Operating Room Crisis Checklists

Management of Adult Emergencies

Guide to Clinical Use of the Operating Room Crisis Checklists

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> *This guide discusses how to optimize the crisis checklists for effective clinical use and shares lessons learned from over a decade of checklist use. It is part of the larger package of supplementary materials for the updated ORCC compendium which can be found [here](#).*

Checklists are deceptively simple. What could be easier than following some steps in order? But in reality, there are ways to use checklists to promote stronger teamwork or organization, and there are common pitfalls to avoid. Below are some of the key lessons, gleaned from expert observations, simulation literature and user experience, during a decade of OR Crisis Checklist use to consider and to share in user training exercises. This document is not a substitute for well-organized training with crisis checklists for which the Emergency Checklists Implementation Toolkit can be very helpful.

<u>Intended use of these checklists:</u>

- These checklists are intended to assist completion of "can't miss" steps in the initial stabilization of an OR crisis. These are not comprehensive lists of management steps for these events. Nor are they textbooks or practice guidelines, though their content is often based on such materials.

- These checklists are written for use in general adult operating rooms (except for the obstetric hemorrhage checklist). The drug dosing is not designed for pediatric patients, and the recommendations may not all be applicable in all circumstances.

- When possible, these checklists are optimally read aloud by a designated checklist reader, separate from the clinician leading the crisis response, whose attention should be on maintaining broader situational awareness and directing caregivers. There is value in reading the checklist aloud in order to get the whole OR team on the "same page" while supporting the event manager. This may not always be possible given human resource constraints.

- Some of the checklists are designed to aid in crises with a clear diagnosis (e.g., anaphylaxis) and others without a clear diagnosis (e.g., hypotension). Recognize the difference when you select a checklist. As the crisis unfolds, there are often cross references to point to a diagnosis and more specific guidance.

- Especially when using a diagnosis-oriented checklist, constantly assess and re-assess the possibility that another diagnosis exists.

- The checklists are principally designed for use in real-time management of critical events. However, they are also useful for (a) preparation for cases in which critical events are anticipated, (b) study and teaching, and (c) review of patient care. These secondary uses are highly encouraged.

- Many checklists contain reference to drug infusions and specify weight based (mcg/kg/min) dosing. The editing tool allows for this to be altered to mcg/min dosing. Your institution has, most likely, programmed your pumps for one or the other regimen.

<u>Common Pitfalls:</u>

- Recognize that not every critical event that occurs in the operating room has a checklist.

- As a crisis begins to unfold, it can be very easy to make the wrong initial diagnosis. Checklists can bias clinicians to staying on this incorrect path. In training for using these checklists, it is important to emphasize the need to continuously re-evaluate the diagnosis, management steps, and choice of checklist.

- Clinicians are generally expected to institute immediate management steps prior to consulting the checklist because these problems often evolve too quickly for a checklist, and clinicians need to have the initial steps for management memorized.

- It is possible to refer to the checklists too early and delay immediate intervention. But it's also possible to trigger use of the checklist too late or not at all. A good trigger is often when immediate measures do not resolve the issue. Encouraging others (nurses, surgeons) to help trigger use is good backup. And using the checklist to confirm that all essential steps have been completed is an important application, too.

- Notwithstanding the recommendation to engage a checklist reader, care should be taken that the reader role does not compromise or confuse the event manager role.

- Checklists can provide a false sense of security: Just because you have a checklist, that does not mean that you don't need to prepare for these events in the operating room. In fact, the checklists can be useful tools for preparation and using a checklist properly in a crisis requires training and practice. These checklists are *not* a substitute for solid clinical skills.

- There may be valuable information in more than one checklist for patients with multiple diagnoses or symptoms. For example, a patient with an anaphylactic reaction may also have a difficult airway. Key steps or information for the management of the patient may be found on both of those event checklists and users may utilize one checklist, then the other and return.