



Patient's name

Procedure

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

Pregnancy status checked? Yes N/A (if aged 12–55)

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

Open or closed consent? Open Closed

Treatment plan on the white board? Yes

Allergy status and infection risk confirmed? Yes

Surgeon/operator

Specific equipment requirements? Discussed

Dental practitioners responsible for checking teeth:

Name

Name

Anaesthetist

Anaesthetic concerns? Discussed

ASA grade (circle): 1 2 3 4 5

Nurse

Equipment issues/concerns? Discussed

Last checks

Imaging displayed? N/A Yes

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:

Do the 'Planned' and 'Extracted' boards match? Yes No

Explain why:

Are all counts correct? Yes No

Follow trust policy

Number of take away packs

Post-operative handover plans: all team to confirm

Surgical plan

Specific surgical care for recovery discussed? Yes

Anaesthetic plan

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