

# MIS Safety Checklist

## 1. Pre-Patient Entry

### A. Circulating Nurse Duties

Parameter	Actions
Surgeon Preference Card	<input type="checkbox"/> Reviewed
OR Table Position	<input type="checkbox"/> Correct orientation and weight capacity <input type="checkbox"/> Bean bag mattress (if indicated) <input type="checkbox"/> Table accessories (eg spreader bars/leg supports/foot board as indicated) <input type="checkbox"/> Positioned for fluoroscopy if indicated
Power sources	<input type="checkbox"/> Connected and linked to all devices
CO2 insufflator	<input type="checkbox"/> Check CO2 volume, pressure and flow <input type="checkbox"/> Backup cylinder and accessories (wrench and key) in place Filter for CO2 unit or tubing
Video monitors	<input type="checkbox"/> Position per procedure <input type="checkbox"/> Test pattern present
Suction/irrigation	<input type="checkbox"/> Cannister set <input type="checkbox"/> Irrigation and pressure bag available
Alarms	<input type="checkbox"/> Turned on and audible
Video documentation	<input type="checkbox"/> Recording media available and operational (DVD, print, etc.)

### B. Scrub Person Duties

Parameter	Actions
Reusable instruments	<input type="checkbox"/> Check movement handles and jaws, all screws present <input type="checkbox"/> Check sealing caps <input type="checkbox"/> Instrument vents closed <input type="checkbox"/> Check cautery insulation
Veress needle	<input type="checkbox"/> Check plunger/spring action <input type="checkbox"/> Flush needle and stopcock Saline solution available
Hasson cannula	<input type="checkbox"/> Check valves, plunger, and seals
Trocars/Ports	<input type="checkbox"/> Check appropriate size/type <input type="checkbox"/> Close stopcocks
Laparoscope	<input type="checkbox"/> Size and type per preference <input type="checkbox"/> Check lens clarity <input type="checkbox"/> Anti-fog solution or warmed saline for lens cleaning

## 2. After Patient Entry

Parameter	Actions
Patient position	<input type="checkbox"/> Secured to OR table, safety strap on <input type="checkbox"/> Pressure sites padded <input type="checkbox"/> Arms out or tucked per procedure
Sequential compression device	<input type="checkbox"/> On and connected to device
Electrosurgical unit	<input type="checkbox"/> Ground pad applied
Foot controls	<input type="checkbox"/> Positioned for surgeon access
Power sources (camera, insufflator, light source, monitors, cautery, ultrasonics, bipolar)	<input type="checkbox"/> Turned on (on standby)
Miscellaneous	<input type="checkbox"/> Foley catheter (if indicated) <input type="checkbox"/> Naso- or orogastric tube (bougies if indicated)
Antibiotics	<input type="checkbox"/> Given as indicated

## 3. After Prep and Drape

Parameter	Actions
Electrosurgical unit	<input type="checkbox"/> Cautery cords connected to unit
Monopolar cautery	<input type="checkbox"/> Tip protected
Ultrasonic or bipolar device	<input type="checkbox"/> Connected to unit <input type="checkbox"/> Activation test performed
Line connections	<input type="checkbox"/> Camera cord <input type="checkbox"/> Light source (on standby) <input type="checkbox"/> CO2 tubing (connected and flushed) <input type="checkbox"/> Suction/irrigation (suction turned on) <input type="checkbox"/> Smoke evacuation filter connected
Local anesthetic	<input type="checkbox"/> Syringe labeled and filled with anesthetic of choice needle connected
Fluoroscopy case	<input type="checkbox"/> Mix and dilute contrast appropriately and label <input type="checkbox"/> Clear tubing, syringe, catheter of air bubbles, label syringes



**SAGES**

This checklist has been developed by SAGES and AORN to aid operating room personnel in the preparation of equipment and other duties unique to laparoscopic surgery cases. It should not supplant the surgical time out or other hospital-specific patient safety protocols.

