



# Pre-Operative Team Communication Guide

*(Sample template from the Veterans Health Administration/  
Department of Veterans Affairs National Center for Patient Safety)*

**Example Application:** Surgical team in O.R. suite prior to surgical prep of patient. (Will need to be adapted to your setting and internal process.)

**Who will attend? Do you know their names?** All principals involved in a surgical case should attend.

- ▶ Surgeon, anesthesiologist/CRNA, surgical resident, anesthesiology resident, physician assistant, circulating nurse, scrub nurse, perfusionist (for heart case), additional personnel in the case.

**When and where will this team communication occur?** This communication should be held in the O.R. suite prior to anesthetic induction. This is generally a time when all principals in a surgical case would be in the room.

**What Case Discussion (5 minutes)**

## Review planned surgical procedure

- ▶ Is there anything unusual about this case? Anticipated challenges or problems? Contingency plans?
- ▶ Estimated length of surgical procedure

## Patient Considerations

- ▶ NPO after MN or 8 hours pre-op
- ▶ Allergies
- ▶ **Laterality** (if relevant)
- ▶ \* Patient **positioning** correct of planned procedure?
- ▶ Planned **anesthesia**
- ▶ Correct surgical **instruments** in operative field? Counted?
- ▶ Special **equipment** needs
- ▶ Special **personnel** needs (e.g., 2nd surgical assistant, P.A., or O.R. tech)
- ▶ Special **precautions**
- ▶ \* IV **antibiotics or fluids** for irrigation purposes
- ▶ **Medications** pre-op: beta blockade, platelet inhibitors (e.g., ASA), heparin, Coumadin
- ▶ Pneumo-boots for DVT prophylaxis
- ▶ Pertinent **lab data** reviewed?
- ▶ **Blood** product availability (if relevant)
- ▶ \* Imaging reviewed (if relevant) — consistent and planned procedure?
- ▶ Intra-operative **X-ray** needed (if relevant)
- ▶ **Post-op disposition** (PACU, ICU, med-surg unit)
- ▶ Does every surgical team member **understand the plan** for the procedure?  
Questions?
- ▶ Does anyone anticipate leaving the room during the case? **Anticipated personnel turnover** during the case?
- ▶ **Pathology specimen** containers labeled correctly?
- ▶ \* Additional safety precautions based on patient history or medication use?
- ▶ Are there any additional issues to discuss?

\* Elements need to be addressed and documented to meet Joint Commission NPSG UP.01.03.01, element 5.



## Time-Out Guide

(Sample template based on the Minnesota Time-out Project)

**Example Application:** Surgical team in O.R. suite prior to incision, after the surgeon has scrubbed.

**Who will participate in the time-out?** All principals involved in a surgical case should attend.

- ▶ Surgeon, anesthesiologist/CRNA, surgical resident, anesthesiology resident, physician assistant, circulating nurse, scrub nurse, perfusionist (for heart case), additional personnel in the case

**When and where will you hold the time-out?** This time-out should be held in the O.R. suite prior to incision/procedure start after surgeon has scrubbed.

**What is the visual reminder to perform the time-out?** A time-out towel or similar reminder will be placed over the instrument tray during set-up

**What are the roles of the team members?**

- ▶ **Surgeon:** Initiates the time-out
- ▶ **Circulator:** Reads aloud the patient's name, 2nd identifier, procedure and procedure site from the informed consent document that has been previously verified during pre-op and asks the team to verify.
- ▶ **Anesthesia Care Provider:** States patient's name, 2nd patient identifier and procedure (can be short-hand version of the procedure) with laterality if appropriate.
- ▶ **Scrub Tech:** 1st – Verifies which procedure they have prepped – can be a shorthand version of the procedure; 2nd – Visualizes the mark, verbally indicating that he sees the mark and where it is located.
- ▶ **Surgeon:** States full procedure; asks scrub tech to remove the time-out towel to begin the procedure.

**What is the plan if there is a discrepancy?** The procedure does not proceed until discrepancies are resolved. If the discrepancy cannot be resolved, the case may need to be delayed or rescheduled.

**What is the process if there are multiple procedures performed?**

The time-out is performed prior to each procedure.





## Pre-Operative Site Marking

- ▶ **Use for:**
  - Site marking not visible after draping; and
  - Sites that cannot be marked.
- ▶ **Diagram marking is completed by surgeon.**
- ▶ **Full verification process applies.**

