



Dental hospital surgical safety checklist

Sign in	Time out	Sign out
<input type="checkbox"/> Is the room ready for the patient? <input type="checkbox"/> Room temperature greater than 20-22 °C (WHO)	<input type="checkbox"/> Confirm all team members have introduced themselves by name and role <input type="checkbox"/> Surgeon, Anesthesia and Nurse Verbally Confirm <ul style="list-style-type: none"> - Patient - Site - Procedure - ASA score 	<input type="checkbox"/> Surgeon confirms with the team: <ul style="list-style-type: none"> - Name of procedure and Wound Class recorded - Before closure: Are instrument, sponge, and needle count correct? - If specimen, confirm label and instructions - Any equipment issues that need to be addressed ?
<input type="checkbox"/> Patient has confirmed <ul style="list-style-type: none"> - Identify (name-surname, HN) - Site and procedure - Consent - Allergies 	<div style="text-align: center;">Anticipated Critical Events</div> <input type="checkbox"/> <u>Surgeon Reviews:</u> <ul style="list-style-type: none"> - Procedure/anticipated difficulties - Expected duration of procedure - Need for instruments/supplies/IV success beyond normal expectations <input type="checkbox"/> <u>Anesthesia Reviews:</u> <ul style="list-style-type: none"> - Any patient specific concern (airway, special meds) - Antibiotic Prophylaxis status/need for redosing <input type="checkbox"/> <u>Nursing Reviews:</u> <ul style="list-style-type: none"> - Sterility concerns - Equipment issues 	<input type="checkbox"/> Surgeon and Anesthesia: <ul style="list-style-type: none"> - Any key concerns for recovery? - Plan for: <ul style="list-style-type: none"> <input type="checkbox"/> Pain management <input type="checkbox"/> Nausea/vomiting
<input type="checkbox"/> Marked Site <input type="checkbox"/> Yes..... <input type="checkbox"/> No <input type="checkbox"/> Anesthesia Machine Checkout Done <input type="checkbox"/> Necessary Anesthesia Equipment Present & Functional		
<div style="text-align: center;">Patient's situation/condition</div> Confirmation of LMP (females age 11-50) <input type="checkbox"/> No <input type="checkbox"/> Yes Pulse Oximeter on Patient <input type="checkbox"/> No <input type="checkbox"/> Yes Difficult Airway/Aspiration Risk? <input type="checkbox"/> No <input type="checkbox"/> Yes Risk of > 500 ML Blood Loss <input type="checkbox"/> No <input type="checkbox"/> Yes and Adequate IV Access and Fluids Planned		

Dental Hospital Surgical Safety Chec Operating Room Sponge Count and Intrument Record klist

สติ๊กเกอร์ผู้ป่วย		Dx.....แพทย์ผ่าตัด.....															
		Op.....															
Counting Status																	
Item	Initial	Add	Closed.....			Add	Closed.....			Add	Closed.....			Add	Closed.....		
			scrub	cir.	Total		scrub	cir.	Total		scrub	cir.	Total		scrub	cir.	Total
Blade																	
เข็มฉีดยา																	
Neddle Suture																	
หัว Burr																	
G. 2*2																	
G. 4*4																	
G. Pack คอ																	
Bracket	บน																
	ล่าง																
Crimp Hook	บน																
	ล่าง																
อื่น																	

Nurse Note.....

Scrub N 1 Scrub N 2 Scrub N 3

Circulating N.....

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Blade										Blade									
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