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சுகாதார அமைச்சு
Ministry of Health

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මගේ අංකය
எனது இல
My No:

HQS/MoH/09/2013

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உமது இல
Your No:

දිනය
திகதி
Date

23 / 12 / 2013

General Circular No: 02 - 185 / 2013

All Provincial Secretaries
All Provincial Directors of Health Services
All Regional Directors of Health Services
All Directors/Medical Superintendents

Implementation of Surgical Safety Checklist

Patient safety has been an essential component of the health system in the country for the last few years. Surgical care has become an integral part of healthcare as surgical complications are common and often preventable. In order to assure proper surgical care which will minimize common deadly and preventable errors in the system, the Ministry of Health has taken initiatives to introduce a Surgical Safety Checklist to all hospitals island wide.

Based on the NICE (National Institute for Clinical Excellence) guidelines, World Health Organization (WHO) has introduced a Surgical Safety Checklist intended to be globally acceptable. This has been adopted with modifications and streamlined in consultation with experts in relevant colleges. The checklist has been divided into three phases identified in accordance with a time period in the routine flow of a surgical procedure. In each phase, the check list has to be completed before proceeding to the next phase. Once the surgery is performed and the checklist is completed, it should be kept with the patient's records. The number of surgeries performed should be equal to the number of checklists available at the end of the day.

All Heads of Institutions are hereby requested to ensure that this initiative is implemented for all minor and major surgeries performed in the respective institution with immediate effect.

Thank you

Dr. Y D Nihal Jayathilaka
Secretary - Health

Dr. Y. D. Nihal Jayathilaka
Secretary
Ministry of Health
"Sewasiripaya"
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Colombo 10, Sri Lanka.

Attached: Surgical Safety Checklist

Surgical Safety Checklist

Ministry of Health
Sri Lanka

Patient Care – Above All

Institute: _____

Date: _____

Procedure: _____

Before induction of anaesthesia >>>> Before start of surgical intervention >>>> Before patient leaves the theatre

<input type="checkbox"/> Has the patient confirmed his/her identity, procedure, site and consent? Yes / Not applicable
<input type="checkbox"/> Is the ward preparation completed? Yes / Not applicable
<input type="checkbox"/> Is the surgical site marked? Yes / Not applicable
<input type="checkbox"/> Are the anaesthesia machine, pulse oximeter and other relevant monitors, defibrillator and drugs checked? Yes / Not applicable
Does the patient have a:
<input type="checkbox"/> Known allergy? Yes / No
<input type="checkbox"/> Difficult airway/aspiration risk? Yes, equipment and assistance available / No
<input type="checkbox"/> Risk of > 500ml blood loss (in children > 7ml/kg)? Yes, adequate IV access and fluids planned / No
<input type="checkbox"/> Are there any known infection risks which will affect the safety of the team (Hep B, MRSA etc)? Yes / No

<input type="checkbox"/> Confirm introduction of team members by name and role to each other?
<input type="checkbox"/> Reconfirm patient identity, procedure and site?
<input type="checkbox"/> Blood Cross matched / Grouped & Saved / Not applicable
<input type="checkbox"/> Has the SSI bundle been undertaken? Antibiotic prophylaxis Yes / Not applicable Patient warming Yes / Not applicable Hair removal Yes / Not applicable Glycaemic control Yes / Not applicable
<input type="checkbox"/> Has DVT prophylaxis been undertaken? Yes / Not applicable
<input type="checkbox"/> Is essential imaging displayed / reviewed? Yes / Not applicable
Anticipated Critical Events
To Surgeon: <input type="checkbox"/> Way the patient is to be positioned?
<input type="checkbox"/> What are the critical or non-routine steps?
<input type="checkbox"/> Any special investigations/instruments needed during surgery?
To Anaesthetist: <input type="checkbox"/> Are there any patient specific concerns?
To Nursing Team: <input type="checkbox"/> Has sterility of instruments been confirmed? <input type="checkbox"/> Are there any equipment issues or any concerns?

Nurse Verbally Confirms:
<input type="checkbox"/> The name of the procedure
<input type="checkbox"/> Completion of instrument, sponge and needle counts
<input type="checkbox"/> Specimen labeling & completion of request forms
<input type="checkbox"/> Any equipment problems to be addressed
Confirm Recording of following on the BHT
<input type="checkbox"/> Level of consciousness
<input type="checkbox"/> Vital signs
<input type="checkbox"/> Splints/Prosthesis/Vascular lines attached
<input type="checkbox"/> Operative notes and significant events
<input type="checkbox"/> Management guide for next 24hours

Patient Details

Name: _____

Age in years: _____ Gender: M / F

BHT No: _____ Ward: _____

Procedure (if changed only): _____

Surgery Performed by: _____

Consultant Surgeon: _____

Anaesthesia administered by: _____

Consultant Anaesthetist: _____