


# CDDFT SURGICAL SAFETY CHECKLIST FOR MATERNITY CASES ONLY

SIGN IN <i>To be read out loud by the anaesthetist after the arrival of the patient and midwife</i>	TIME OUT <i>To be read out loud by the surgeon before procedure commences</i>	SIGN OUT <i>To be read out loud by the surgeon before the patient leaves theatre</i>
<input type="checkbox"/> Confirm patient identity. <input type="checkbox"/> Confirm procedure, site and consent.	<input type="checkbox"/> All team members have introduced themselves by name and role.	<b>Obstetrician, anaesthetist and midwife to confirm:</b> <input type="checkbox"/> Name of the procedure/s has been recorded. <input type="checkbox"/> Blood loss has been recorded. <input type="checkbox"/> Key concerns for recovery and patient management have been discussed and communicated. <input type="checkbox"/> Post-operative VTE prophylaxis has been prescribed.
<b>Procedure to be performed:</b> <input type="checkbox"/> Caesarean section, class: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> Other, specify:	<b>Surgeon, anaesthetist and registered practitioner to:</b> <input type="checkbox"/> Confirm the patient's name and CRN. <input type="checkbox"/> Confirm procedure, consent and position planned.	<b>Scrub practitioner to confirm:</b> <input type="checkbox"/> Instrument, swab and sharp counts are correct. <input type="checkbox"/> Single-use items are present and intact before disposal.
<input type="checkbox"/> Anaesthetic machine and medication checks are complete.	<b>Obstetrician to confirm:</b> <input type="checkbox"/> Additional procedure/s planned. <input type="checkbox"/> Critical/unusual steps you want the team to know about. <input type="checkbox"/> If there are concerns about the placenta site.	<b>Anaesthetist and theatre team to confirm:</b> <input type="checkbox"/> Any patient safety incident / equipment problem identified is entered on Safeguard by an appropriate team member. <input type="checkbox"/> Intravenous cannula has been flushed.
<b>Does the patient have a known allergy?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:	<b>Anaesthetist to confirm:</b> <input type="checkbox"/> Any specific concerns. <input type="checkbox"/> Antibiotics have been given.	<b>Has a vaginal pack or tampon intentionally been left in the patient?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes... If YES, confirm removal plan documented, communicated to the appropriate individuals and the patient's <b>VAGINAL INTERNAL PACK</b> (VIP) wristband is secured: <input type="checkbox"/> Confirmed
<b>Is there a difficult airway risk?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes and equipment/assistance available.	<b>Scrub practitioner to confirm:</b> <input type="checkbox"/> Instruments are sterile. <input type="checkbox"/> Any equipment issues or concerns.	<b>Midwife to confirm:</b> <input type="checkbox"/> Baby/babies have been labelled. <input type="checkbox"/> Relevant cord bloods have been taken if required. <input type="checkbox"/> Cord gases have been recorded, if required. <input type="checkbox"/> Specimens have been labelled.
<b>Appropriate/recent antacid prophylaxis given?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>Midwife to confirm:</b> <input type="checkbox"/> Whether cord samples are needed. <input type="checkbox"/> Urinary catheter is draining. <input type="checkbox"/> Fetal scalp electrode has been removed. <input type="checkbox"/> VTE prophylaxis has been undertaken.	<b>Signature and printed name</b>
<b>Are blood products available as appropriate:</b> <input type="checkbox"/> No <input type="checkbox"/> Group & save <input type="checkbox"/> X-matched <input type="checkbox"/> N/A	Sign in: _____ Date: _____ Time out: _____ Time: _____ Sign out: _____ Location: _____	Specialty Documents 
AFFIX BAR CODED PATIENT LABEL HERE		

# CDDFT SURGICAL SAFETY CHECKLIST FOR MATERNITY CASES ONLY

This Surgical Safety Checklist (LocSSIP) for Maternity Cases should be used for all procedures undertaken in CDDFT's maternity theatres.

\*Note Side A abbreviations: VTE = Venous ThromboEmbolism.

## **Must-do procedural steps**

1. To ensure compliance with best practice:
  - a. CDDFT's Surgical Safety Checklist for Maternity Cases **must** be used for all cases undertaken in maternity theatres. When this checklist is used, additional checklists (e.g. instrumental delivery or repair of genital tract trauma) **do not need to be used** on the same patient for the same procedure.
  - b. Patient identification labels with fully legible, complete details **must** be used on all documentation including this checklist.
  - c. All individuals signing the Surgical Safety Checklist **must** print their name legibly.
  - d. Distractions, noise and interruptions **must** be minimised during the SIGN IN/TIME OUT/SIGN OUT and the full attention of the team **must** be given. If an individual cannot participate due to clinical priority, the process **must** be paused until it is clinically safe to proceed.
2. SIGN IN:
  - a. The SIGN IN **must** be conducted out loud utilising the patient, parent or carer (whenever possible) to confirm details.
  - b. The SIGN IN **must** be conducted jointly by the anaesthetist and anaesthetic nurse/ODP or equivalent qualified member of staff.
  - c. The doctor conducting the SIGN IN **must** thereafter sign the checklist on the SIGN IN row and enter the date/time/location.
3. TIME OUT:
  - a. The TIME OUT **must** be conducted by the operating surgeon immediately before the start of the procedure when all members of the team are present.
  - b. The surgeon **must** thereafter sign the checklist on the TIME OUT row.
4. SIGN OUT:
  - a. The SIGN OUT **must** be conducted by the operating surgeon before the patient or team members leave the procedural area.
  - b. The SIGN OUT **must** be conducted before the patient is woken from general anaesthesia (if being provided).
  - c. The operating surgeon **must** thereafter sign the checklist on the SIGN OUT row.