OR BRIEFING
Introductions of team members and their names recorded on whiteboard. If anyone identifies a concern during the case, please communicate to the team.

### Surgical Items:
- Name / SS# verification
  - Procedure verification
  - Estimated length of operation
  - Laterality / Position with safety check (see below)

### Equipment/instrument malfunction
- Equipment/insts/supplies/ medications available
  - Yes
  - No

### OR DEBRIEFING
- Completed Case
- Aborted Case, list reason

### TIME OUT
Called by Attending surgeon just before incision (scalpel not provided until Time Out completed):
- Correct Patient: RN checks consent; Anesthesia confirms identity
- Correct Operation: Surgeon says operation; RN checks consent
- Correct Site: Surgeon says “I see the mark”; RN confirms site

### Equipment/insts/supplies/medications available
- Yes
- No

### Safety check: lines, sheets, cables free from bed rail?
- Yes

### Post-op disposition
- Bed availability

### Issue(s) identified:

#### TIME OUT
- Correct Patient
- Correct Operation
- Correct Site

#### Methodical Wound Exam (MWE)
- Both need to be checked:
  - “Call out” by surgeon for MWE: “All sponges are out”
  - MWE performed

#### Wound Class Verification
- Closing circulator RN will verify with surgeon wound class and correct as needed

#### Procedure performed verified with surgeon for surgical package

#### Pain management (e.g. local anesthetic; multimodality)
- Temperature control

#### Surgeon’s description of procedure:
- Equipment/insts/supplies/ medications available
  - Yes
  - No

#### Implants available, sterility verified
- Yes
- No

#### Pre-op Imaging reviewed & verified
- Yes
- No

#### Fluoro, x-ray or ultrasound needed
- Yes
- No

#### Critical Care Notified
- Yes
- No

#### Special precautions (HIV, HCV, MRSA, etc)
- Yes
- No

#### Blood availability
- Yes
- No

#### Type & cross or screen
- Yes
- No

#### Beta Blockade
- Yes
- No

#### IV antibiotics
- Yes
- No

#### Pain management
- Yes
- No

#### Special precautions
- Yes
- No

#### Other:
- Special precautions

### How did the case go overall? (Please mark the category that best reflects the team’s experience for this case.)
1. Major issue(s) (e.g. hand-off, equipment, delays, communication problems) that impacted case - need plan for f/u
2. Minor issue(s) that impacted case – need plan for f/u
3. Major / minor issues with patient post-op plan for f/u, no impact on case
4. Major / minor issues but resolved by team intra-op, no impact on case, no need for f/u
5. No problems – case went well

### Recognition of good teamwork
- Identification of good teamwork (If so, please provide an example):

### Intra-op hand-off issue(s)?
- Yes
- No

#### Delays (If delay occurred, please complete next section if referral was made):
1. Pre-op delay(s), specify:
2. Procedural delay(s), specify:
3. Equipment/instrument malfunction
4. Equipment/instrument/supplies not available
5. Other:

#### Need to revise “Pick List”
- Yes
- No

#### Issue(s) requiring follow-up
- Yes
- No

### Issue(s) requiring follow-up:

#### Name Label