

**Patient Label**

**Date** \_\_\_\_\_

**Surgeon** \_\_\_\_\_

**Nurse** \_\_\_\_\_

**Surgical Safety Checklist Step 1 & 2 completed**

**Positioning**     Supine     Arm rest left / right

**Pressure areas**     Pillow

**Skin prep (Pre local anaesthetic)**

**Local anaesthetic**

Chloraprep clear 3mls

Adrenaline Mixed with Sodium Bicarbonate

Batch:

Attach Label

Expiry:

**Surgery Skin prep**

Chloraprep with tint 10.5mls

Batch:

**Dressings**

Expiry:

Jelonet

**Suture**     Vicryl Rapide 5-0

Gauze

Batch:

Velband

Expiry:

Crepe bandage

**Mr Phillips Advice/Information given**   

**Surgical Safety Checklist Step 3 completed**   

*Traceability stickers*

**Operation Notes / Additional information**

**Date:**

**Time:**

**Sign:**