

## McLaren Print System Order

Order No: 52823  
 Order Date: 2020-02-25  
 User: Donna Wilson  
 Phone: 9898949542

Ship Location: Roger Skrabut office  
 1900 Columbus Ave  
 Bay City, MI 48708

Brochures  
 Quantity: 10  
 Paragon Dept No: 35010  
 Dept Name: Cath lab  
 Company Number: 210

Order Total Price: 380.00

Item Number: MHCC-551- CVL Procedural Cling  
 Item Description: Wall Cling McLaren Checklist CVL Procedure  
 Revision Date: 2/2020  
 Print:  
 Paper:  
 Size:  
 Fold:  
 Finish:  
 Drill:  
 Misc Info: 22x30; ss; color; USE DRY ERASE PEN

Cardiovascular Laboratory Procedures Safety Checklist

All non-essential activities stopped.

**Sign-In (prior to induction)**  
(Registered Nurse or Anesthesia Provider Led)

**Registered Nurse to team:**

I have confirmed the following with the patient (state patient name, site, procedure, etc.)

- Patient name
- Procedure to be performed
- Consent for anesthesia and procedure

**Anesthesia or sedation provider with the team:**

- Safety check has been completed
- Review of patient allergies
- ASA and Mallampati assessed
- Anticipated airway or aspiration difficulty
- Required equipment/assistance available

**Registered Nurse with the team:**

- Has sterility been confirmed, including indicator results?
- Is there a need for blood products? (anticipated loss > 500 ml or 7 ml/kg in children)
- Is essential imaging available and accessible?
- Implants, medications and solutions are available

SIGN-IN CHECKLIST COMPLETE

**Time-Out (prior to incision)**  
(Proceduralist Led)

**Proceduralist to team:**

- Attention! We need to do a Time-Out
- Introduce ourselves and our roles
- This is [full patient name]
- We are doing [procedure/site/laterality] as stated on the consent.
- I have confirmed that the site marking is visible.
- Review of patient allergies if indicated.

**Registered Nurse to the Proceduralist:**

- How long will the case take?
- What is the anticipated blood loss?
- Are there any critical steps?

**Registered Nurse to the team:**

- Confirms all medications are properly labeled and on the field.
- Confirms sterility of instruments and supplies
- Are there any equipment issues or concerns?
- Fire risk assessment completed

**Proceduralist to the team:**

- Have all concerns been addressed?
- Does everyone agree we are ready to go?

TIME-OUT CHECKLIST COMPLETE

**Sign-Out (prior to departure)**  
(Registered Nurse Led)

**Proceduralist to the team:**

- We performed a [procedure].

**Registered Nurse to the team:**

- Wound classification?
- I have [#] specimens and have labeled them as [patient name, specimen, etc.].
- Are there special instructions for the pathologist?
- We have verified that the counts are correct.
- Are there any equipment issues to be addressed?
- What are the key concerns for recovery and management of this patient?
- Is there anything we could have done better?

SIGN-OUT CHECKLIST COMPLETE

Based on the WHO Surgical Safety Checklist developed by:

Spec Info: