

SURGICAL SAFETY · FOR SURGICAL & ANAESTHESIA TEAMS

Surgical Safety Checklist

Implementation Notes

A Dr. Priyamvada Goel educational resource — for residents, students, and curious patients.

The two-minute pause before incision is one of the most studied interventions in medicine. It is also one of the easiest to perform badly.

Why the checklist works

- It catches the errors no individual would have caught alone.
- It forces a moment of shared situational awareness across a team that may not have worked together before.
- It legitimises the most junior person in the room speaking up.

Sign-In (before induction)

- Patient identity, site, procedure, consent — confirmed by patient where possible.
- Site marked. Anaesthesia safety check complete.
- Pulse oximeter on and functioning.
- Known allergies, difficult airway risk, aspiration risk, blood-loss risk all stated aloud.

Time-Out (before incision)

- All team members introduce themselves by name and role.
- Surgeon, anaesthesia, nursing each confirm patient, site, procedure.
- Anticipated critical events stated aloud: surgical, anaesthetic, nursing.
- Antibiotic prophylaxis given within 60 minutes (where indicated).
- Essential imaging displayed.

Sign-Out (before patient leaves OR)

- Procedure performed recorded.
- Instrument, sponge, needle counts correct.
- Specimen labelling confirmed (read aloud).

- Equipment problems to be addressed.
- Key concerns for recovery and ongoing management stated.

Common failure patterns

- The checklist is read while people walk away.
- Only one person speaks; the others are silent.
- Items are marked done without genuinely being checked.
- It is treated as paperwork, not as a conversation.

Fixing it

- The lead surgeon visibly champions it.
- Stop motion in the room while it happens.
- Audit quality, not just compliance — observers, not just tick-boxes.