

McLaren Print System Order

Order No: 52484
 Order Date: 2020-02-10
 User: Taryn Hull
 Phone: 517-975-7507

Ship Location: McLaren Greater Lansing Emergency Department ATTN Taryn Hull
 401 W. Greenlawn Ave
 Lansing, Mi 48910

Brochures
 Quantity: 32
 Paragon Dept No: 21600
 Dept Name: Emergency Department
 Company Number: 160

Order Total Price: 1216.00

Item Number: MHCC-551 - OR
 Item Description: Wall Cling McLaren Checklist OR
 Revision Date: 12/2019
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Misc Info: 22x30; ss; color; USE DRAW ERASE PEN

Surgical and Other Invasive Procedures Safety Checklist		
Sign-In (prior to induction) <small>(Circulator or Anesthesia Provider Led)</small>	All non-essential activities stopped. Time-Out (prior to incision) <small>(Surgeon Led)</small>	Sign-Out (prior to departure) <small>(Circulator Led)</small>
<div style="border: 1px solid black; padding: 5px;"> <p>Circulator to the team: I have confirmed the following with the patient:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient name <input type="checkbox"/> Site <input type="checkbox"/> Procedure to be performed <input type="checkbox"/> Consent for anesthesia and surgery/procedure <input type="checkbox"/> Site marking <p>Anesthesia provider with the team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anesthesia safety check has been completed <input type="checkbox"/> Review of patient allergies <input type="checkbox"/> Anticipated airway or aspiration difficulty <input type="checkbox"/> Required equipment/assistance available <input type="checkbox"/> Active warming in place <p>Circulator with the team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Was sterility been confirmed, including indicator results? <input type="checkbox"/> Is there a need for blood products? (anticipated loss > 500 ml or 7 ml/kg in children) <input type="checkbox"/> Is imaging available and accessible? <input type="checkbox"/> Are implants, medications and solutions available? <p style="text-align: center; font-weight: bold; margin-top: 10px;">SIGN-IN CHECKLIST COMPLETE</p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p>Surgeon to the team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attention! We need to do a Time-Out <input type="checkbox"/> Introduce ourselves and our roles <input type="checkbox"/> This is [full patient name] <input type="checkbox"/> We are performing [procedure/site/laterality] as stated on the consent. <input type="checkbox"/> I confirm that the site marking is visible. <input type="checkbox"/> Review of patient allergies, if indicated. <p>Circulator to the surgeon:</p> <ul style="list-style-type: none"> <input type="checkbox"/> How long will the case take? <input type="checkbox"/> What is the anticipated blood loss? <input type="checkbox"/> Are there any critical steps? <p>Circulator to the team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have antibiotics been started within the required time and documented? <input type="checkbox"/> Are external compression devices in place, if needed? <input type="checkbox"/> Are there any equipment issues or concerns? <input type="checkbox"/> I confirm the fire risk assessment is complete. <p>Surgeon to the team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have all concerns been addressed? <input type="checkbox"/> Does everyone agree we are ready to go? <p style="text-align: center; font-weight: bold; margin-top: 10px;">TIME-OUT CHECKLIST COMPLETE</p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p>Surgeon to the team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> We performed a [procedure]. <p>Circulator to the team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> What is the wound classification? <input type="checkbox"/> I have [#] specimens and have labeled them as [patient name, specimen, etc.]. <input type="checkbox"/> Are there special instructions for the pathologist? <input type="checkbox"/> We have verified that the counts are correct. <input type="checkbox"/> Are there any equipment issues to be addressed? <input type="checkbox"/> What are the key concerns for recovery and management of this patient? <input type="checkbox"/> Is there anything we could improve on? <p style="text-align: center; font-weight: bold; margin-top: 10px;">SIGN-OUT CHECKLIST COMPLETE</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>For questions or concerns, please call:</p> </div> </div>
<p style="font-size: small; margin-top: 20px;">Based on the WHO Surgical Safety Checklist developed by: </p>		

Spec Info: