**Purpose of the tool:** This tool describes the key perinatal safety elements related to safe cesarean section. The key elements are presented within the framework of the Comprehensive Unit-based Safety Program (CUSP).

**Who should use this tool:** Nurses, physicians, midwives, and other labor and delivery (L&D) unit staff responsible for intrapartum care.

**How to use this tool:** Review the key perinatal safety elements with L&D leadership and unit staff to determine how elements will be implemented on your L&D unit. Consider any existing facility policies, processes, or checklists related to cesarean section. Consider using preprinted checklists, laminated operating room posters, customized electronic health record tools, and staff simulation training to support implementation. An example of a safe cesarean section checklist is provided in the Appendix of this tool.

# Key Perinatal Safety Elements

Standardize When Possible (CUSP Science of Safety)

| **Key Perinatal Safety Elements** | **Examples** |
| --- | --- |
| Use a standardized perioperative process for cesarean section that includes the following three elements:   * Preoperative briefing * Timeout * Signout | * Studies have found that the use of a standardized perioperative process with these three components (perioperative briefing, timeout, and signout) reduces surgical mortality and complications.[1](#_ENREF_1),[2](#_ENREF_2) This perioperative process should be the standard approach used for ALL cesarean sections. The unit procedures for this process should specify— * Involvement of all physicians and staff members engaged in the surgery * The surgical team member charged with leading each step of the perioperative process * Roles of each staff member for the defined process to reduce variability from case to case and create redundancy at critical steps * Acceptable variations in the perioperative process for emergency cesarean sections |

Standardize When Possible (CUSP Science of Safety) (continued)

| **Key Perinatal Safety Elements** | **Examples** | |
| --- | --- | --- |
| Preoperative briefing | | * The briefing reviews the plan ahead for patient care and the risks or concerns so that everyone has a shared mental model. It includes reviewing patient information, procedure, indications, risk, medical history, fetal status, and type of anesthesia. * The preoperative briefing is typically led by the obstetrician/surgeon. |
| Timeout prior to incision | | * The timeout assures safety through a “huddle” or another checkpoint of redundancy for each team member to agree with the plan and maternal and fetal status. The timeout is typically led by the circulating nurse once all staff members are present in the operating room (OR). |
| Signout and debrief | | * The signout and debrief provides a standard approach for wrapping up and debriefing the case by reviewing what has been done, the patient’s current status, next steps, and what went well, what may have gone better, or what might be done in the future, which is often a moment for process improvement. |

Create Independent Checks (CUSP Science of Safety)

| **Key Perinatal Safety Elements** | **Examples** |
| --- | --- |
| Use cognitive aids such as a checklist to guide the safe surgery perioperative process. | Studies have demonstrated that safe surgery checklists can facilitate the safe surgery perioperative process.[3-6](#_ENREF_3)   * A checklist can contain specific items for each component of the process. * The checklist is designed to—   + Engage all relevant team members   + Introduce some redundancy into the perioperative process   + Ensure critical factors are considered and addressed at each step * Sample safe cesarean section checklists are provided in the Appendix of this tool. |

Learn From Defects (CUSP Module)

| **Key Perinatal Safety Elements** | **Examples** |
| --- | --- |
| Debrief and analyze adverse events related to cesarean section. | * Unit can decide its approach to debriefing events based on seriousness of event, expertise available, and data monitoring and tracking capabilities. * Informal debriefings by clinical team immediately following event using an approach that does not shame or blame individuals. This approach allows for understanding of what went well, what could have gone better and what could be done differently next time. An informal debriefing may be an extension of the signout component of the safe surgery perioperative process.    + Regular forum with a multidisciplinary team for learning from defects and sensemaking:     - Discovery form     - Root cause analysis     - Eindhoven model     - Failure mode and effects analysis     - Probabilistic risk assessment     - Causal tree worksheet     - Interdisciplinary case reviews |
| Have a process in place to review severe maternal or neonatal morbidity and mortality events. | * Unit can decide its approach to reviewing cases of severe maternal or neonatal morbidity or mortality. This might include an existing medical peer review process or review by a perinatal safety or quality committee. * A sample process and forms for a committee review are available at the Council on Patient Safety in Women’s Health Care:   + [www.safehealthcareforeverywoman.org](file:///\\rtints6\mcs\PSG\Projects\SPPC\SPPC-2014\LATEST%20VERSIONS\TaskA_Tools\ready-for=kayla\www.safehealthcareforeverywoman.org)   + Resource: Process for Reviewing Severe Maternal Morbidity Event   + Select: “Get SMM Form” menu |
| Share outcomes or process improvements from the informal (debriefing) and formally analyze with staff to achieve transparency and organizational learning. | * Sites can decide how often this information will be shared, how much will be shared, and with whom, and whether this is specified in a unit policy or is handled more informally. |

Simulation (SPPC Program Pillar)

| **Key Perinatal Safety Elements** | **Examples** |
| --- | --- |
| Sample scenarios:   * Several scenarios include opportunities to practice and train teams regarding the safe surgery perioperative process and efficient use of a checklist to guide that process | * Several sample scenarios available through the AHRQ Safety Program for Perinatal Care can be used to train teams on the key perinatal safety elements related to safe cesarean section. Any of the sample scenarios that ultimately result in a team’s decision to proceed to the OR for cesarean section delivery either emergently or nonemergently can be used. * These scenarios reinforce teamwork and communication related to—   + situational awareness,   + use of the safe surgery checklists to guide the perioperative process that involves a preoperative briefing, a timeout, and a signout,   + communication with rapid responders,   + communication with patient/family, and   + use of briefings, huddles, and debriefings. |

Teamwork Training (TeamSTEPPS®)

| **Key Perinatal Safety Elements** | **Examples** |
| --- | --- |
| Have situational awareness. | Situational awareness refers to all staff caring for the patient—   * knowing what the patient’s plan is through briefings and team management, * being aware of what is going on and what is likely to happen next, * verifying and checking back on information, and * providing ongoing updates.   In the context of cesarean section, situational awareness refers to the use of briefings at critical junctures in care (preoperatively, prior to incision, at end of case prior to transfer to recovery); being aware of what is going on throughout the case; and anticipating what is to happen next. |
| Use SBAR (**S**ituation, **B**ackground, **A**ssessment, and **R**ecommendation), callouts, huddles, and closed-loop communication techniques. | * Use SBAR, callouts, huddles, and closed-loop communication among team members. In the context of cesarean section, these techniques are particularly useful—   + for communicating a sense of urgency when requesting other unit personnel and provider for help responding to an identified need for cesarean delivery, |

Teamwork Training (TeamSTEPPS®) (continued)

| **Key Perinatal Safety Elements** | **Examples** |
| --- | --- |
| Use SBAR, callouts, huddles, and closed-loop communication techniques. (continued) | * + for communicating changes in maternal or fetal status,   + when giving and receiving new orders while preparing for or during a case, and   + when briefing new care team members who arrive to support a rapid response before or during the case. |
| Communicate during transitions of care. | * Use of transition communication techniques assures a shared mental model of plan of care and perceived risks between units or care teams within a unit, for example transfers between L&D room and OR, and between OR and post-anesthesia care unit/recovery room. |
| Foster a unit perspective of the safe cesarean section checklist as a tool for maximizing team performance, as opposed to a documentation requirement. | * The L&D/OR/neonatal/anesthesia teams maintain a shared mental model for the safe surgery perioperative process and the role of the checklist in facilitating the process. This shared mental model acknowledges and accepts the checklist as a team tool that—   + belongs to the surgical team and is not “owned” by any one specific discipline,   + is respected as the unit’s mechanism for guiding the safe surgery perioperative process, and   + is taken seriously by the surgical team, as opposed to viewing the process as an exercise in documentation. |
| Have high-reliability teams:   * Anyone can sound an alarm, request help, or challenge the status quo. * Hierarchy is minimized. * Communication is continuous, valued, and expected. | * Team members protect each other from work overload and place requests or offers for assistance in the context of patient safety. It is expected that assistance will be actively sought and offered. * Team members will advocate for the patient when one person’s viewpoint does not coincide with another using team communication techniques:   + Assert a corrective action in a firm and respectful manner.   + Use CUS language: “I am **c**oncerned. I am **u**ncomfortable. This is a **s**afety issue.”   + Use the "two-challenge" rule, repeating concern, and asking whether you have been heard.   + Use a predetermined “stop the line” phrase. |

Teamwork Training (TeamSTEPPS®) (continued)

| **Key Perinatal Safety Elements** | **Examples** |
| --- | --- |
| Have high-reliability teams (continued) | * Team members manage conflict using a constructive positive approach to emphasize “what is right, not who is right”:   + **D:** Describe the specific behavior or situation.   + **E:** Express how the situation makes you feel or concerns you.   + **S:** Suggest other alternatives.   + **C:** Consequences stated in terms of team goals, not punishment. |

Patient and Family Engagement (CUSP Module)

| **Key Perinatal Safety Elements** | **Examples** |
| --- | --- |
| Communicate risks and benefits of cesarean delivery with the patient and family. | * Process for consent may vary by urgency of the clinical situation, but the patient and family are part of the team.   + Ensure a shared mental model with patient and family as well as the clinical team.   + Have training and policies for L&D staff to provide timely, clear information to patient and family to explain what is happening, what needs to happen next, risks, benefits, and processes for obtaining consent.   + Provide reassurance continuously. |
| Disclose any unintended outcomes. | Unit-established process for disclosing unintended outcomes. This may include the following:   * Prompt, compassionate, and honest communication with the patient and family * Investigation * Ongoing communication with the patient and family * Apology and remediation * System and process improvement * Measurement and evaluation * Education and training |

# References:

1. Haynes AB, Weiser TG, Berry WR, et al. A surgical safety checklist to reduce morbidity and mortality in a global population. N Engl J Med. 2009 Jan 29;360(5):491-9. PMID: 19144931.

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3. Agency for Healthcare Quality and Research’s Patient Safety Network. Patient Safety Primer on Checklists. 2012 October. <http://psnet.ahrq.gov/primer.aspx?primerID=14>. Accessed May 2, 2016.

4. Hales B, Terblanche M, Fowler R, et al. Development of medical checklists for improved quality of patient care. Int J Qual Health Care. 2008 Feb;20(1):22-30. PMID: 18073269.

5. Physician-Patient Alliance for Health & Safety. 5 Benefits of Adopting Patient Safety Checklists. 2013 March 19. <http://ppahs.org/2013/03/19/5-benefits-of-adopting-patient-safety-checklists/>. Accessed May 2, 2016.

6. Gawande AA. The Checklist Manifesto: How to Get Things Right. 1st ed., New York, NY: Metropolitan Books; 2009.

7. World Health Organization. Patient Safety: Safe Surgery: Why Safe Surgery Is Important. 2014 <http://www.who.int/patientsafety/safesurgery/en/>. Accessed May 2, 2016.

Appendix

*Every effort was made to ensure the accuracy and completeness of these resources. However, the U.S. Department of Health and Human Services makes no warranties regarding errors or omissions and assumes no responsibility or liability for loss or damage resulting from the use of information contained within.*

Sample Checklist for Cesarean Delivery

A checklist for cesarean delivery serves as a guide for teams by including the key safety-related steps: preoperative briefing, timeout, and signout, as well as the timing and location as shown in the following figure:

Diagram for standard perioperative process for cesarean sections. The diagram is divided into when, what, and where. Before anesthesia, the preoperative briefing occurs at the briefing station. Before skin incision, the timeout takes place in the operating room. Before the patient leaves the operating room, the signout and debrief occur in the operating room.

This sample tool is based on the framework of the World Health Organization’s Surgical Safety Checklist, with adaptation for Cesarean Section.[7](#_ENREF_7)

The *Safe Cesarean Checklist for Planned/Routine Cesarean Sections* is available in two formats: an “at a glance” format or a “large print” format. Examples of both formats have been included on the following pages. They both contain the same information. The “at a glance” format provides all information on one page. The “large print” format provides the same information across multiple pages using a clear, easy-to-read font. Hospital can review and adapt the contents and the format into whatever best meets unit needs.

# At A Glance: Safe Cesarean Checklist for Planned/Routine Cesarean Section

| **At the briefing station/nursing station** |  | **In operating room – Before skin incision** |  | **Before mother leaves the operating room** |
| --- | --- | --- | --- | --- |
| PREOP BRIEF (5 minutes) – Surgeon initiates |  | TIMEOUT (5 minutes) – Circulating nurse initiates when all staff present |  | SIGNOUT & DEBRIEF (2 minutes) – Circulating nurse initiates |
| **Confirm/all participants present:**  Anesthesia provider  Surgeon  First assistant  Resident physician (if applicable)  Patient’s labor and delivery (L&D) nurse  Circulating nurse  Charge nurse  Operating room (OR) technician  Pediatrics  Primary maternity provider (if other than surgeon)  **Team reviews:**  Patient name  Patient date of birth  Patient informed of risks and benefits of C/S, patient and family questions answered.  Consent signed (Yes / No)  Procedure planned:  Cesarean section  Cesarean section with bilateral tubal ligation (BTL)  Other  Indications for procedure:  Scheduled repeat C/S  Arrest of dilation  Arrest of descent  Nonreassuring Fetal Heart Rate Tracing (NRFHRT)  Malpresentation  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pertinent medical history:  Previous abdominal surgeries/Cesarean section (Yes/No)  Allergies (Yes/No)-If Yes, then list allergy and reaction  Group B strep status (Positive/Negative/Unknown)  Fetal status:  Chorioamnionitis (Yes/No/Unknown)  Meconium (Yes/No/Unknown)  Type of anesthesia planned:  Spinal  Epidural  Combined  General  Blood products needed/anticipated? (Yes/No)  Planned start/incision Time: \_\_\_\_:\_\_\_\_AM/PM |  | Purpose of time out explained to patient if alert (“we are following a checklist to ensure your safety”)  **All staff introduce themselves:**  Anesthesia provider  Surgeon  First assistant  Resident physician (if applicable)  Patient’s L&D nurse (if applicable)  Circulating nurse  OR technician  Pediatric provider  **Circulating nurse verbalizes:**  Identity (patient name & date of birth)  Procedure planned:  Cesarean section  Cesarean section with BTL  Other  Indications for procedure:  Scheduled repeat C/S  Arrest of dilation  Arrest of descent  NRFHRT  Malpresentation  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cord blood collection (Yes/No)  Consent signed & on chart (Yes/No)  Fetal tracing status (Category I/Category II/Category III)  Allergies (Yes/No) If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Patient positioned (Lateral displacement done/Vaginal hand needed? (Yes/No)  Pneumatic compression stockings on (Yes/No)  Grounding pad applied (Yes/No)  Foley catheter in (Yes/No)  **Surgeon confirms:**  Expected duration of procedure  Should blood be available in the room for this case? (Yes/No anticipated)\* If yes, then make preparations if not already available)  Additional instruments needed/anticipated (Yes/No)  **Anesthesia provider confirms:**  Type of anesthesia used (Spinal/Epidural/Combined/General)  Antibiotics infused within 60 minutes of incision time (Yes/No)  Anesthesiology concerns (Yes/No) If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Pediatric provider confirms:**  GBS status (Positive/Negative/Unknown)  Meconium (Yes/No/Unknown)  Chorioamnionitis (Yes/No/Unknown)  Pediatric concerns (Yes/No) If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Items reviewed:**  Procedure performed  Cesarean section  Cesarean section with BTL  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Antibiotics infused within 60 minutes of incision time (Yes/No) If No, consider administration of antibiotics  Sponge/needle/instrument counts correct (Yes/No)  Cord gases labeled (Yes/NA)  Specimens labeled (Yes/NA)  Deep vein thrombosis (DVT) prophylaxis planned  Sequential compression devices (SCDs) only  SCD+prophylactic heparin  SCD+adjusted dose heparin  N/A  Any equipment issues\* (Yes/No) If yes list here:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any system issues\* (Yes/No) If yes list here:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postoperative concerns/issues for the team to be aware of?  (Each team member listed below either says “Yes” and states the issues or says “No Concerns” if none)  Surgeon  Nurse  Anesthesia provider  Pediatric provider  \*Any equipment/systems issues identified should be recorded and provided to designated person so they can be addressed and resolution shared with the unit. |

# At A Glance: Safe Cesarean Checklist for Urgent/Emergency Cesarean Sections

| **At the briefing station/nursing station** |  | **In operating room – Before skin incision** |  | **Before mother leaves the operating room** |
| --- | --- | --- | --- | --- |
| PREOP BRIEF – Not performed |  | TIMEOUT (5 minutes) – Circulating nurse initiates ONLY if appropriate for the level of maternal/fetal distress and clinical situation |  | SIGNOUT& DEBRIEF (2 minutes) – Circulating nurse initiates |
| N/A |  | Purpose of time out explained to patient if alert (“we are following a checklist to ensure your safety”)  **All staff introduce themselves:**  Anesthesia provider  Surgeon  First assistant  Resident physician (if applicable)  Patient’s labor and delivery (L&D) nurse (if applicable)  Circulating nurse  Operating room (OR) technician  Pediatric provider  **Circulating nurse verbalizes:**  Identity (patient name & date of birth)  Planned procedure:  Cesarean section  Cesarean section with bilateral tubal ligation (BTL)  Other  Indications for procedure:  Arrest of dilation  Arrest of descent  Malpresentation  Nonreassuring Fetal Heart Rate Tracing /fetal distress  Maternal distress  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Consent signed & on chart (Yes/No)  Cord blood collection (Yes/No)  Fetal tracing status (Category I/Category II/Category III)  Allergies (Yes/No) If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Patient positioned (Lateral displacement done/Vaginal hand needed? (Yes/No)  Pneumatic compression stockings on (Yes/No)  Grounding pad applied (Yes/No)  Foley catheter in (Yes/No)  **Surgeon confirms:**  Expected duration of procedure  Should blood be available in the room for this case? (Yes/No anticipated)\* If yes, then make preparations if not already available)  Additional instruments needed/anticipated (Yes/No)  **Anesthesia provider confirms:**  Type of anesthesia used (Spinal/Epidural/Combined/General)  Antibiotics infused within 60 minutes of **incision** time (Yes/No)  Anesthesiology concerns: (Yes/No) If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Pediatric provider confirms:**  GBS status (Positive/Negative/Unknown)  Meconium (Yes/No/Unknown)  Chorioamnionitis (Yes/No/Unknown)  Pediatric concerns (Yes/No) If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Items reviewed:**  Procedure performed  Cesarean section  Cesarean section with BTL  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Antibiotics infused within 60 minutes of incision time (Yes/No) If No, consider administration of antibiotics  Sponge/needle/instrument counts correct (Yes/No)  Cord gases labeled (Yes/NA)  Specimens labeled (Yes/NA)  Deep vein thrombosis (DVT) prophylaxis planned  Sequential compression devices (SCDs) only  SCD+prophylactic heparin  SCD+adjusted dose heparin  N/A  Any equipment issues\* (Yes/No) If yes list here:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any system issues\* (Yes/No) If yes list here:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postoperative concerns/issues for the team to be aware of?  (Each team member listed below either says “Yes” and states the issues or says “No Concerns” if none)  Surgeon  Nurse  Anesthesia provider  Pediatric provider  \*Any equipment/systems issues identified should be recorded and provided to a designated person so they can be addressed and resolution shared with the unit. |

**Safe Cesarean Checklist for Planned/Routine Cesarean Section**

Detailed Preoperative Briefing Checklist

**(5 minutes)**

**Who:** Surgeon initiates

**When:** Before operating room (OR),after decision to proceed with cesarean section (C/S) is made

**Where:** Briefing station/nursing station

**Confirm/all participants present:**

Anesthesia provider

Surgeon

First assistant

Resident physician (if applicable)

Patient’s labor and delivery nurse

Circulating nurse

Charge nurse

OR technician

Pediatric provider

Primary maternity care provider (if other than surgeon)

Team reviews:

Patient name

Patient date of birth

Patient informed of risks and benefits of C/S, patient and family questions answered.

Consent signed (Yes/No)

Procedure planned:

Cesarean section

Cesarean section with bilateral tubal ligation

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indications for procedure:

Scheduled repeat C/S

Arrest of dilation

Arrest of descent

Nonreassuring fetal heart rate tracing

Malpresentation

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pertinent medical history:

Previous abdominal surgeries/cesarean section:

Yes

No

Allergies:

Yes If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

Group B streptococcus status:

Positive

Negative

Unknown

Fetal status:

Chorioamnionitis:

Yes

No

Unknown

Meconium:

Yes

No

Type of anesthesia planned:

Spinal

Epidural

Combined

General

Blood products needed/anticipated?

Yes

No

Unknown

Planned start/incision time:

\_\_\_\_\_:\_\_\_\_\_  AM  PM

Detailed Timeout Checklist

**(5 minutes)**

**Who:** Circulating nurse initiates when all staff are present

**When:** Before skin incision

**Where:** In operating room (OR)

All staff introduce themselves:

Anesthesia provider

Surgeon

First assistant

Resident physician (if applicable)

Patient’s labor and delivery nurse (if applicable)

Circulating nurse

OR technician

Pediatric provider

Circulating nurse verbalizes:

Identity:

Patient Name  Patient date of birth

Planned operation:

Cesarean section

Cesarean section with bilateral tubal ligation

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indications for procedure:

Scheduled repeat cesarean section

Arrest of dilation

Arrest of descent

Nonreassuring fetal heart rate tracing

Malpresentation

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent signed & on chart:

Yes  No

Cord blood collection:

Yes  No

Fetal tracing status:

Category I

Category II

Category III

Allergies:

Yes  No If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient positioned:

Lateral displacement

Vaginal hand needed:  Yes  No

Pneumatic compression stockings on:

Yes  No

Grounding pad applied:

Yes  No

Foley catheter in:

Yes  No

Surgeon confirms:

Expected duration of procedure: \_\_\_\_\_\_\_\_\_\_\_\_

Should blood be available in the room for this case?

Yes, anticipated\*  No

\* If yes, then make preparations if not already available.

Additional instruments needed/anticipated:

Yes  No

Anesthesia provider confirms:

Type of anesthesia used:

Spinal

Epidural

Combined

General

Antibiotics infused within 60 minutes of incision time:

Yes  No

Anesthesia provider concerns:

Yes  No If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pediatric provider confirms:

Group B streptococcus status:

Positive

Negative

Unknown

Meconium:

Yes

No

Unknown

Chorioamnionitis:

Yes

No

Unknown

Pediatric concerns:  Yes  No

If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Detailed Signout & Debrief Checklist

**(2 minutes)**

**Who:** Circulating nurse initiates

**When:** Before patient leaves operating room

**Where:** In operating room

Items reviewed:

Procedure performed:

Cesarean section

Cesarean section with bilateral tubal ligation

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Antibiotics infused within 60 minutes of incision time:

Yes  No If no, consider administration of antibiotics

Sponge/needle/instrument counts correct:

Yes

No

Cord gases labeled:

Yes

NA

Specimens labeled:

Yes

NA

Deep vein thrombosis prophylaxis planned:

Sequential compression devices (SCDs) only

SCD+prophylactic heparin

SCD+adjusted dose heparin

N/A

Any equipment issues:

Yes\*

No

\*If yes, list here:

Any system issues:

Yes\*

No

\*If yes, list here:

\*Any equipment/systems issues identified should be recorded and provided to designated person so they can be addressed and resolution shared with the unit

**Postoperative concerns/issues for the team to be aware of?**

(Each team member listed below either says “Yes” and states the issues or says “No Concerns” if none.)

Surgeon:

Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No concerns

Nursing:

Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No concerns

Anesthesia provider:

Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No concerns

Pediatric provider:

Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No concerns

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