

Identity Check with patient, front sheet, wristband, safer sleep

- Name
- Date of birth
- NHI
- Allergies

Procedure - Checked against consent

- Name of procedure
- Side
- Site marked
- Implants/instruments available
- Surgeon available

Anaesthetic checks completed & plan in place

Surgeon, and theatre team verify

- **Patient Name and NHI**
- **Procedure**
- **Site Marked**
- **Imaging**
- **Allergies**
- **Antibiotics (within 60 minutes)**
- **Thromboprophylaxis**

Nurse verbally confirms with the team

- **Count is correct**
- **Confirm the surgical procedure**
- **Specimen description, quantity & patient identification of patient**
- **Concerns for recovery & postoperative management of patient**
- **Post-operative plans for Thromboprophylaxis considered**
- **Any equipment issues**

Local Cases combined sign in & time out

Surgeon or Nurse

Surgeon, & Nurse verify with patient

- Patient Name
- NHI
- Consent
- Procedure
- Site Marking & Side
- Allergies

At start of list or when staffing changes occur -Confirm all team members have introduced themselves by name & role.