

Patient Name	MISS PRIYANKASRI P	Age/Sex	23Y0M0D / FEMALE
Hosp No/IP No	202507190013 / 11696	Ward	LABOUR WARD
Department	GENERAL SURGERY	Room Type	ANC+PNC
Bed No	APC0003		

Before Induction of Anesthesia (SIGN IN)

Patient Has Confirmed	Yes
IDENTITY	04/02/2001 00:00:00
SITE	04/01/2001 00:00:00
PROCEDURE	Age/Sex :- 23Yrs/FEMALE 34
CONSENT	Hosp No/IP No :-202507190013/11696 3 4
SITE MARKED/NOT APPLICABLE	No
ANAESTHESIA SAFETY CHECK COMPLETED	Yes
PULSE OXIMETER ON PATIENT AND FUNCTIONING	Yes
DOES PATIENT HAVE A : KNOWN ALLERGY?	Yes
DIFFICULT AIRWAY ASSESMENT	No
RISK OF BLOOD LOSS > 50 ML	Yes
RISK OF BLOOD LOSS < 50 ML	Yes
TWO IV LINE & FLUID PLANNED	Yes
BLOOD PRODUCTS ARRANGED	No
Sign In Recorded On	19/07/2025 15:31:38

Signatures (Sign In)

User Name	Signature Name	Signature
Mrs.D.Joice Inbarani	FLOOR NURSE	
Ms.Asha M	SCRUB NURSE	

User Name	Signature Name	Signature
VENKY	ANAESTHYETIST	
UNNIKRISHNAN	SURGEON	

Before Skin Incision (TIME OUT)

Confirm All Team Members Have Introduced Themselves By Name And Role	Yes
SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM	Yes
PATIENT	01/01/333 00:00:00
SITE	FESSIONAL AND NURSE V333
PROCEDURE	SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE 3333VERBALLY CONFIRM
ANTICIPATED CRITICAL EVENTS	Yes
SURGEON REVIEWS	HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHI333N THE LAST 60
ANAESTHESIA TEAM REVIEWS	01/01/2033 00:00:00
NURSING TEAM REVIEWS	WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED
HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?	No
DATE TIME	19/07/2025 17:12:00
IS ESSENTIAL IMAGINIG DISPLAYED?	No
ARE IMPLANTS REQUIRED?	Yes
ANYTHING UNIQUE ABOUT THIS SURGERY	No
ANYTHING UNIQUE ABOUT THIS ANSTHESIA	Yes
HAS STERILITY BEEN CONFIRMED	No
INCISION TIME	Yes
DATE TIME	19/07/2025 16:12:00
Time Out Recorded On	19/07/2025 16:19:25

Signatures (Time Out)

User Name	Signature Name	Signature
Mrs.D.Joice Inbarani	FLOOR NURSE	
Mrs.D.Joice Inbarani	SCRUB NURSE	
VENKY	ANAESTHYHETIST	
UNNIKRISHNAN	SURGEON	

Before Patient Leaves Operating Room (SIGN OUT)

NURSE VERBALLY CONFIRMS WITH THE TEAM	Yes
THE NAME OF THE PROCEDURE RECORDED	No
SURGERY CODE ENTERED	Yes
IMPLANTS USED	No
THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT(OR NOT APPLICABLE)	Yes
HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)	Yes
WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED	No
SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT	Yes
SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT	
Sign Out Recorded On	19/07/2025 16:26:57

Signatures (Sign Out)

User Name	Signature Name	Signature
Mrs.D.Joice Inbarani	FLOOR NURSE	

User Name	Signature Name	Signature
Mrs.D.Joice Inbarani	SCRUB NURSE	
VENKY	ANAESTYHETIST	
UNNIKRISHNAN	SURGEON	