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 disposal of equipment