

# Main OR Checklist (from 1st patient in to next patient in)

All pages in code, eg, for OR 8 to call staff, page 777\*08 = come to OR 8.

All pages direct dial using pager #s on OR communications board or in-OR list of Surg/Anesthesia Attendings & CRNA pager #s.

Time	HA	Circulating RN	Anesthesia	Anesthesia Tech	Attending Surgeon	Surgical Resident
Day before			Resident/CRNA eval pt, discuss with Att. Anesthesiologist			
By 0645	Complete transport to preop holding		In scrubs, in OR, check in with charge MD.		Check Pt 1 for H&P update, consent, site marking (service selects whether this is done by Surg Res or Surg Att).	
By 0700	Name & # on board	OR schedule for room & day posted	Write name & pager #s on OR board. Anesthesia tech Spectralink # on board. Anesthesiologist has requests to techs	Write name & pager #s on OR board. Anesthesia Tech Spectralink # on board. Obtain requests from Anesthesiologist	Indicate in house by magnet on OR board or call Charge RN	
By 0705	Obtain equipment to finish the room set up	See Pt 1, verify consent, etc. Write name & pager # on OR board.	Prepare Pt.			
By 0720		Have OR ready for Pt 1 to enter. Call Anes Team if problem prevents Pt 1 entering OR by 0720.	Call Circ RN if wish Pt 1 to enter OR earlier. Pt 1 enters OR by 0720.			
By 0725		Participate in Pt 1 position, prep and scrub needs	Expect Surg Res to be present—if not present by 0725, page Surg Att. When Surg Res present, induce anes. AT assist PRN	Assist with inductions PRN		Arrive in OR. Write your & Surg Att's name & pager #s on OR board. Participate in anes induction, if necessary.
0745 Patient 1  “Anesth ready”	Check with all assigned rooms PRN	Participate in Pt 1 position, prep and scrub needs		AT checks with all assigned rooms PRN	<b>Approx 15" before huddle:</b> If not present in OR, you will be paged by Surg Res. Arrival in OR within 15" expected. Res will position & prep Pt 1. On arrival in OR, leave pager beneath OR board & check pager # is on OR board.	<b>Approx 15" before huddle:</b> If Surg Att not present, you page—expect arrival within 15".  Participate in Pt 1 position & prep.
Patient 1 huddle	<b>All team members huddle: Patient ID, consent, side, procedure, antibiotics. Briefing for day with Surg Att, Anes, Circ RN:</b> <b>Equipment, nursing, surgical, anesthesia issues.</b> <b>Determine:</b> (1) expected duration of 1st case, (2) Pt 1 OR exit time, (3) Pt 2 send-for time.					

During case 1, monitor progress and modify Pt 2 send-for time as appropriate and write on board.						
TIME	HA	Circulating RN	Anesthesia	Anesthesia Tech	Attending Surgeon	Surgical Resident
Pt 2 send-for time (approx 60" before Pt 1 leaves room)	Check with Circulator to gather equipment for next case	Call for next patient. (If next case is by different Surg Att—page that Att to check availability). Call HA to get equipmt.				
20" before Pt 1 leaves room		Call PACU to prepare for Pt 1	Contact the AT for supplies/equipment for the next case	Contact Anesthesiologist re: supplies & equip for next case		
During Pt 1	Call RN to check for room needs	See Pt 2 to during current case. Check next case cart.	See & prep Pt 2 during Pt 1.			Break out of OR for Pt 2 check-in (H&P, consent, marking).
Towards end Pt 1	Obtain equipment, stage outside room, call for help	Call HA to prep for turnover. HA will page HA Team as patient leaves room	Call AT, re: next setup approx. 30 minutes before case end.	Contact anesthesiologist, get request for next setup.	Pick up pager. Specify time by which you expect Res to have dressing on. Visit with Pt#2. Be available by pager for call for Pt 2 ready.	
As Pt 1 exits OR	Page HA Team. Turnover, set up/remove equipment, Place room furniture in original room configuration	Call out clock time Pt 2 expected to enter OR: <25" after Pt 1 exits OR. Complete PACU hand-off form Pt 1 to PACU.	Call AT for turnover. Call out clock time Pt#2 expected to enter OR: <25" after Pt 1 exits OR. Tell surgeons when you expect to be ready for next case.	AT room turnover	Ask anesthesiologist when he/she will be ready for next case	Pick up pager. Take Pt to PACU Be aware of clock time Pt 2 anticipated to enter OR. In/out of OR duties.
Start Pt 2		Interview Pt 2 (if not yet done). Prep OR.	Ask RN Circ if ready for PT 2. Prepare Pt 2. Prep, equipment.			Check Pt 2 (if not yet done).
Pt 2 enters room	<b>25" after Pt 1 leaves room, Pt 2 enters (unless delay communicated by RN Circulator)</b>					
Pt 2 "Anes ready"		Participate in Pt 2 position & prep.	If Surg Att not present, Surg Res pages Surg Att.	Check in with Anesthesiologist/RN PRN	Approx 15" before huddle. If not in OR, you will be paged by Surg Res—Arrival in OR within 15" expected.	Approx 15" before huddle. If Surg Att not present, you page—expect arrival within 15". Participate in position & prep.
Pt 2 huddle	<b>Patient ID, consent, site mark, procedure, antibiotics, redoses, allergies, heating blanket, SCDs, blood products available, blood glucose monitoring, anesthesia/nursing special needs(?)</b>					

	<b>HA</b>	<b>Circulating RN</b>	<b>Anesthesia</b>	<b>Anesthesia Tech</b>	<b>Attending Surgeon</b>	<b>Surgical Resident</b>
<b>Review Pt 2 with team</b>		If next case is by different Surg Att—page that Att to room.			Review patient with Team	

*Source: University of Washington Medical Center, 2006.*