgeon, Anaesthetist and Nurse:	What are the key concerns for recovery and management of this patient? (if so indicate).....		Nurse

C. Operative Report

(TO BE COMPLETED BY SURGEON BEFORE PATIENT LEAVES RECOVERY AREA)

Time In
Time Out

Surgeon :
 Assistant (1) :
 Assistant (2) :

Anaesthetists :
 Assistant :
 Perfusionist : (Cardiac cases)

Category of the procedure: 1. ☐ Minor ☐ Intermediate ☐ Major
 2. ☐ Elective ☐ Emergency
 3. ☐ Clean ☐ Clean contaminated ☐ Contaminated ☐ Dirty

Type of Anaesthesia ☐ General ☐ Spinal ☐ Regional ☐ Local

Pre op. Diagnosis	
Post op. Diagnosis	
Procedure name	

Listing of Procedure steps

	<input type="checkbox"/> Registry number of all implantable devices
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Specific Cardiac surgery Timing

CBP	:	X-Clamp	:	Plegia	:	TCA	:
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- Specimen sent for investigation: ☐ No ☐ Yes ☐ N/A
- Biopsy sent for investigation: ☐ No ☐ Yes ☐ N/A

If specimen or biopsy taken, specify.....

- Perioperative Complications ☐ No ☐ Yes

If yes specify:

- Blood loss ☐ No ☐ Yes (Estimated amount of blood loss)
- Blood /Blood Products Transfused ☐ No ☐ Yes (Estimated amount of blood/Blood Products Transfused)

Surgeon's Name: _____ Signature: _____ Code:
 Date: / / Time: Bleep:

(TO BE COMPLETED BY SURGEON BEFORE PATIENT LEAVES RECOVERY AREA)



Prince Sultan Military Medical City

INVASIVE PROCEDURE RECORD (FOR ANY INVASIVE PROCEDURE DONE OUTSIDE OR)

Department/Ward: Code: Date:
Consultant Name: Number: ☐☐☐☐ Bleep: ☐☐☐☐

A. Pre- Procedure Checklist

(TO BE COMPLETED BY PHYSICIAN BEFORE PROCEDURE TAKES PLACE)

Pre-Procedure diagnosis: Type of procedure: ☐ Elective ☐ Emergency

Laboratory / Radiological Investigation	Planned Procedure

Physician's Name: Signature: Code: ☐☐☐☐
Date: / / Time: Bleep: ☐☐☐☐

B. PROCEDURE AREA

(PROCEDURE SAFETY CHECKLIST)

VERIFICATION IN HOLDING AREA OR PROCEDURE ROOM	Responsible Team Member	Signature of staff member confirming completion of process
1. Confirm the patient's identity <input type="checkbox"/> No <input type="checkbox"/> Yes 2. Confirm completion of the Informed Consent <input type="checkbox"/> No <input type="checkbox"/> Yes 3. Confirm procedure and procedure site <input type="checkbox"/> No <input type="checkbox"/> Yes 4. Site Marked <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A 5. History and Physical assessment <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A 6. Pre-anaesthesia / sedation assessment <input type="checkbox"/> No <input type="checkbox"/> Yes 7. Diagnostic and radiological test results <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Registered Nurse <input type="checkbox"/> Technician <input type="checkbox"/> Dental Surgical Assistant	Print name: Signature:
TIME-OUT (JUST BEFORE STARTING THE PROCEDURE)		Time ()
1. Presence of the correct patient. <input type="checkbox"/> No <input type="checkbox"/> Yes 2. Correct site <input type="checkbox"/> Yes <input type="checkbox"/> N/A 3. Site marked and visible <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A 4. Correct position <input type="checkbox"/> No <input type="checkbox"/> Yes 5. Correct procedure to be performed <input type="checkbox"/> No <input type="checkbox"/> Yes 6. Availability of the correct implant/equipments/devices (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Surgeon <input type="checkbox"/> Physician <input type="checkbox"/> Dentist <input type="checkbox"/> Designated member of the treating/surgical team.	Print name: Signature:
SIGN-OUT (BEFORE PATIENT LEAVES THE PROCEDURE ROOM)		Time ()
1. Completion of Instrument, sponge and needle counts. <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A 2. Specimen labelling <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A 3. What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Registered Nurse <input type="checkbox"/> Technician <input type="checkbox"/> Dental Surgical Assistant	Print name: Signature:

C. Procedure Report

(TO BE COMPLETED BEFORE PATIENT LEAVES PROCEDURE AREA)

Time In

Time Out

Main Responsible Physician:
Assistant (1) :

Anaesthetists :
Assistant :

Category of the procedure: 1. ☐ Minor ☐ Intermediate ☐ Major
2. ☐ Elective ☐ Emergency
3. ☐ Clean ☐ Clean contaminated ☐ Contaminated ☐ Dirty

Type of Anaesthesia ☐ General ☐ Spinal ☐ Sedation ☐ Regional ☐ Local

Post Procedure Diagnosis	
Procedure name	
Listing of Procedure steps	
	<input type="checkbox"/> Registry number of all implantable devices

- Specimen sent for investigation: ☐ No ☐ Yes ☐ N/A
- Biopsy sent for investigation: ☐ No ☐ Yes ☐ N/A

If specimen or biopsy taken, specify.....

- Intra-Procedure Complications ☐ No ☐ Yes

If yes specify:

- Blood loss ☐ No ☐ Yes (Estimated amount of blood loss)
- Blood /Blood Products Transfused ☐ No ☐ Yes (Estimated amount of blood/Blood Products Transfused)

Physician's Name: _____ Signature: _____ Code: ☐☐☐☐
Date: / / Time: _____ Bleep: ☐☐☐☐

D. Post Procedure care plan

(TO BE COMPLETED BEFORE PATIENT LEAVES PROCEDURE AREA)

Orders must be documented in doctors' orders sheet

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Physician's Name: _____ Signature: _____ Code: ☐☐☐☐
Date: / / Time: _____ Bleep: ☐☐☐☐