

Anesthesia Safety Checklist



Before induction of anesthesia

Is an experienced and trained assistant available to help you with induction?

- Yes
- Not applicable

Has the patient had no food or drink for the appropriate time period?

- Yes
- Not applicable

Is there intravenous access that is functional?

- Yes

Is the patient on a table that can be rapidly tilted into a head-down position in case of sudden hypotension or vomiting?

- Yes

Equipment check:

- If compressed gas will be used, is there enough gas and a reserve oxygen cylinder?
- Anesthetic vaporizers are connected?
- Breathing system that delivers gas to the patient is securely and correctly assembled?
- Breathing circuits are clean?
- Resuscitation equipment is present and working?
- Laryngoscope, tracheal tubes and suction apparatus are ready and clean?
- Needles and syringes are sterile?
- Drugs are drawn up into labelled syringes?
- Emergency drugs are present in the room, if needed?

Safe Surgery & Safe Anesthesia

OPERATING ROOM (OR)

The operating theatre is a room specifically for use by the anesthesia and surgical teams and must not be used for other purposes.

An OR requires the following:

- Good lighting and ventilation
- Dedicated equipment for procedures
- Equipment to monitor patients, as required for the procedure
- Drugs and other consumables for routine and emergency use

Ensure that procedures are established for the correct use of the O.R. and all staff is trained to follow them:

- Keep all doors to the O.R. closed, except those required for the passage of equipment, personnel and the patient
- Store some sutures and extra equipment in the O.R. to decrease the need for people to enter and leave the O.R. during a case
- Keep to a minimum the number of people allowed to enter the O.R., especially after an operation has started
- Keep the O.R. uncluttered and easy to clean
- Between cases, clean and disinfect the table and instrument surfaces
- At the end of each day, clean the O.R.: start at the top and continue to the floor, including all furniture, overhead equipment and lights. Use a liquid disinfectant at a dilution recommended by the manufacturer
- Sterilize all surgical instruments and supplies after use and store them somewhere protected and ready for the next use

SPONGE AND INSTRUMENT COUNTS

It is essential to keep track of the materials being used in the O.R. in order to avoid inadvertent disposal, or the potentially disastrous loss of sponges and instruments in the wound.

It is standard practice to count supplies (instruments, needles and sponges):

- Before beginning a case
- Before final closure
- On completing the procedure

The aim is to ensure that materials are not left behind or lost. Pay special attention to small items and sponges.

Create and make copies of a standard list of equipment for use as a checklist to check equipment as it is set up for the case and then as counts are completed during the case.

Include space for suture material and other consumables added during the case.

When trays are created with the instruments for a specific case, such as a Caesarean section, also make a checklist of the instruments included in that tray for future reference.

Leave the O.R. ready for use in case of emergency

OPERATIVE PROCEDURE LIST

An operative procedure list is needed whenever the surgical team will perform several operations in succession. The list is a planned ordering of the cases on a given day.

Elements such as urgency, the age of the patient, diabetes, infection and the length of the procedure should all be considered when drawing up the list.

Operate on “clean” cases before infected cases since the potential for wound infection increases as the list proceeds.

Also consider other factors when making up the operative list: children and diabetic patients should be operated on early in the day to avoid being subjected to prolonged periods without food.

Ensure that between operations:

- Operating theatre is cleaned
- Instruments are re-sterilized
- Fresh linen is provided

It is essential to have clear standard procedures for cleaning and the storage of operating room equipment; these must be followed by all staff at all times.

The probability of wound infection increases in proportion to the number of breaches of aseptic technique and the length of the procedure.

POSTOPERATIVE CARE

If the patient is restless, something is wrong

Look for the following in the Recovery Room:

- Airway obstruction
- Hypoxia
- Hemorrhage: internal or external
- Hypotension and/or hypertension
- Postoperative pain
- Hypothermia, shivering
- Vomiting, aspiration
- Residual narcosis
- Falling on the floor

The recovering patient is fit for the ward when he or she is:

- Awake, opens eyes
- Extubated
- Breathing spontaneously, quietly and comfortably
- Can lift head on command
- Not hypoxic
- Blood pressure and pulse rate are satisfactory
- Appropriate analgesia has been prescribed and is safely established