

## McLaren Print System Order

Order No: 53114  
 Order Date: 2020-03-03  
 User: Donna Wilson  
 Phone: 9896676605

Ship Location: Judy Goick  
 1900 Columbus Ave  
 Bay City, MI 48708

Brochures  
 Quantity: 1  
 Paragon Dept No: 69780  
 Dept Name: Pain  
 Company Number: 10

Order Total Price: 38.00

Item Number: MHCC-517-Cling  
 Item Description: Wall Cling McLaren Checklist - Bedside Procedures (CCU ICU ED) Checklist - TIME OUT  
 Revision Date: 2/2020  
 Print:  
 Paper:  
 Size:  
 Fold:  
 Finish:  
 Drill:  
 Misc Info: 20.25x30; ss; color; USE DRY ERASE PEN

Bedside Invasive Procedures Safety Checklist		
<p><b>Sign-in (prior to induction)</b> (Registered Nurse Led)</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><b>Registered Nurse to team:</b>                      I have confirmed the following with the patient (state patient name, site, procedure, etc.)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient name</li> <li><input type="checkbox"/> Site</li> <li><input type="checkbox"/> Procedure to be performed</li> <li><input type="checkbox"/> Consent for anesthesia, sedation or procedure</li> <li><input type="checkbox"/> Site marking, if indicated</li> </ul> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><b>Anesthesia or sedation provider with the team:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anesthesia or sedation plan completed</li> <li><input type="checkbox"/> Safety check completed</li> <li><input type="checkbox"/> ASA and Mallampati assessed</li> <li><input type="checkbox"/> Review of patient medications and allergies</li> <li><input type="checkbox"/> Anticipated airway or aspiration difficulty</li> <li><input type="checkbox"/> Required equipment/assistance available</li> </ul> </div> <div style="border: 1px solid black; padding: 5px;"> <p><b>Registered Nurse with the team:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Nursing assessment and plan completed</li> <li><input type="checkbox"/> All consent documentation present</li> <li><input type="checkbox"/> Essential imaging are available and accessible</li> <li><input type="checkbox"/> Implants, medications &amp; solutions are available</li> <li><input type="checkbox"/> Confirm crash cart, monitor &amp; other equipment are available and functional</li> </ul> <p style="text-align: center; font-weight: bold; margin-top: 5px;">SIGN-IN CHECKLIST COMPLETE</p> </div>	<p style="color: red; font-weight: bold; font-size: small;">All non-essential activities stopped.</p> <p><b>Time-Out (prior to incision)</b> (Proceduralist Led)</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><b>Proceduralist to team:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Attention! We need to do a Time-Out</li> <li><input type="checkbox"/> Introduce anyone unknown to the patient</li> <li><input type="checkbox"/> This is (full patient name)</li> <li><input type="checkbox"/> We are performing (procedure/site/laterality) as stated on the consent</li> <li><input type="checkbox"/> Site marking, if indicated</li> <li><input type="checkbox"/> Review of patient allergies, if indicated</li> </ul> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><b>Registered Nurse to the team:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm all medications are properly labeled and on the field.</li> <li><input type="checkbox"/> Are there any equipment issues or concerns?</li> <li><input type="checkbox"/> Fire risk assessment completed</li> </ul> </div> <div style="border: 1px solid black; padding: 5px;"> <p><b>Proceduralist to the team:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Have all concerns been addressed?</li> <li><input type="checkbox"/> Does everyone agree we are ready to go?</li> </ul> <p style="text-align: center; font-weight: bold; margin-top: 5px;">TIME-OUT CHECKLIST COMPLETE</p> </div>	<p><b>Sign-Out (prior to departure)</b> (Registered Nurse Led)</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><b>Proceduralist to the team:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> We performed a [procedure].</li> </ul> </div> <div style="border: 1px solid black; padding: 5px;"> <p><b>Registered Nurse to the team:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I have [R] specimens and have labeled them as (patient name, specimen, etc.).</li> <li><input type="checkbox"/> Are there special instructions for the pathologist?</li> <li><input type="checkbox"/> Are there any equipment issues to be addressed?</li> <li><input type="checkbox"/> What are the key concerns for recovery and management of this patient?</li> <li><input type="checkbox"/> Is there anything we could have done better?</li> </ul> <p style="text-align: center; font-weight: bold; margin-top: 5px;">SIGN-OUT CHECKLIST COMPLETE</p> </div>
<p><b>Spec Info:</b></p>		<p style="font-size: small;">Based on the WHO Surgical Safety Checklist developed by:</p>