

Dekalb Gastroenterology Associates, LLC

Surgical Safety Checklist

Prior to Sedation and Procedure

Nurse confirms:

All equipment is working well, including O2 and suction

VS monitor is recording ECG, BP, pulse oximetry

Equipment is available as requested for the case, i.e., dilators, clips, snare, forcep, etc.

Patient allergies and NPO status

Antibiotics were administered within 60 minutes of procedure time or n/a

Anesthesia/Sedation Provider

CRNA confirms:

The anesthesia safety check has been completed

Review of patient allergies

Anticipated airway or aspiration difficulty assessed

Required equipment/assistance available

Time Out

Nurse, CRNA, GI Tech and MD confirm:

All team members have introduced themselves by name/role

Consent form has been signed

H&P and physical exam have been appropriately completed

Patient name, DOB, and procedure with patient

No questions of any team member or the patient

After Completion of Procedure and before patient leaves procedure room

Nurse and or GI Tech confirms with MD:

Dekalb Gastroenterology Associates, LLC

Surgical Safety Checklist

Procedure performed

Total # of specimens/containers, all labeled with two patient identifiers on sticker

Whether there are any equipment problems to be addressed

Any key concerns for recovery

Patient sticker

Nurse Signature: