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Safety Initiative Surgery Safety Rounds

This form will be completed by random team members. Compliance with standards and accuracy in performed tasks will be documented. This information will be used to determine the need for education/in-services and process changes.

Date _____ Time _____

1. Are instruments counted on cases where the possibility exists that an instrument could be retained?
Yes ____ No ____ Available at scheduled time/ beginning of case? Yes ____ No ____
 2. Is the circulating nurse in close proximity to the sterile field to ensure accurate observation of the counting process? Yes ____ No ____
 3. Is the scrub person completely separating each lap and sponge during the count? Yes ____ No ____
 4. Does the scrub and circulating nurse wear protective eye wear during the surgical procedure?
Yes ____ No ____
 5. Is the operating room orderly in appearance i.e. supplies in containers, no debris on the floor and equipment cords covered or secured to prevent trips and falls?
Yes ____ No ____
 6. Does the circulating nurse read aloud the consent (Pause for the Cause) prior to the incision and document?
Yes ____ No ____
 7. Is only one counting bag at a time being used? Yes ____ No ____
 8. Please ask the circulating nurse if x-rays were available at the beginning of the procedure.
Yes ____ No ____
 9. Were antibiotics administered within 30 minutes of incision and documented? (Refer to anesthesia record or MAR) Yes ____ No ____
 10. Correct side/site surgery verification, surgical limb or side marked appropriately. Yes ____ No ____
 11. O2 tanks available and secured properly? Yes ____ No ____
 12. Was patient brought into OR prior to OR team being prepared? Yes ____ No ____
- Did nurse see patient prior to entrance in room? Yes ____ No ____
Was turnover help available between cases? Yes ____ No ____

Signed by _____

OR # _____