

Safety Checklist for Office-Based Surgery

from the Institute for Safety in Office-Based Surgery (ISOBS)



Introduction Preoperative encounter; with practitioner and patient	Setting Before patient in procedure room; with practitioner and personnel	Operation Before sedation/analgesia; with practitioner and personnel*	Before discharge On arrival to recovery area; with practitioner & personnel	Satisfaction Completed post-procedure; with practitioner and patient
<p><i>Patient</i></p> <p>Patient medically optimized for the procedure?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, and plan for optimization made.</p> <p>Does patient have DVT risk factors?</p> <p><input type="checkbox"/> Yes, and prophylaxis plans arranged.</p> <p><input type="checkbox"/> No</p> <p><i>Procedure</i></p> <p>Procedure complexity and sedation/analgesia reviewed?</p> <p><input type="checkbox"/> Yes</p> <p>NPO instructions given?</p> <p><input type="checkbox"/> Yes</p> <p>Escort and post-procedure plans reviewed?</p> <p><input type="checkbox"/> Yes</p>	<p>Emergency equipment check complete (e.g. airway, AED, code cart, MH kit)?</p> <p><input type="checkbox"/> Yes</p> <p>EMS availability confirmed?</p> <p><input type="checkbox"/> Yes</p> <p>Oxygen source and suction checked?</p> <p><input type="checkbox"/> Yes</p> <p>Anticipated duration ≤ 6 hours?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, but personnel, monitoring and equipment available</p>	<p>Patient identity, procedure, and consent confirmed? <input type="checkbox"/> Yes</p> <p>Is the site marked and side identified?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>DVT prophylaxis provided?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Antibiotic prophylaxis administered within 60 minutes prior to procedure? <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Essential imaging displayed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p><i>Practitioner confirms verbally:</i></p> <p><input type="checkbox"/> Local anesthetic toxicity precautions</p> <p><input type="checkbox"/> Patient monitoring (per institutional protocol).</p> <p><input type="checkbox"/> Anticipated critical events addressed with team.</p> <p><input type="checkbox"/> Each member of the team has been addressed by name and is ready to proceed.</p>	<p>Assessment for pain?</p> <p><input type="checkbox"/> Yes</p> <p>Assessment for nausea/vomiting?</p> <p><input type="checkbox"/> Yes</p> <p>Recovery personnel available?</p> <p><input type="checkbox"/> Yes</p> <p><i>Prior to discharge: (with personnel and patient)</i></p> <p>Discharge criteria achieved?</p> <p><input type="checkbox"/> Yes</p> <p>Patient education and instructions provided?</p> <p><input type="checkbox"/> Yes</p> <p>Plan for post-discharge follow-up?</p> <p><input type="checkbox"/> Yes</p> <p>Escort confirmed?</p> <p><input type="checkbox"/> Yes</p>	<p>Unanticipated events documented?</p> <p><input type="checkbox"/> Yes</p> <p>Patient satisfaction assessed?</p> <p><input type="checkbox"/> Yes</p> <p>Provider satisfaction assessed?</p> <p><input type="checkbox"/> Yes</p>

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged. *Adapted from the WHO Surgical Safety Checklist.

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