

# Labor & Delivery Procedures Safety Checklist



## Sign-In (prior to proceeding to procedural area)

### Preoperative Nursing Staff

**Confirm patient identity and procedure**

I have confirmed the following with the patient (state patient name, site, procedure, etc.) utilizing all relevant documentation, family and visitors, etc.

- Patient name
- Site, including site/side, if indicated
- Procedure to be performed
- Consent for surgery or procedure

**Complete nursing assessment and plan**

- Have all concerns or issues been addressed?
- Is the patient ready to leave the area?

**SIGN-IN CHECKLIST COMPLETE**

### Anesthesia or Sedation Staff

**Confirm patient identity and procedure**

I have confirmed the following with the patient (state patient name, site, procedure, etc.) utilizing all relevant documentation, family and visitors, etc.

- Patient name
- Site, including site/side, if indicated
- Procedure to be performed
- Consent for anesthesia

**Complete anesthesia or sedation assessment and plan**

**IF REGIONAL ANESTHESIA BLOCK IS REQUIRED, FOLLOW PROCEDURAL TIME-OUT PROTOCOL**

- Have all concerns or issues been addressed?
- Is the patient ready to leave the area?

**SIGN-IN CHECKLIST COMPLETE**

### Proceduralist

**Confirm patient identity and procedure**

I have confirmed the following with the patient (state patient name, site, procedure, etc.) utilizing all relevant documentation, family and visitors, etc.

- Patient name
- Site, including site/side, if indicated
- Procedure to be performed
- Consent for procedure

**Complete procedural assessment and plan**

- Have all concerns or issues been addressed?
- Is the patient ready to leave the area?

**SIGN-IN CHECKLIST COMPLETE**

Based on the WHO Surgical Safety Checklist developed by:

