

Safety in Spine Month:
My 3 OR Checklists

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Pre-Drape Checklist:

Surgeon-led
within current
timeout.

- ☐ Thoracic vertebrae count: _____
- ☐ Lumbar vertebrae count: _____
(surgeon visually counts aloud)
- ☐ Agreement on planned surgical levels and/or instrumented levels
- ☐ Special concerns reviewed
- ☐ Anesthesia plan and propofol dosing discussed
- ☐ Nitrous oxide discontinued (if used)
- ☐ TXA confirmed
- ☐ Bite blocks in place
- ☐ Exparel ordered
- ☐ Neuro-monitoring plan discussed
- ☐ Blood pressure goals discussed
- ☐ Cell saver plan discussed

Pre-Closure Checklist:

RN-led at
closing count.

- ☐ Confirmation of correct surgical levels and/or instrumented levels
- ☐ Final tightening
- ☐ Exparel injected
- ☐ Reduction tabs removed
- ☐ Bacitracin (50,000 units / liter) or Betadine irrigation (50ml of 10% Betadine sterile solution into 1 liter of saline) or ancef soln
- ☐ Bone graft
- ☐ Antibiotic powder
- ☐ Drain use y/n
- ☐ IONM signals reviewed
- ☐ Dressings and special items discussed
- ☐ Post-operative bed discussed

IONM Signal Loss:

Checklist for the Response to Intraoperative Neuromonitoring Changes in Patients with a Stable Spine

GAIN CONTROL OF ROOM	ANESTHETIC/SYSTEMIC	TECHNICAL/NEUROPHYSIOLOGIC	SURGICAL
<input type="checkbox"/> Intraoperative pause: stop case and announce to the room <input type="checkbox"/> Eliminate extraneous stimuli (e.g. music, conversations, etc.) <input type="checkbox"/> Summon ATTENDING anesthesiologist, SENIOR neurologist or neurophysiologist, and EXPERIENCED nurse <input type="checkbox"/> Anticipate need for intraoperative and/or perioperative imaging if not readily available	<input type="checkbox"/> Optimize mean arterial pressure (MAP) <input type="checkbox"/> Optimize hematocrit <input type="checkbox"/> Optimize blood pH and pCO ₂ <input type="checkbox"/> Seek normothermia <input type="checkbox"/> Discuss POTENTIAL need for wake-up test with ATTENDING anesthesiologist	<input type="checkbox"/> Discuss status of anesthetic agents <input type="checkbox"/> Check extent of neuromuscular blockade and degree of paralysis <input type="checkbox"/> Check electrodes and connections <input type="checkbox"/> Determine pattern and timing of signal changes <input type="checkbox"/> Check neck and limb positioning; check limb position on table especially if unilateral loss	<input type="checkbox"/> Discuss events and actions just prior to signal loss and consider reversing actions: <input type="checkbox"/> Remove traction (if applicable) <input type="checkbox"/> Decrease/remove distraction or other corrective forces <input type="checkbox"/> Remove rods <input type="checkbox"/> Remove screws and probe for breach <input type="checkbox"/> Evaluate for spinal cord compression, examine osteotomy and laminotomy sites <input type="checkbox"/> Intraoperative and/or perioperative imaging (e.g. O-arm, fluoroscopy, x-ray) to evaluate implant placement
ONGOING CONSIDERATIONS			
<input type="checkbox"/> REVISIT anesthetic/systemic considerations and confirm that they are optimized <input type="checkbox"/> Wake-up test <input type="checkbox"/> Consultation with a colleague <input type="checkbox"/> Continue surgical procedure versus staging procedure <input type="checkbox"/> IV steroid protocol: Methylprednisolone 30 mg/kg in first hr, then 5.4 mg/kg/hr for next 23 hrs			

Date of Revision: 2/26/2014

Vitale et al

1 single sheet of paper to keep me safe in the OR:

Front

Checklist for the Response to Intraoperative Neuromonitoring Changes in Patients with a Stable Spine			
GAIN CONTROL OF ROOM	ANESTHETIC/SYSTEMIC	TECHNICAL/NEUROPHYSIOLOGIC	SURGICAL
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Date of Revision: 2/28/2014

Back

Attached to every:
-OR circulator computer
-IONM computer set-up



Pediatric Spinal Surgery Checklist

Antibiotic Reference

(true NM/syndromic me family history = linezolid olin

tic Powder:
gram:
eive second gram if felt ram has been removed by blood, or irrigant
1.2 gram: neuromuscular

Spine Fusion Patient-Specific Concerns

Surgeon-led within current timeout.

- ☐ Thoracic vertebrae count: _____
- ☐ Lumbar vertebrae count: _____ (surgeon visually counts aloud)
- ☐ Agreement on planned surgical levels and/or instrumented levels
- ☐ Special concerns reviewed
- ☐ Anesthesia plan and propofol dosing discussed
- ☐ Nitrous oxide discontinued
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- ☐ Bite blocks in place
- ☐ Exparel ordered
- ☐ Neuro-monitoring plan discussed
- ☐ Blood pressure goals discussed
- ☐ Cell saver plan discussed

Pre-Instrumentation Checklist

(surgeon discussion within case)

- ☐ Levels confirmed with imaging
- ☐ Neuro-monitoring signals stable
- ☐ Blood pressure goals reviewed
- ☐ Propofol dosing reviewed with anesthesia

Pre-Closure Discussion

Surgeon to prompt RN at closing count.

- ☐ Confirmation of correct surgical levels and/or instrumented levels
- ☐ Final tightening
- ☐ Exparel injected
- ☐ Reduction tabs removed
- ☐ Bacitracin (50,000 units / liter) or Betadine irrigation (50ml of 10% Betadine sterile solution into 1 liter of saline)
- ☐ Bone graft
- ☐ Antibiotic powder
- ☐ Drain use confirmed
- ☐ NM signals reviewed
- ☐ Dressings and special items discussed
- ☐ Post-operative bed discussed

Last Updated: 10/22/2024

