

Adult Cardiac Surgery Checklist

Before Induction – SIGN IN

Patient has confirmed:

- Identity
- Site
- Procedure
- Consent

Site marked/not applicable

Anesthesia safety check completed

Pulse oximeter on patient and functioning

UNOS ID# (if applicable)

Does patient have a known allergy?

- No
- Yes
 - Drugs
 - Latex
 - Other: _____

Difficult airway or aspiration risk?

- No
- Yes, and equipment/assistance available

Risk of >500 mL blood loss

- No
- Yes, and adequate intravenous access and fluids planned

Blood bank notified and blood available?

- No
- Yes
- Not applicable

Conversion equipment readily available?

(Robotic, minimally invasive cases)

- No
- Yes
- Not applicable

SIGN (NURSING): _____

SIGN (ANESTH): _____

Before Skin Incision – TIME OUT

Confirm all team members have introduced themselves by name and role.

Surgeon, anesthesia professional, and nurse verbally confirm:

- Patient
- Site/Side
- Procedure
- Position
- Perfusion temp.
- Blood born path.
- Prep protocol
- Implants and equip.

Anticipated Critical Events

Surgeon reviews:

- Critical or unexpected steps, airway or ventilatory issues
- Operative duration, anticipated blood loss, fluid management

Anesthesia team reviews:

- Any patient-specific concerns

Nursing team reviews:

- If sterility (including indicator results) has been confirmed
- If there are any equipment issues or concerns

Has antibiotic prophylaxis been given within the last 60 minutes?

- Yes
- Not applicable

DVT prophylaxis?

- Compression stockings
- Medication

Is essential imaging displayed?

- Yes
- Not applicable

SIGN (SURG): _____

Before Patient Leaves Room – SIGN OUT

Nurse verbally confirms with the team:

- Name of the procedure
- That instrument, sponge, and needle counts are correct or not applicable

Post pump antibiotic

Medication/Drips

Specimen labeling:

- Verify patient name
- Number of specimens
- Specimen location description

Are there any equipment problems to be addressed?

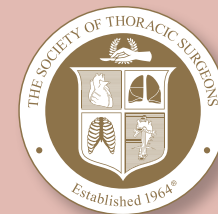
- No
- Yes: _____

Surgeon, anesthesia professional, and nurse:

- Review the key concerns for recovery and management of this patient

SIGN (NURSING): _____

SIGN (SURG): _____



Congenital Heart Surgery Checklist

Before Induction – SIGN IN

Patient has confirmed:

- Identity
- Site
- Procedure
- Consent

H&P current (< 30 d)

Weight re-checked

Anesthesia safety check completed
(Machine and medication)

Pulse oximeter on patient and functioning

Does patient have a known allergy?

- No
- Yes
 - Drugs
 - Latex
 - Other: _____

Difficult airway or aspiration risk?

- No
- Yes, and equipment/assistance available

Intravenous access and fluids planned

Warmer (blankets and fluids) in place

Blood bank notified and blood available?

- No
- Yes
- Not applicable

SIGN (NURSING): _____

SIGN (ANESTH): _____

Before Skin Incision – TIME OUT

Confirm all team members have introduced themselves by name and role.

Surgeon, anesthesia professional, perfusionist, and nurse verbally confirm:

- Patient
- Site
- Procedure
- Imaging available and reviewed
- Transesophageal ECHO (TEE) or Other ECHO
- Antifibrinolytics
- Antibiotics administered *(within last 60 min)*

Perfusion team reviews:

- Cannulation sizes
- Cannulae sizes
- Bypass prime *(blood vs. prime)*
- Targeted core temp
- Use or non-use of DHCA, selective cerebral perfusion
- Ice on the head
- Other bypass considerations
(AR, cardioplegia, collaterals, LV, shunts, venting, etc.)

Anesthesia team reviews:

- Any patient-specific concerns

Nursing team reviews:

- Confirmation of equipment sterility
- If there are any equipment/prostheses issues or concerns

SIGN (SURG): _____

Before Patient Leaves Room – SIGN OUT

Nurse verbally confirms with the team:

- Name of the procedure
- That instrument, sponge, and needle counts are correct or not applicable

Specimen labeling:

- Verify patient name
- Number of specimens
- Sent for appropriate tests

Are there any equipment problems to be addressed?

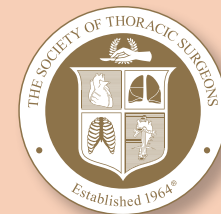
- No
- Yes: _____

Surgeon, anesthesia professional, and nurse:

- Review the key concerns for post-op recovery and management of this patient
- Blood products used
- Blood products still available
- Breaks in technique

SIGN (NURSING): _____

SIGN (SURG): _____



General Thoracic Surgery Checklist

Before Induction – SIGN IN

Patient has confirmed:

- Identity
- Site
- Procedure
- Consent

Site marked/not applicable

H&P current (< 30 d)

Anesthesia safety check completed

Pulse oximeter on patient and functioning

UNOS ID# (If applicable)

Does patient have a known allergy?

- No
- Yes
 - Drugs
 - Latex
 - Other: _____

Difficult airway or aspiration risk?

- No
- Yes, and equipment/assistance available

Risk of >500 mL blood loss

- No
- Yes, and adequate intravenous access and fluids planned

Blood bank notified and blood available?

- No
- Yes
- Not applicable

Conversion equipment readily available?

(Robotic, VATS cases)

- No
- Yes
- Not applicable

SIGN (NURSING): _____

SIGN (ANESTH): _____

Before Skin Incision – TIME OUT

Confirm all team members have introduced themselves by name and role

Surgeon, anesthesia professional, and nurse verbally confirm:

- Patient
- Site
- Procedure

Anticipated Critical Events

Surgeon reviews:

- Critical or unexpected steps, airway or ventilatory issues
- Operative duration, prosthetics, anticipated blood loss, fluid management

Anesthesia team reviews:

- Any patient-specific concerns

Nursing team reviews:

- If sterility (including indicator results) has been confirmed
- If there are any equipment issues or concerns

Has antibiotic prophylaxis been given within the last 60 minutes?

- Yes
- Not applicable

DVT prophylaxis?

- Compression stockings
- Medication

Is essential imaging displayed?

- Yes
- Not applicable

SIGN (SURG): _____

Before Patient Leaves Room – SIGN OUT

Nurse verbally confirms with the team:

- Name of the procedure
- That instrument, sponge, and needle counts are correct or not applicable

Specimen labeling:

- Verify patient name
- Number of specimens
- Tissue type/nodal stations

Are there any equipment problems to be addressed?

- No
- Yes: _____

Surgeon, anesthesia professional, and nurse:

- Review the key concerns for recovery and management of this patient

SIGN (NURSING): _____

SIGN (SURG): _____

