Worcestershire Acute Hospitals NHS Trust

Patient Name / Label

OBSTETRIC Pre-Operative Checklist

Ward: Date:

	WARD	THEATRE
Identity Confirmed		
Notes		
Consent Form Checked & Correct		
Identity Band		
Allergy Band		
Drug / IV Chart		
Surgical Site Marked – Yes No N/A		
Fluid Balance Chart		
Peripheral Vascular Device Form		
X-Ray – if applicable		
Electrocardiograph (included)		
Make-up / Nail Varnish Removed		
Jewellery/Piercings Removed or Taped		
Dentures Removed		
Caps/Crowns/Loose Teeth Noted Yes No NA		
Hearing Aid/Glasses remain with patient		
Contact Lenses Removed		
Prosthesis removed (state where)		
Pacemaker – Yes or No		
Internal Metalwork Identified		
VTE Form Complete - Yes No N/A		
Compression Stockings – Yes or No		
Size applied on admission		
Bed Rails insitu – Yes or No		
Is the Patient diabetic – Yes or No		
Blood Results Available & Checked (Blood Group, FBC, MRSA)		
Type Specific Blood Cross Match Yes or No		
	DATE	TIME
Food Last Taken		
Drink Last Taken		
Passed Urine		
Bowel Opened		
Anti-coagulants stopped – Yes or No or N/A		

MATERNAL VITAL SIGNS: Date: Time:

BP:

Heart Rate:

Oxygen Saturation:

Respiratory Rate:

Temperature:

Weight (Kgs):

BMI:

BM (if applicable):

Abdominal Palpation:

Fetal Observations Performed:

If LSCS for Breech Presentation, USS performed prior to surgery:

Relevant Handover Information:

Ward checks completed and patient is ready to transfer to theatre

Registered Practitioner on Ward Check: DATE: TIME:
SIGNATURE: PRINT NAME: DESIGNATION:

THEATRE SUITE CONFIRMATION

Registered Practitioner in Theatre Check: DATE: TIME:
SIGNATURE: PRINT NAME: DESIGNATION:

Operating Surgeon/Practitioner Check: DATE: TIME:
SIGNATURE: PRINT NAME: DESIGNATION:

Worcestershire Acute Hospitals NHS Trust

MATERNITY CASES ONLY - SURGICAL SAFETY CHECKLIST

Affix Patient Label here or record

NAME:

NHS NO:

HOSP NO:

D.O.B: D D / M M / Y Y Y Y MALE ☐ FEMALE ☐

SIGN IN
Completed after the arrival of the woman and the Midwife

- ☐ Has the woman confirmed her identity, procedure and consent?
- ☐ Caesarean section category? 2 3 4 (if Category 1 - see overleaf)
- ☐ Is the anaesthetic machine and medication check complete?
- ☐ Does the woman have a known allergy?
- ☐ Have blood results been checked?
- ☐ Are blood products available?
- ☐ Have appropriate antacids and antibiotics been given?
- ☐ Is the resuscitaire checked and ready?
- ☐ Has the neonatal team been called, if needed?

Print Name:
Sign Name:
Designation:
Date:
Time:

TIME OUT
Completed before the skin incision

- ☐ Have all team members introduced themselves by name and role?
- ☐ What is the woman's name?

Obstetrician:

- ☐ What additional procedures(s) are planned?
- ☐ Are there any critical or unusual steps you want the team to know about?
- ☐ Are there any concerns about the placental site?

Anaesthetist:

- ☐ Are there any specific concerns?

Scrub Practitioner:

- ☐ Has the sterility of instruments been confirmed?
- ☐ Are there any equipment issues or concerns?

Midwife:

- ☐ Are cord blood samples needed?
- ☐ Is the urinary catheter draining?
- ☐ Has the FSE been removed?
- ☐ Has VTE prophylaxis been undertaken?

SIGN OUT
To be said out loud before the woman leaves the theatre

Practitioner verbally confirms with the team:

- ☐ Has the name of the procedure and any additional procedures been recorded?
- ☐ Has it been confirmed that instruments, swabs and sharp counts are correct?
- ☐ Have specimens been labelled?
- ☐ Has blood loss been recorded?

Obstetrician, Anaesthetist and Midwife:

- ☐ Have the key concerns for recovery and management been discussed?
- ☐ Has post-operative VTE prophylaxis been prescribed?
- ☐ Have antibiotics been given?

Anaesthetist and theatre team:

- ☐ Have any equipment problems been identified that need to be addressed?

Midwife:

- ☐ Has the baby/babies been labelled?
- ☐ Have cord bloods been taken, if relevant?
- ☐ Have cord gasses been recorded, if required?

This checklist is for MATERNITY USE only