

VETERINARY SURGICAL CHECKLIST

PRE - OP

- **Confirm Patient Name:**

- **Confirm Surgery Site and Side:**

- **Difficult Airway/Aspiration Risk?** Y N

If yes, antiemetics administered? Y N

- **Risk of bleeding more than 10ml/kg?** Y N

If yes, additional IVC placed? Y N

If yes, blood type, crossmatch? Y N

- **Equipment/Room Check**

- Anesthetic machine Y N/A

- Monitoring equipment Y N/A

AT START OF PROCEDURE

- **Confirm all team members roles.**

- **Surgeon and tech to verbally confirm patient name and procedure/side.**

- **Surgeon to confirm:**

- Any anticipated critical events

- Anticipated blood loss

- Any special equipment needs

- **Patient Preparation**

- Appropriate surgical clip Y N/A

- Surgical pre scrub Y N/A

- Surgical scrub Y N/A

- Cautery plate in place Y N/A

- Patient warming Y N/A

- Monitoring in place Y N/A

- IVF Y N/A

- Peri-Op antibiotics given? Y N/A

- **Imaging displayed** Y N/A

- **Instrument sterility** Y N/A

confirmed

AT END OF PROCEDURE

- **At Close**

- Swab/gauze count Y N/A

- Sharps Removed Y N/A

- Samples prepped/labeled Y N/A

- **Post Operative Patient Care**

- Warming needed? Y N/A

- Extubation risk? Y N/A

- Other concerns? Y N/A

- **Team to discuss post operative medications:**

- IVF? Y N

- Antibiotics? Y N

- Pain Management? Y N

- **OR/Equipment Maintenance**

- Items in need of repair recorded and reported?