

THEATRE TEAM BRIEF

DATE: _____ TIME _____ THEATRE _____ HRI / CHH

Surgeon in charge		ODP	
Anaesthetist in charge		Theatre practitioner in charge	

1	Complete Team Introductions – Name and Role		
2	Is the order of the list confirmed?	YES / NO	
3	Are there any changes to the list?	YES / NO	

HEY Number				
Surgical Issues <ul style="list-style-type: none"> • Diagnosis and planned procedure • Equipment • Antibiotics • Position • Duration • Imaging • Anticipated blood loss • Specific concerns 				
Anaesthetic Issues <ul style="list-style-type: none"> • Airway/aspiration risk • Glycaemic control • Temperature management • Infection risk / any requirement for barrier precautions • Post-op destination • Specific concerns 				
Theatre staff Issues <ul style="list-style-type: none"> • Staffing • Intraoperative thromboprophylaxis • Specific concerns 				

THEATRE TEAM DEBRIEF

DATE: _____ TIME _____ THEATRE _____ HRI / CHH

Were there any changes to the list	YES / NO
Were there any cancellations?	YES / NO

HEY Number					
Surgical Issues <ul style="list-style-type: none"> • What went well? • What did not go well? 					
Anaesthetic Issues <ul style="list-style-type: none"> • What went well? • What did not go well? 					
Theatre staff Issues <ul style="list-style-type: none"> • What went well? • What did not go well? 					