



Patient's name

DOB

MRN

Date

SIGN IN BEFORE ANAESTHESIA

Two-person check – anaesthetist and anaesthetic practitioner

Patient's details

Patient/carer stated name, DOB,
procedure and site? Yes

Information, including MRN,
matches wristbands, consent form,
operating list and notes? Yes

Consent form within date (48 hrs)
and no abbreviations? Yes

Allergy present? No Yes Check red bands
in place

Allergy:

Care plan

Care plan complete and signed? Yes

Infection risk (to staff) checked? Yes

Starvation time checked? Yes N/A

Loose teeth checked? Yes

Reg practitioner completing SIGN IN

Name (PRINT) Signature

TIME OUT BEFORE PROCEDURE

All team members present and focused

Team checks

Team members introduced by name & role? Yes

Patient's name, DOB, MRN and
consent confirmed? Yes

Allergy status and infection risk confirmed? Yes

Surgeon/operator

Specific equipment requirements? Discussed

Anaesthetist

Anaesthetic concerns? Discussed

Nurse

Equipment issues/concerns? Discussed

Reg practitioner completing TIME OUT

Name (PRINT) Signature

SIGN OUT BEFORE LEAVING THEATRE

All team members present and focused

Registered practitioner and surgeon/operator to confirm with team:

State out loud procedure performed Yes

Post-operative handover plans: all team to confirm

All IV lines flushed and any unnecessary lines/connectors/giving sets removed? Yes

Specific anaesthetic concerns for recovery discussed (including loose teeth)? Yes

Final reminders

Patient still wearing electronic wristband(s)? Yes

Record all information in the notes Yes

Registered practitioner completing SIGN OUT

Name (PRINT) Signature