





Gastroenterology Safe Surgery Checklist for Ambulatory Surgical Centers

This checklist was designed as a safety and quality measurement tool to be utilized by ambulatory surgical centers providing gastroenterology services. This checklist is only to serve as basic template and the practice is encouraged to ensure that all federal, state and local safety measures are routinely followed for each individual patient.

Pric	or to administering sedation or anesthesia
	onfirm patient identity. ngage parent(s)/guardian(s) and patient (when applicable).
	Confirm/obtain written consent (on the chart).
	Anesthesia machine and medication check complete.
	Assess allergies.
	Assess airway and aspiration risk.
	Confirm history and physical exam has been performed or updated including current medications.
	Ensure pertinent diagnostic and radiologic test results are available on chart or in electronic health record.
	Ensure required special equipment is available (dilators, APC, loop, clip, tattoo, stents, etc.).
	Confirm pulse oximeter is on patient and functioning properly.
	Confirm appropriate management of insulin, anti-coagulants and anti-platelet medications.
	Confirm responsible adult transportation after procedure.
	Confirm appropriate room cleaning took place.
Pric	or to introduction of endoscope
	Confirm all team members' identity, roles and anticipated critical events during the procedure.
	Time Out: Confirm patient's identity (2 identifiers) and procedure, including special requests for sample acquisition or therapy, if not done prior to anesthesia.
	Confirm administration of antibiotic prophylaxis within 60 minutes before procedure (when indicated).

Before the patient leaves the procedure room	
	Identify key concerns for recovery and management of the patient.
	Identify/confirm patient restrictions for diet or activity in recovery interval.
	Confirm specimen(s) obtained, locations, tissue types, desired analysis and identification label. Read specimen labels aloud, including patient's name.
	Perform Medication Reconciliation.
	Discontinue prophylactic antibiotics (when applicable).
<u> </u>	Could anything have been done differently to make this case safer or more efficient?
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	Are there any specific instructions to the pathologist?
	Are there are any equipment problems (sterilization of scopes, disposal of supplies/bodily fluids) that need to be addressed?