

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
- Surgeon;**
- Surgery plan completed
- Team checks;**
- Adequate surgical equipment, drapes, gowns
 - Implant, healing abutment, biomaterials
 - Temporary restoration ready

Patient Number

Time Out - lead by circ. nurse

- | | |
|---------------------|-------------------------|
| Sterile nurse | Circulating nurse |
|---------------------|-------------------------|
- Patient ID confirmed
 - Verbal & written consent confirmed
 - Medical history confirmed
 - Patient has eaten as normal
 - Procedure paid in full
 - Review appointment made
- Pre-op antibiotics taken at
- Procedure & site
- Key medical factors
- Planned procedure discussed
 - Potential variations & concerns discussed
 - Appropriate equipment set-up
 - All necessary images & plan displayed
 - Temporary restoration is available & correct
- Procedure start time

Procedure Date

Sign Out

- Temporary prosthesis adjusted
 - Post-op instructions given verbal & written
 - Review appointment confirmed
- Team debrief;**
- Sharps safely disposed;
- Needles
 - Blades
 - Sutures
 - All instruments accounted for
 - Batch numbers recorded in patient notes, passport & implant file
 - Equipment issues discussed
 - Procedural issues discussed
- Procedure finish time