



NAME _____

(MUST BE COMPLETED AT LOCATION OF PROCEDURE)

Date: _____ Time: _____ Procedure: _____

Location: _____

Brief

Before Procedure

Patient Identification (2 identifiers per P & P):

- Name
- Patient Birth Date
- Medical Record Number
- Admission Date & Visit Number

Verified by:

- Patient
- Family/Guardian
- Chart
- Care Provider: _____

Consents Available: (check all applicable)

- Procedure
- Anesthesia
- Blood
- Other: _____

Code Status:

- Full Code
- DNR/AND
- If DNR, "ANES" band attached to DNR band.
- Care limitations

Correct Site Verification:

- Site marked prior to procedure/draping with permanent marker.

Site/Side: Right Left N/A

- Hand/Arm Foot/Leg
- Trunk Head/Neck
- Eye Ear
- Other: _____

Witness Signature:

(to neonate site marking if applicable)

Date/Time of Signature

Time Out

****Time Out Verification:**

- Patient Name
- Procedure
- Consent for Procedure
- Site/Side N/A

Active Participation by:

- Physician: _____
- Nurse: _____
- Anesthesia: _____
- Other: _____

Person(s) filling out form:

Section
 I II
PRINTED NAME AND SECTION

SIGNATURE, DATE & TIME
Section
 I II
PRINTED NAME AND SECTION

SIGNATURE, DATE & TIME
Section
 I II
PRINTED NAME AND SECTION

SIGNATURE, DATE & TIME

