A Practical Guide to Writing Your Own Surgical Checklist

1. Identify the "Critical Failure Points"

Do not list every step of the procedure. Instead, ask:

- Where do errors most commonly occur?
- Which steps, if missed, would have serious consequences?
- What tends to fail under stress, fatigue, or time pressure?

A checklist should protect against **memory lapses**, not replace training.

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2. Keep It Short (5–9 Items Max)

If it cannot be read in under one minute, it is too long.
Each item should:

- Be clear and actionable
- Use simple, direct language
- Represent a point worth pausing for

Example:
✓ Antibiotics administered
✗ Consider whether antibiotics may be indicated

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3. Decide When the Checklist Is Used

Effective checklists are tied to **natural pause points**, such as:

- Before induction
- Before skin incision
- Before closure
- Before leaving the OR

These moments already exist in surgery—your checklist simply formalizes them.

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4. Make It a “Do–Confirm” Checklist

In surgery, the most effective format is **do–confirm**:

- The team performs the steps from memory and training
- The checklist is then used to confirm nothing critical was missed

This preserves efficiency and autonomy while improving reliability.

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5. Design It for the Team, Not Just the Surgeon

Checklists work best when they:

- Encourage brief verbal confirmation
- Clarify roles and expectations
- Improve communication without hierarchy barriers

A checklist is as much a **team alignment tool** as it is a safety tool.

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6. Test, Edit, and Refine

Your first checklist will not be perfect—and it shouldn’t be.
Use it. Notice what feels unnecessary or unclear. Remove friction. Refine wording.
A checklist is a **living document**, not a static protocol.

Example Checklist Guttural Pouch Nitinol Plug Occlusion

Before Induction/Sedation

- [ ] Surgical consent form signed
- [ ] Contrast angiography – Anatomy variation and affected vessels mapped
- [ ] Diameter of affected vessels noted and plug sizes chosen
- [ ] Antibiotics administered
- [ ] NSAIDs administered

Before Skin Incision

- [ ] Catheters, guide wires and introducers flushed with heparinized saline
- [ ] Local block performed (standing surgery)

Intraoperative

- [ ] Catheters flushed with heparinized saline before contrast injection
- [ ] Catheters flushed with heparinized saline before guide wire introduction

Before Skin Closure

- [ ] Confirmed coil position and vessel occlusion (Radiography/Fluoroscopy)