

DATE:	SURGICAL SECTION:	SECTION CHARGE RN IN OR? <input type="checkbox"/> Yes <input type="checkbox"/> No	BRIEFING CONDUCTED:
	ATTENDING SURGEON:		

OR BRIEFING Introductions of team members and their names recorded on whiteboard. If anyone identifies a concern during the case, please communicate to the team.

Surgical Items:	Anesthetic management Items:
Name / SS# verification <input type="checkbox"/> Procedure verification <input type="checkbox"/> Estimated length of operation <input type="checkbox"/> Laterality / Position with safety check (see below) Safety check: lines, sheets, cables free from bed rail? <input type="checkbox"/> Yes	<input type="checkbox"/> NKA <input type="checkbox"/> Yes Allergies _____ <input type="checkbox"/> Yes <input type="checkbox"/> NA IV antibiotics <input type="checkbox"/> Yes <input type="checkbox"/> NA Re-dose discussed <input type="checkbox"/> Yes <input type="checkbox"/> NA Special precautions (HIV, HCV, MRSA, etc)
>>Surgical Fire Risk Assessment Score<<: _____ (from back) Required: See reverse for fire risk assessment protocol & scoring	Pain management (e.g. local anesthetic; multimodality) Temperature control
Surgeon's description of procedure: Equipment/insts/supplies/ medications available <input type="checkbox"/> Yes <input type="checkbox"/> No Implants available, sterility verified <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA Pre-op Imaging reviewed & verified <input type="checkbox"/> Yes <input type="checkbox"/> NA Fluoro, x-ray or ultrasound needed	<input type="checkbox"/> Yes <input type="checkbox"/> NA DVT Prophylaxis <input type="checkbox"/> Yes <input type="checkbox"/> NA Beta Blockade <input type="checkbox"/> Pertinent lab results (e.g. Cr/BUN/eGFR wnl; Na/K+, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> NA Glycemic Control If Yes: Intraoperative, <input type="checkbox"/> Yes Postoperative <input type="checkbox"/> Yes
<input type="checkbox"/> Yes <input type="checkbox"/> NA Pathology notified for frozen section <input type="checkbox"/> Yes <input type="checkbox"/> NA Will there be a specimen	<input type="checkbox"/> Yes <input type="checkbox"/> NA Type & cross or screen <input type="checkbox"/> Yes <input type="checkbox"/> NA Blood availability <input type="checkbox"/> Yes <input type="checkbox"/> NA Special (cell-saver, Jehovah's witness, etc.)
Post-op disposition Bed availability	
Issue(s) identified:	

TIME OUT Called by Attending surgeon just before incision (scalpel not provided until Time Out completed):

- CORRECT PATIENT:** RN checks consent; Anesthesia confirms identity
- CORRECT OPERATION:** Surgeon says operation; RN checks consent
- CORRECT SITE:** Surgeon says "I see the mark"; RN confirms site

OR DEBRIEFING Completed Case Aborted Case, list reason _____

Methodical Wound Exam (MWE) (both need to be checked): <input type="checkbox"/> "Call out" by surgeon for MWE: "All sponges are out" <input type="checkbox"/> MWE performed	<input type="checkbox"/> Counts performed: Sponges/Sharps/Instruments <input type="checkbox"/> Sponge count verification (3 counts required & checked off): <input type="checkbox"/> INITIAL <input type="checkbox"/> CLOSING <input type="checkbox"/> FINAL (count same as INITIAL#)
<input type="checkbox"/> WOUND CLASS VERIFICATION (Closing circulator RN will verify with surgeon wound class and correct as needed) <input type="checkbox"/> Procedure performed verified with surgeon for surgical package	<input type="checkbox"/> Yes <input type="checkbox"/> NA Critical Care Notified or ASU/PACU if it is a change in planned disposition (e.g. admit vs home DC).

- How did the case go overall?** (Please mark the category that best reflects the team's experience for this case.)
- (1) Major issue(s) (e.g. hand-off, equipment, delays, communication problems) that impacted case - need plan for f/u
 - (2) Minor issue(s) that impacted case – need plan for f/u
 - (3) Major / minor issues with patient post-op plan for f/u, no impact on case
 - (4) Major / minor issues but resolved by team intra-op, no impact on case, no need for f/u
 - (5) No problems – case went well

Recognition of good teamwork! (If so, please provide an example): _____

Intra-op hand-off issue(s)? No Yes (please indicate what the issue was): _____

Delays (If delay occurred, please complete next section if referral was made): <input type="checkbox"/> Pre-op delay(s), specify: _____ <input type="checkbox"/> Procedural delay(s), specify: _____ <input type="checkbox"/> Equipment/instrument malfunction <input type="checkbox"/> Equipment/instrument/supplies not available <input type="checkbox"/> Other: _____ <input type="checkbox"/> Need to revise "Pick List" <input type="checkbox"/> Pick list revised	Identified issue referred to: <input type="checkbox"/> SPD <input type="checkbox"/> form filled out <input type="checkbox"/> Biomed <input type="checkbox"/> work order request <input type="checkbox"/> Surgical Section <input type="checkbox"/> Anesthesia Service <input type="checkbox"/> Nursing Service <input type="checkbox"/> Other: _____
<input type="checkbox"/> Issue(s) requiring follow-up	
Name Label	

