



# WOW CANCER SURGERY CHECKLIST

BEFORE INDUCTION OF ANESTHESIA	BEFORE MOVING INTO SURGERY AREA	BEFORE SKIN INCISION	BEFORE PATIENT LEAVES OPERATING ROOM
<input type="checkbox"/> Correct patient presented (and ID collar matches patient)	<input type="checkbox"/> Preoperative skin prep finished	<input type="checkbox"/> All team members have been introduced	<input type="checkbox"/> Completion of instrument, swab/sponge, and needle counts
<input type="checkbox"/> Pre-operative bloodwork seen and signed off (initials ck)	<input type="checkbox"/> Bladder empty	<input type="checkbox"/> Confirm pet ID collar information matches that of the intended patient	<input type="checkbox"/> Calculate blood loss and record
<input type="checkbox"/> Consent form signed, and procedure/s clearly stated	<input type="checkbox"/> Purse string placed and patient labelled on head Fluids/CRI/s ready	<input type="checkbox"/> Confirm site of incision	<input type="checkbox"/> Is the purse string removed (if applicable)
<input type="checkbox"/> Anesthesia plan agreed	<input type="checkbox"/> Scrubbed personnel are informed patient is about to move to OR	<input type="checkbox"/> Confirm procedure/s antibiotic prophylaxis administered & appropriate	<input type="checkbox"/> Person inking tissues identified
<input type="checkbox"/> Current medication confirmed	<input type="checkbox"/> Monopolar groundplate in place	<input type="checkbox"/> Are the critical steps in the procedure listed	<input type="checkbox"/> Specimens inked & labelled, including name, & history provided
<input type="checkbox"/> Known allergies present	<input type="checkbox"/> Is the warming unit turned on	<input type="checkbox"/> Any specific concerns (anaesthesia)	<input type="checkbox"/> Person calling owner identified
<input type="checkbox"/> Surgical room ready	<input type="checkbox"/>	<input type="checkbox"/> Any specific concerns (surgeon)	<input type="checkbox"/> Anesthetic record completed
<input type="checkbox"/> Anesthesia machine check completed	<input type="checkbox"/>	<input type="checkbox"/> Is the expected procedure length recorded?	<input type="checkbox"/> Surgery and anesthesia pricing sheet completed
<input type="checkbox"/> Difficult airway or aspiration risk & equipment/assistance available	<input type="checkbox"/>	<input type="checkbox"/> What is the anticipated blood loss?	<input type="checkbox"/> Ward sheet updated and ward handover completed
<input type="checkbox"/> Risk of moderate-severe hemorrhage recorded	<input type="checkbox"/>	<input type="checkbox"/> Confirm team members know where blood products for this patient are stored.	<input type="checkbox"/> Medication & monitoring orders completed
<input type="checkbox"/> Blood type known	<input type="checkbox"/>	<input type="checkbox"/> Are the roles of the surgical team members clear?	<input type="checkbox"/> Respiratory concerns mild/moderate/severe
<input type="checkbox"/> Blood products located & available	<input type="checkbox"/>	<input type="checkbox"/> Are the swab/sponges counted?	<input type="checkbox"/> Anticipated pain is mild/moderate/severe
<input type="checkbox"/> Calculate blood volume at 8% of body weight in Kg	<input type="checkbox"/>	<input type="checkbox"/> Is the instrument table set up and sterility of instruments confirmed?	<input type="checkbox"/> Anticipated hemorrhage is mild/moderate/severe
<input type="checkbox"/> Equipment list checked and available	<input type="checkbox"/>	<input type="checkbox"/> Are the instruments counted?	<input type="checkbox"/> Person to be called if there is an emergency identified
<input type="checkbox"/> Area to be clipped is known	<input type="checkbox"/>	<input type="checkbox"/> Is the ground plate connected and electrocautery on	<input type="checkbox"/>
<input type="checkbox"/> Veterinarian performing surgery is available	<input type="checkbox"/>	<input type="checkbox"/> Are essential diagnostic imaging displayed?	<input type="checkbox"/>
<input type="checkbox"/> Owner is called	<input type="checkbox"/>	<input type="checkbox"/> Are there appropriate formalin jars available?	<input type="checkbox"/>

PLEASE MARK THE AREA TO BE CLIPPED

