## Elements to Consider when Developing a Safe Surgery Checklist for GI Ambulatory Surgical Centers

## Prepared by the American Society for Gastrointestinal Endoscopy

| First Critical Point <br> (prior to administering sedation or anesthesia) | Second Critical Point (prior to intubation, if endoscopist not present throughout sedation/anesthesia administration interval) | Third Critical Point (prior to patient leaving the procedure room) |
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| - Confirm patient identity using two identifiers (name, DOB, Reg \#). <br> - Confirm procedure(s) to be performed, including special requests for sample acquisition or therapy, and type of sedation. <br> - Confirm/ obtain written consent (on the chart). <br> - Check anesthesia machine/ medication. <br> - Assess allergies, airway and aspiration risk. <br> - Confirm history and physical exam has been performed or updated. <br> - Ensure pertinent diagnostic and radiologic test results are available on chart or in electronic health record. <br> - Ensure required special equipment is available (dilators, APC, loop, clip, tattoo, stents, etc.). | - Confirm patient identity using two identifiers (name, DOB, Reg \#). <br> - Confirm procedure(s) to be performed, including special requests for sample acquisition or therapy, and type of sedation. <br> - Confirm administration of antibiotic prophylaxis within 60 minutes before procedure, when indicated. <br> - Assess allergies, airway and aspiration risk. <br> - Communicate among team members regarding anticipated critical events or needs (e.g., dilators, APC, loop, clip). | - Identify key patient concerns for recovery and management of the patient. <br> - Identify/ confirm patient restrictions for diet or activity in recovery interval. <br> - Confirm specimens obtained locations, tissue types, desired analysis and identification label. |

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[^0]:    This document is not a rule and is only intended to provide examples of elements to consider when developing a safe surgery checklist for GI ASCs.

