

Orthopedic Surgical Safety Checklist Form

Patient & Procedure Information

Patient Name

MRN / ID

Date of Surgery

Surgeon

Procedure

Surgical Site / Side

Anesthesia

Before Induction of Anesthesia

- ☐ Patient identity confirmed ☐ Surgical site marked ☐ Consent obtained ☐ Allergies checked
☐ Anesthesia safety check completed ☐ Difficult airway/aspiration risk?

Before Skin Incision

- ☐ Team introductions (name/role) ☐ Confirm patient and procedure ☐ Prophylactic antibiotics given
☐ Imaging displayed/available ☐ Equipment/implants needed available

Before Patient Leaves Operating Room

- ☐ Procedure & specimen confirmed ☐ Count of instruments & sponges complete
☐ Equipment concerns addressed ☐ Post-op plan discussed

Team Leader Name

Signature

Date/Time