

| <b>Sign In (preparation)</b><br><i>Before induction of anaesthesia</i>  | <b>Time-out</b><br><i>Before starting the operation</i>   | <b>Sign Out (termination)</b><br><i>Before the team leaves the operating room</i>  |
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| <p><b>Has the patient confirmed?</b></p> <p><input type="checkbox"/> Identity</p> <p><input type="checkbox"/> Operation site</p> <p><input type="checkbox"/> Type of procedure</p> <hr/> <p><b>Is the operation site marked?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Not applicable</p> <hr/> <p><b>Has anaesthesia been checked and medication controlled?</b></p> <p><input type="checkbox"/> Yes</p> <hr/> <p><b>Does the patient have:</b></p> <p><b>Known allergy?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><b>Difficult airways / risk of aspiration?</b></p> <p><input type="checkbox"/> Yes, and equipment/ assistance is available</p> <p><input type="checkbox"/> No</p> <p><b>Risk of &gt;500 mL blood loss (&gt;7 mL/kg in children?)</b></p> <p><input type="checkbox"/> Yes, and adequate intravenous access and fluid is available</p> <p><input type="checkbox"/> No</p> <p><b>Risk of hypothermia?</b></p> <p><input type="checkbox"/> Yes, and actions are planned or implemented</p> <p><input type="checkbox"/> No</p> <hr/> <p><b>Are required images displayed?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Not applicable</p> | <p><b>Has everyone in the team been presented by name and function?</b></p> <p><input type="checkbox"/> Yes</p> <hr/> <p><b>Surgeon, operating room nurse, anaesthesiologist and anaesthetic nurse have confirmed verbally:</b></p> <p><input type="checkbox"/> The patient's name?</p> <p><input type="checkbox"/> Planned procedure, operation site, and body side?</p> <p><input type="checkbox"/> Is the patient correctly positioned?</p> <hr/> <p><b>Are any critical events expected?</b></p> <p><b>Surgeon:</b></p> <p><input type="checkbox"/> What is the expected blood loss?</p> <p><input type="checkbox"/> Are there any risk factors that the team should be aware of?</p> <p><input type="checkbox"/> Is any special equipment or additional diagnostic procedure needed?</p> <p><input type="checkbox"/> What is the expected duration of the operation?</p> <p><b>Anaesthesiologist and nurse anaesthetist:</b></p> <p><input type="checkbox"/> What is the patient's ASA classification?</p> <p><input type="checkbox"/> Is anaesthesia for this patient associated with specific risk factors that the team should know about?</p> <p><b>Operating theatre nurse:</b></p> <p><input type="checkbox"/> Is instrument sterility confirmed (including indicators)?</p> <p><input type="checkbox"/> Are there challenges associated with use of the equipment?</p> <hr/> <p><b>Have prophylactic measures been taken against infections?</b></p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> Antibiotic prophylaxis completed within the last 60 minutes?</p> <p><input type="checkbox"/> Have measures been implemented to keep the patient warm?</p> <p><input type="checkbox"/> Hair removal completed?</p> <p><input type="checkbox"/> For patients with diabetes: Are blood sugar levels within the reference range?</p> <hr/> <p><b>Is thrombosis prophylaxis required?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p><b>The team reviews verbally:</b></p> <p><input type="checkbox"/> Which procedure has been performed?</p> <p><input type="checkbox"/> Is the number of instruments, dressings/drapes and needles correct (or not applicable)?</p> <p><input type="checkbox"/> Are biological samples correctly labeled, including the patient's identity?</p> <p><input type="checkbox"/> Have there been problems with the equipment that should be reported?</p> <p><input type="checkbox"/> What is important for postoperative treatment of this patient?</p> <hr/> <p><b>Remarks/ findings:</b></p> <hr/> <p><b>Which procedure has been performed?:</b></p> <hr/> <p><b>Date, patient name and national identifying number.</b></p> |