

MEDICAL RECORD – UNIVERSAL PROTOCOL: PROCEDURE VERIFICATION CHECKLIST

For use of this form, see MEDCOM Reg 40-54: the proponent agency is MCHO-CL-Q

List of Procedures:	# of consents:	
PRE-PROCEDURAL AREA With patient involvement (when possible) prior to pre-op medication administration All steps must be completed in sequence. All signatures must be signed in sequence.		
Clinical Staff: I have verified ALL of the following:	Clinical Staff	
a) Patient full name and date of birth are consistent with consent(s). b) Consent(s) are complete, accurate and signed by the provider, patient and witness.	Pre-Procedural Area Clinical Staff Signature: _____ _____ Date/Time: _____	
Operating Provider:	Provider Signature:	
a) List all procedures: b) Patient identification, consent, H&P/progress note, relevant diagnostic and radiologic tests are accurate, readily available and properly labeled. c) I have marked at or near the procedural site with my initials ((or used Alternative Marking Method). d) Required blood products, implants, devices and/or special equipment are available.	Pre-Procedural Area Provider Signature _____ _____ Date/Time: _____	
Circulating or Holding Area Nurse or Procedural Assistant: I have verified ALL of the following:	Nurse/Assistant Signature:	
a) Patient identification confirmed, consent(s), and H&P/progress note are consistent with plan of care. b) The provider's initials are visible at or near the procedural site(s) (or Alternate Marking Method is used) and consistent with the operative plan. c) Required implants, devices and/or special equipment are available.	Pre-Procedural Area: Procedural Assistant (RN, Rad Tech, Medic, etc.) Signature _____ _____ Date/Time: _____	
Anesthesia Provider: I have verified ALL of the following: <input type="checkbox"/> Not Applicable	Anesthesia Provider Signature:	
a) Patient identification confirmed with ID band. b) Consent(s), and H&P/progress note are consistent with plan of care. c) The operating provider's initials are visible at or near the procedural site(s) (or Alternate Marking Method is used) and consistent with the operative plan. d) Required blood products and special equipment are available.	Pre-Procedural Area Anesthesia Provider Signature _____ _____ Date/Time: _____	

PROCEDURAL AREA TIME-OUT

Immediately prior to the procedure, with all team members attentively participating, the operating provider led the operating team using interactive and verbal communication and confirmed the following:

- a) Patient identification confirmed with the ID band.
- b) Consent is consistent with planned procedure and completed.
- c) Provider's initials are visible and the correct side/site is marked (or Alternate Marking Method is used).
- d) Patient's position is appropriate for the planned procedure.
- e) Required items are available (images, equipment, implants, blood products, etc.).
- f) The need to administer antibiotics or fluids for irrigation purposes has been addressed.
- g) Safety precautions based on patient history or medication use have been identified.
- h) Team agrees on procedure to be done.
- i) Fire Risk Assessment complete.

Licensed Staff Signature:

Procedural Area Time-Out: Licensed Staff Signature

_____ Date/Time:

Or: Discrepancy noted and procedure(s) aborted. Signature:

PATIENT'S IDENTIFICATION (For typed or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)

Notes:

Anesthesia Provider: I have verified ALL of the following:

Procedure site or incision above xiphoid?		
Open Oxygen source (face mask/nasal cannula)?		
Ignition source (cautery, laser, fiberoptic light)?		

Score of 1 or 2: Routine Protocol
Score of 3: High Risk protocol
Yes = 1 (1st column)
No = 0 (2nd column)

REGIONAL ANESTHESIA PROCEDURE VERIFICATION PROCESS (if required)

After pre-procedure verification (on page 1) have been completed

PRE-REGIONAL ANESTHESIA PROCEDURE VERIFICATION

Anesthesia Provider: I have verified ALL of the following:

Anesthesia Signature:

<ul style="list-style-type: none"> a) Patient identification confirmed with ID band; consent and H&P/progress note are consistent with planned operative and regional procedure. b) Patient has been counseled for appropriate anesthesia procedure. c) Required items for regional anesthesia are available (images, equipment, implants). d) I have marked the regional anesthesia site (or used Alternative Marking Method) as possible the patient/guardian was involved with the site marking. 	<p>Pre-Regional Anesthesia: Anesthesia Provider Signature</p> <p>_____</p> <p>_____ Date/Time:</p> <p>_____</p>
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REGIONAL ANESTHESIA TIME-OUT

<p>Anesthesia Provider paused and verbally confirmed with a second clinical verifier:</p>	<p>Licensed Staff Signature:</p>
<ul style="list-style-type: none"> a) Patient identification confirmed with the ID band. b) Planned regional procedure is correct. c) The correct regional site is marked and the anesthesia provider’s initials are visible (or Alternate Marking Method is used). d) Patient’s position is appropriate for the planned regional procedure. e) Required items for regional anesthesia are available (images, equipment, antibiotics, fluids, etc.). f) Safety precautions based on patient history or medication use have been identified. g) Team agreement on procedure to be done. 	<p>Regional Anesthesia Time-Out: Licensed Staff Signature</p> <p>_____</p> <p>_____ Date/Time:</p> <p>_____</p>

INTRA-OPERATIVE VERIFICATION FOR SPINAL SURGERY (as required)

<p>Intra-operative Verification For Spinal Surgery</p>	<p>Licensed Staff Signature:</p>
<ul style="list-style-type: none"> a) The operating provider confirmed the exact spinal level using intra-operative radiographic techniques. b) Using interactive verbal communication, the operating provider confirmed the marking was consistent with consent. 	<p>Intra-operative Verification for Spinal Surgery: Licensed Staff Signature</p> <p>_____</p> <p>_____ Date/Time:</p> <p>_____</p>

ADDITIONAL CONSENTED PROCEDURE VERIFICATION/TIME-OUT (required for multiple sites)

<p>Operating Provider-Procedure(s):</p>	<p>List Procedure(s):</p>	<p>Provider Signature:</p>
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<p>I have verified ALL of the following:</p> <ul style="list-style-type: none"> a) Patient identification, consent, H&P/progress note, and relative diagnostic and radiologic tests are accurate, readily available and properly labeled. b) I have marked at or near the procedural site with my initials (or used Alternate Marking Method). c) Required blood products, implants, devices and/or special equipment are available. 	<p>Additional Consented Procedure Verification/Time-Out: Provider Signature</p> <p>_____</p> <p>_____ Date/Time:</p> <p>_____</p>
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The operating provider led the operating team using interactive verbal communication and confirmed the following:

<ul style="list-style-type: none"> a) Patient identification confirmed with the ID band. b) Consent is consistent with planned procedure and completed. c) Provider's initials are visible and the correct side/site is marked (or Alternate Marking Method is used). d) Patient's position is appropriate for the planned procedure. e) Required items are available (images, equipment, implants, blood products, etc.). f) The need to administer antibiotics or fluids for irrigation purposes has been addressed. g) Safety precautions based on patient history or medication use have been identified. h) Team agrees on procedure to be done. i) Fire Risk Assessment complete. <p><input type="checkbox"/></p> <p>Or: Discrepancy noted and procedure(s) aborted. Signature:</p> <p>Additional Consented Procedure Verification/Time-Out - Discrepancies noted and procedure(s) aborted: Provider Signature</p> <p>_____ Date/Time:</p> <p>_____</p>	<p>Licensed Staff Signature:</p> <p>Additional Consented Procedure Verification/Time-Out: Licensed Staff Signature</p> <p>_____</p> <p>_____ Date/Time:</p> <p>_____</p>
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<p>PATIENT IDENTIFICATION (For typed or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)</p> <p>Name: PatientName Patient Category: Patient Category Gender: DoD ID: DOB: PatientDOB</p>	<p>Notes:</p>
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