## SCOAP Surgical Checklist

March 8, 2012

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#### **Before induction: Briefing**

#### All Team Members - (Attending Surgeon or designee leads):

- □ Confirm patient (at least 2 identifiers), procedure, site, Left/Right
- □ Describe procedure, expected duration, & anticipated difficulties
- □ Expected blood loss & blood availability
- □ Need for special instruments / supplies / IV access beyond usual
- ☐ Heparin given/not needed and/or SCDs in place and turned on

#### **Nursing/Tech reviews:**

□ Equipment issues (instruments ready, staff in-serviced, implants available)

#### **Anesthesia reviews:**

- ☐ Airway or other concerns
- □ Allergies
- □ Special meds, other

#### **All Team Members**

□ Questions/issues/concerns from any team member & duty to speak up at any time in the procedure

### **Before incision: Process control**

Attending Surgeon reviews: (as applicable)	
□ Attending Surgeon not present for SCOAP 1?	Repeat SCOAP 1.

- □ Each person introduces self by name & role
- □ Personnel exchanges: timing, plan for announcing changes
- ☐ Essential imaging displayed; right & left confirmed
- ☐ Has patient positioning changed since SCOAP 1? Is marking still visible?
- ☐ Antibiotic prophylaxis drug, dose, time, redosing plan
- □ Active warming needed? In place, turned on?
- □ Risk of hyperglycemia? Plan for insulin protocol if needed
- □ Sharps management plan
- □ Specialty-specific checklist

## Just before closure of operative field or removal of trocars: No retained objects

**Attending Surgeon:** □ Perform methodical visual & physical sweep of wound & report

Nursing/Tech: ☐ All music, conversation, & distractions halted □ Perform preliminary count of needles/ sponges/instruments & report

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# After skin closure complete: No retained objects, debriefing, care transition

All Team Members (Attending Surgeon or

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designee leads):	□ Does patient need special monitoring?	
<ul> <li>□ Confirm final needles/ sponges/ instruments count correct</li> <li>□ Surgeon views all sponges &amp; laps in holders</li> <li>□ Confirm name of procedure</li> <li>□ Any specimens? Confirm label &amp; instructions</li> <li>□ Equipment issues to be addressed? If yes,</li> </ul>	<ul> <li>Insulin drip needed?</li> <li>Post-op beta blockers needed?</li> <li>Post-op anticoagulation needed?</li> <li>Pain management by Surgery or Acute Pain Service?</li> </ul>	
response plan □ Other issues? If yes, response plan	□ Other special concerns for patient recovery?	

Surgeon and Anesthesia: