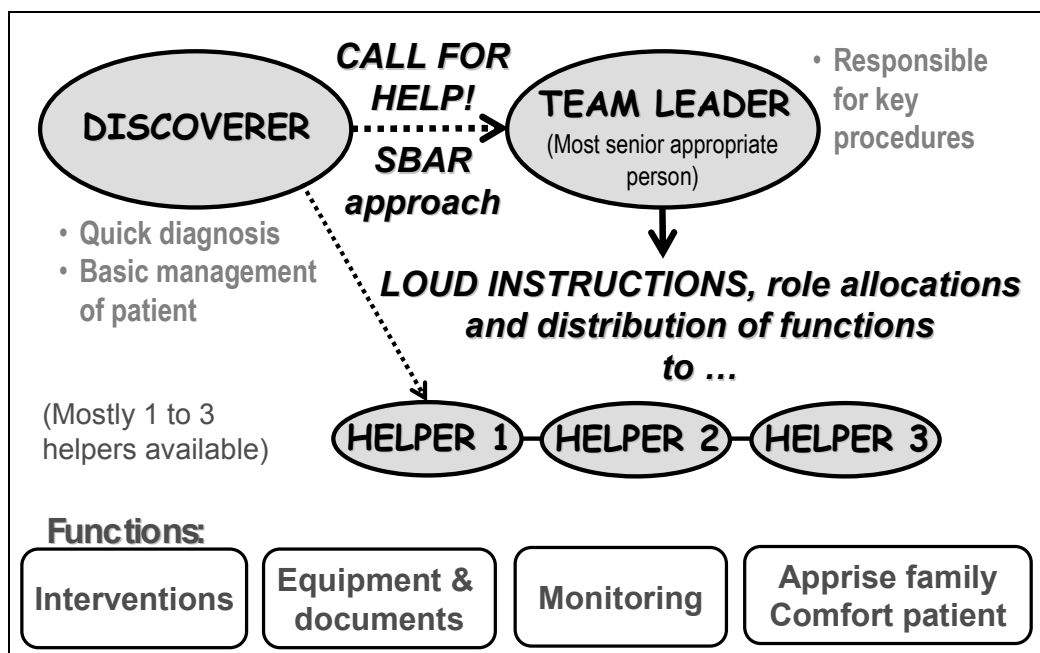




WHO Surgical Safety Checklist

MATERIALS TO BE READY AND AVAILABLE BEFORE STARTING THE SESSION:	
<p>General</p> <ul style="list-style-type: none"> • Ask one of the participants to be the patient. Brief the patient on the scenario • WHO Surgical safety checklist for CS • Anaesthetic Form • Clinical Notes • Consent form with consent for tubal ligation <p>Drugs and supplies</p> <ul style="list-style-type: none"> • Syringes and needles • IV giving sets and IV pole • IVI prophylactic antibiotics • Ringer's Lactate • Infant resuscitation drugs • Oxytocin 20IU • Emergency blood • Phenylephrine <p>Learning materials</p> <ul style="list-style-type: none"> • Flip charts 	<p>Equipment</p> <ul style="list-style-type: none"> • Stethoscope • Adult and infant Ambu bag and mask • Oxygen mask • Oxygen tubing • Oropharyngeal airway: adult and neonate • Yankauer sucker • Soft suction catheters • Picture of an Anaesthetic machine • Monitoring devices: Pulse oximeter, BP, capnograph, ECG (Multi-parameter monitor) or picture thereof • Picture of neonatal resuscitaire • Picture of a defibrillator



WHO Surgical safety checklist for Caesarean Section

For all of the steps, please demonstrate what you would do. Explain what you are doing as you do it and why you are doing it.

		B = Before / A = After	B	A
Information provided and questions asked	Key reactions/responses expected from participants			
<p><i>Scenario. 30 year old Mrs. CS (P2G3, is booked for an elective CS at 38/40 after having had two previous CS. She had her first CS for APH due to abruption placentae with a live baby and her second CS for foetal distress. Both her children are alive and well. She had booked at 16 weeks and has had an uneventful antenatal period except for a persistent anaemia despite iron supplements. She has o medical problems and her BP= 110/70, PR= 80 beats/min She is Rh +ve, RPR –ve, HIV –ve and her Hb (done yesterday) was 9.5g%, WCC= 5.6, Platelets = 250 She has elected to have a tubal ligation with this CS.</i></p>				
1. Sign In (Done by surgeon)	<i>Patient has confirmed identity, procedure, consent (C/S +TL)</i>			
	<i>Anaesthetist confirms that the anaesthetist safety check is complete</i>			
	<i>Midwife confirms that the neonatal safety check is complete (equipment and drugs)</i>			
	<i>Anaesthetist confirms that the pulse oximeter is on the patient and is working</i>			
	<i>Surgeon confirms that patient does not have a known allergy</i>			
	<i>Anaesthetist confirms that patient has no difficult airway or aspiration risk (Must state that patient has been NPO from midnight)</i>			
	<i>Risk of excessive blood loss 1l or more (Yes: previous APH, Anaemia)</i>			
	<i>Are any other procedures planned (Yes –BTL)</i>			
	<i>Surgeon signs and writes name</i>			
<p>The anaesthetist does the spinal anaesthetic and notes that the BP drops quite precipitously. BP= 80/40. IVI Fluids and 100ug of phenylephrine has been administered. BP = 90/50 PR= 110/min.</p>				
2. Time out (Done by anaesthetist)	<i>Confirm that all members have introduced themselves by name and role</i>			
	<i>Scrub sister, surgeon and anaesthetist verbally confirm the patient and procedure</i>			
	<i>Surgeon reviews: that the foetal scalp electrode (not applicable here) has been removed and that the he has no concerns about the placental site</i>			
	<i>Anaesthetist states that s/he is worried about the labile BP but will continue monitoring and giving inotropes and fluids</i>			
	<i>Scrub sister confirms sterility of equipment and any concerns about the equipment</i>			
	<i>Antibiotic prophylaxis (Cefozolin 1g stat) given in the last 60 minutes</i>			
	<i>Antacid prophylaxis has been administered</i>			
	<i>Antiretroviral drugs been administered (not applicable here)</i>			
<p>The surgeon experiences great difficulty during the CS with many adhesions and bleeding from the wound edges. The surgeon needed to place 6 figure of eight haemostatic sutures before haemostasis was achieved. The T/L was performed. The cautery machine stopped working midway through the procedure. The anaesthetist had to get 2 units of emergency blood because of the excessively bleeding. The patient now has a BP of 90/50 with PR= 110/minute. The uterus is contracted and bleeding appears controlled. Estimate blood loss 1.2 litres.</p>				
3. Sign Out (Done by scrub nurse)	<i>Nurse confirms that the name of the procedures are recorded</i>			
	<i>Nurse confirms that the instrument, swab and needle counts are correct</i>			
	<i>Nurse confirms that the fallopian tube specimens are labelled</i>			
	<i>Nurse confirms that the blood loss of 1.2l has been recorded</i>			
	<i>Nurse confirms that she needs to sort out the cautery machine before the next operation</i>			
	<i>Nurse confirms with the midwife that the baby has been correctly identified and labelled</i>			
	<i>Surgeon, anaesthetist and recovery sister review the key concerns for recovery and management of this patient Intra-partum bleeding, high risk for PPH</i>			
4. Further management	<i>Patient monitored in HCU (1/2 hourly observations for 2 hours)</i>			
	<i>Use of the colour coded early warning charts</i>			
	<i>Continue with IVI infusion of 20 IU oxytocin in 1l N/S</i>			
		CLINICAL SCORE = TOTAL NUMBER OF TICKS ABOVE		
CLINICAL SCORE: Sign in, time out, sign out and management				

WHO Surgical safety checklist for Caesarean Section

		B = Before / A = After	B	A
Information provided and questions asked	Key reactions/responses expected from participants			
DISCUSSION QUESTIONS				
1. How do you do the anaesthetic safety check?	Refer ESMOE pre-anaesthetic checklist			
2. How do you do a neonatal safety check?	<i>Resuscitaire, Clock, Receiving blankets (to dry and wrap the baby), a cap where available, and a blanket where required. Towels, • Ties (to tie umbilical cord), Scissors (to cut the cord, Gloves Suction machine, Suction catheter (8F and 10F), Oral airway, Mask (size 1 for normal weight newborn and size 0 for a small newborn), • Resuscitator Bag (2 if twins are expected), Stethoscope, Pulse oximeter if available, A supplemental oxygen source</i> <i>Drugs and supplies: Syringes and needles, Adrenaline(1:1000) 1 ml Ampoules, Naloxone, Normal saline 5 ml ampoules, Sterile water 5 or 10 ml ampoules, Glucose 10%</i>			
3. How do you assess the patients' airway?	1. Mouth opening >2cm, 3 finger breadths 2. Teeth missing, buck teeth 3. Tongue large, swollen, bitten 4. Mallampati class <3 5. Thyro Mental Distance (TMD) > 6cm 6. Mandibular protrusion, can she bite her upper lip? 7. Obstruction: stridor, airway masses? 8. Neck mobility (Lift chin higher than occiput) 9. Obesity (BMI <40, Neck circumference <50cm) 10. Big Breasts			
4. How do you identify the patient at risk for PPH at CS	<i>Preoperative anaemia</i> <i>Prolonged labour: esp. long 2nd stage</i> <i>Uterine distension: multiple pregnancy, big baby or polyhydraminos</i> <i>Grand-multiparity: >5</i> <i>Clotting Dysfunction</i> <i>PPH in the past</i>			
5. When should the foetal heart be checked?	On the table before that anaesthetic has been administered			

WHO Surgical safety checklist for Caesarean Section

EXECUTION OF DRILL SCORE:	Before (B)	After (A)
A. Activation/Communication skills		
1. Appropriate equipment		
2. WHO SSCL available and used in OT		
3. Team introduces themselves to each other outlining their role in the operation		
4. Each person is addressed by name		
5. All observations are communicated clearly and loudly		
6. Communication done correctly: instruction → repeat instruction → inform team when instruction is completed		
7. The delegated helper informs the patient and family of what is happening and what will be done for the woman		
B. Response/Team work		
8. Team responds appropriately to suggestions for further management		
9. Team members cooperate with each other		
10. The team determines the disposition of the patient (transfer, plan for further management)		
C. Sign out/Documentation		
11. Person allocated to do documentation		
12. Care (actions) completely documented (timing of intervention and administration of drugs)		
D. Sequence of activities		
13. Activities performed in the correct order of priority		
EXECUTION OF DRILL SCORE (A-D above)	13	13
EXECUTION OF DRILL SCORE (A-D above): Number of boxes ticked		
TOTAL SCORE (CLINICAL SCORE + EXECUTION OF DRILL SCORE)		
Out of a possible score of		
DISCUSSION POINTS		
1. Remember to replace drugs	4. The environment should be quiet. Only instructions and feedback allowed	
2. Equipment to be cleaned and sterilised appropriately	5. Observations are given clearly and loudly	
3. During drill there are no arguments or in-between discussions of opinions on how something should be done. Only the necessary actions are performed as swiftly and efficiently as possible	6. Importance of the correct sequence of events	
	7. Documentation	

WHO Surgical safety checklist for Caesarean Section

Date:

Name of health facility:

Name(s) of evaluator(s):

Signature(s):

.....

SCORE:

BEFORE

AFTER

NOTES AND FOLLOW-UP

ATTENDANCE

	Name	Rank	Ward	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				