

# Safe Surgery Checklist



## Patient Name

### Pre-operative Checklist

Pre-op appointment date .....

**Discussed with patient;**

Treatment plan read and understood

Medical history       Procedure

Arrival time       Specific risks

Antibiotics       Post-op warnings

Site       Post-op care

**Consent forms returned;**

Implant       Bone & membrane

Photos       PRF

Sedation

**Surgeon checks;**

Surgery plan completed

Temporary restoration

**Stock check;**

Surgical equipment, drapes, gowns

Implant, healing abutment, bone, membrane

## Patient Number

### Time Out

Medical history confirmed

Allergies .....

Verbal consent confirmed

Procedure paid in full

Review appointment made

Patient has eaten as normal

Pre-op antibiotics taken at .....

**Team checks;**

Patient       Medical history

Procedure & site .....

Planned procedure       Specific concerns

Potential variations

Appropriate surgical set-up

Images displayed

Temporary is available and correct

Sterile nurse .....      Circulating nurse .....

Procedure start time .....

## Procedure Date

### Sign Out

**Given to patient;**

Adjusted temporary prosthesis

POI verbal & written

Post-op medication

**Team debrief;**

Sharps safely disposed;

Needles .....       Blades .....

Sutures .....

All instruments accounted for

Batch numbers recorded in patient notes, passport and implant file

Discussed any equipment issues

Discussed any procedural issues

Procedure finish time .....