ACG Suggested "Safe Surgery Checklist" for Ambulatory Surgical Centers

This checklist is to serve as suggested template and the practice is encouraged to ensure that any final checklist meets all federal, state, and local safety regulations.

Patient Name (last, first, middle):Patient DOB (mm/dd/yyyy):
PRIOR TO ADMINISTERING SEDATION OR ANESTHESIA
Confirm patient identity and procedure
Confirm/Obtain written consent (parent or guardian when applicable)
Confirm history and physical exam has been performed or updated including current medications.
Confirm allergies, airway and aspiration risk, and NPO status.
Sedation medication/narcotic check and anesthesia machine check
Ensure pertinent diagnostic and radiologic test results are available on chart or in electronic health record.
Ensure required equipment on-hand (resuscitative equipment, "ambu bag," dilators, APC, loop, clip, tattoo, stents, etc.)
Confirm equipment properly functioning (CO2 monitoring, blood pressure, EKG)
Confirm appropriate management of insulin, anti-coagulants and anti-platelet medications
PRIOR TO PROCEDURE Confirm all team members' identity, roles, and anticipated critical events during the procedure Time Out: Confirm patient's name and procedure, as well as each team member indentifying themselves and their role to patient. Confirm administration of antibiotic prophylaxis within 60 minutes before procedure (when indicated)
POST PROCEDURE
Confirmation of procedure
Confirmation of amount of anesthesia provided
Identify key concerns for recovery and management of the patient
Identify / confirm patient restrictions for diet or activity in recovery interval
Confirm specimen(s), locations, tissue types, desired analysis and identification label. Read specimen labels aloud, including specific pathology instructions.
Perform narcotic administration reconciliation
Discontinue prophylactic antibiotics (when applicable).
Proper sterilization of equipment
Proper stermzation of equipment