

SURGICAL SAFETY CHECKLIST



BEFORE INDUCTION OF GENERAL ANAESTHESIA	BEFORE SURGERY START	BEFORE RECOVERY	CASE DETAILS
HORSE ID CONFIRMED <input type="checkbox"/>	ANTI-MICROBIALS <input type="checkbox"/>	<u>RECOVERY ROOM READY</u> INCL: <ul style="list-style-type: none"> • ROPES + HEADCOLLAR • RECOVERY TRAY • BOOTS + TOWELS <input type="checkbox"/> 	DATE: HORSE: OWNER: HOSP NUMBER
ID TAG IN PLACE <input type="checkbox"/>	ANALGESIA <input type="checkbox"/>		
CONSENT FORM SIGNED <input type="checkbox"/>	SKIN STERILITY CONFIRMED (NURSE) <input type="checkbox"/>		
PROCEDURE CONFIRMED (SURGEON) <input type="checkbox"/>	<u>PATIENT-SPECIFIC CONCERNS</u> SURGEON: ANAESTHETIST:	<u>AFTERCARE INSTRUCTIONS</u> ANTI-MICROBIALS:	PROCEDURE:
BASIC PREPARATION Shoes removed, hooves cleaned and mouth washed. <input type="checkbox"/>		ANALGESIA:	
SKIN PREPARATION PERFORMED <input type="checkbox"/>		SPECIFIC AFTERCARE CONCERNS	
IV CANNULA PATENT AND IN PLACE <input type="checkbox"/>		SAMPLES LABELLED AND SUBMITTED? <input type="checkbox"/>	
<u>ANAESTHESIA MACHINE CHECKED:</u> VAPORISER FULL OXYGEN SOURCE ON VENTILATOR READY LEAK TESTED SCAVENGING MONITOR READY <input type="checkbox"/>	ESSENTIAL IMAGING DISPLAYED? <input type="checkbox"/>	EQUIPMENT PROBLEMS REPORTED/ RECTIFIED <input type="checkbox"/>	INITIALS OF PERSONS ATTENDING CASE
	COMMENTS?	PERSON TO CONTACT OWNER	
ET TUBE CUFF CHECKED <input type="checkbox"/>			

