### SIGN IN

- **PATIENT HAS CONFIRMED**
  - IDENTITY
  - SITE
  - PROCEDURE
  - CONSENT
- **SITE MARKED/NOT APPLICABLE**
- **ANAESTHESIA SAFETY CHECK COMPLETED**
- **PULSE OXIMETER ON PATIENT AND FUNCTIONING**

**DOES PATIENT HAVE A:**

- **KNOWN ALLERGY?**
  - NO
  - YES
- **DIFFICULT AIRWAY/ASPIRATION RISK?**
  - NO
  - YES, AND EQUIPMENT/ASSISTANCE AVAILABLE
- **RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?**
  - NO
  - YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED

### TIME OUT

- **CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE**
- **SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM**
  - PATIENT
  - SITE
  - PROCEDURE
- **ANTICIPATED CRITICAL EVENTS**
  - **SURGEON REVIEWS:** WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?
  - **ANAESTHESIA TEAM REVIEWS:** ARE THERE ANY PATIENT-SPECIFIC CONCERNS?
  - **NURSING TEAM REVIEWS:** HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?

### SIGN OUT

- **NURSE VERBALLY CONFIRMS WITH THE TEAM:**
  - THE NAME OF THE PROCEDURE-recorded
  - THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)
  - HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)
  - WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED
- **SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT**

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This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.