



Patient's name

Procedure

DOB MRN

Date

SIGN IN BEFORE ANAESTHESIA

Two-person check – anaesthetist and anaesthetic practitioner

Patient's details

Patient/carer stated name, DOB, procedure and site? Yes

Information, including MRN, matches wristbands, consent form, operating list and notes? Yes

Consent form within date (48 hrs) and no abbreviations? Yes

Procedure site correctly marked? Yes N/A

Allergy present? No Yes Check red bands in place

Allergy:

Care plan

Care plan complete and signed? Yes

Pregnancy status checked? (if aged 12–55) Yes N/A

Infection risk (to staff) checked? Yes

Starvation time checked? Yes N/A

Loose teeth checked? Yes

Procedural checks

Risk of blood loss more than 10ml/kg? No Yes Check valid G & S, blood available

Regional anaesthetic block planned? No Yes **Stop before you block** checks required

If stent, prosthesis or implant planned, is it available? Yes N/A

Reg practitioner completing SIGN IN

Name (PRINT) _____ Signature _____

TIME OUT BEFORE PROCEDURE

All team members present and focused

Team checks

Team members introduced by name & role? Yes

Patient's name, DOB, MRN and consent confirmed? Yes

Marking and positioning agrees with consent form? Yes

Allergy status and infection risk confirmed? Yes

Surgeon/operator

Critical steps/events? Discussed

Anticipated blood loss? Discussed

Blood available? N/A Yes

Specific equipment requirements? Discussed

Anaesthetist

Anaesthetic concerns? Discussed

LA block performed? No Yes

LA infiltration required? No Yes

Nurse

Any existing packs, including throat packs, in situ? No Yes Check added to count

Equipment issues/concerns? Discussed

Last checks

Surgical site infection bundle undertaken? (antibiotics, warming, hair removal, glycaemic control) Yes

Calf compressors considered if procedure over 30 mins? N/A Yes

Imaging displayed? N/A Yes

Reg practitioner completing TIME OUT

Name (PRINT) _____ Signature _____

Two-person check performed before insertion of a type-critical stent, prosthesis or implant?

Yes

N/A

SIGN OUT BEFORE LEAVING THEATRE

All team members present and focused

Registered practitioner and surgeon/operator to confirm with team:

State out loud procedure performed

Yes

Estimated blood loss ml

Specimens correctly labelled?

Yes

N/A

Throat pack removed?

Yes

N/A

All counts correct?

No

Yes

N/A

Follow Trust policy

Any intentionally retained swabs or packs?

No

Yes

Check confirmed with pink wristband/sticker

Post-operative handover plans: all team to confirm

Surgical plan

Drain instructions discussed and documented?

Yes

N/A

Specific surgical care for recovery discussed?

Yes

Anaesthetic plan

All IV lines flushed and any unnecessary lines/ connectors/giving sets removed?

Yes

Specific anaesthetic concerns for recovery discussed (including loose teeth)?

Yes

Final reminders

Patient still wearing electronic wristband(s)?

Yes

Record all information in the notes

Yes

Complete TTAs

Yes

N/A

Registered practitioner completing SIGN OUT

Name (PRINT)

Signature