PRINT BLANK FORM

MUSC Health

OPCHECKLIST

Universal Protocol PROCEDURE Safety Checklist

Procedures Outside the OR, Includes at Bedside

Form Origination Date: 1/09
Version: 3 Version Date: 5/11

Patient Name _____
MRN _____
PATIENT IDENTIFICATION LABEL

I. Pre-Procedure Verification and Identification Process

Procedure areas: Inpatient – prior to prepping patient and / or transporting to procedure room; Outpatient – prior to moving to procedure area

Procedure: _____

☐ **Emergent / Urgent Procedure (due to patient clinical state): Complete TIME OUT (Section III) only**

Resuscitation order: Allow Natural Death (AND) on chart ☐ **Yes** ☐ **No**

NURSE / TECHNOLOGIST

Patient / family participated in verification process by stating name and birth date:

☐ Patient identified correctly using two identifiers: Patient Name and DOB
☐ Procedure verified. Procedure on consent form matches orders and / or scheduled procedure.
H&P completed ☐ No ☐ Yes
Correct diagnostic & radiology test results ☐ No ☐ Yes ☐ N/A
Required blood products, implants, devices, and / or special equipment available ☐ No ☐ Yes ☐ N/A

FOR PATIENTS RECEIVING ANESTHESIA: ☐ Check if no anesthesia provider involved

Does patient have a:

Need for pre-procedural beta-blockers? ☐ No ☐ Yes (☐ took this AM)
Difficult airway / aspiration risk? ☐ No ☐ Yes, equipment / assistance available
Risk of > 500 mL blood loss (> 7 mL/kg in children)? ☐ No ☐ Yes, adequate intravenous access and fluids planned

II. Site Marking

☐ Site marked: ☐ No ☐ Yes ☐ N/A By whom: _____

Patient or family has confirmed: ☐ Identity ☐ Site ☐ Procedure ☐ Consent ☐ Family not available

III. Final Verification → TIME OUT

☐ All members of team present and verbally confirm prior to the start of the procedure:

☐ Correct patient ☐ Correct site (if applicable) ☐ Correct procedure

☐ Availability of specialty equipment (if applicable) ☐ Radiographs (if applicable) displayed

Time of any additional time outs: ☐ _____ ☐ _____ ☐ _____

Signature required by all who document on this form

Signature _____ **Date** _____ **Time** _____

Signature _____ **Date** _____ **Time** _____

Signature _____ **Date** _____ **Time** _____