

McLaren Print System Order

Order No: 58823
 Order Date: 2020-12-03
 User: Susan Haag
 Phone: 586-493-8960

Ship Location: McLaren Macomb- FBC Attn: Sue
 1000 Harrington
 Mount Clemens, Mi 48047

Brochures
 Quantity: 2
 Paragon Dept No: 24270
 Dept Name: Family Birthing Center
 Company Number: 260

Order Total Price: 76.00

Item Number: MHCC-514-Cling
 Item Description: Wall Cling McLaren Checklist - Labor & Delivery Procedures Safety Checklist- SIGN IN
 Revision Date: 2/2020
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Misc Info: 20.25x30; ss; color; USE DRY ERASE PEN

Labor & Delivery Procedures Safety Checklist		
Preoperative Nursing Staff	Sign-In (prior to proceeding to procedural area) Anesthesia or Sedation Staff	Proceduralist
<p>Confirm patient identity and procedure I have confirmed the following with the patient (state patient name, site, procedure, etc.) utilizing all relevant documentation, family and visitors, etc.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient name <input type="checkbox"/> Site, including site/side, if indicated <input type="checkbox"/> Procedure to be performed <input type="checkbox"/> Consent for surgery or procedure <p>Complete nursing assessment and plan</p>	<p>Confirm patient identity and procedure I have confirmed the following with the patient (state patient name, site, procedure, etc.) utilizing all relevant documentation, family and visitors, etc.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient name <input type="checkbox"/> Site, including site/side, if indicated <input type="checkbox"/> Procedure to be performed <input type="checkbox"/> Consent for anesthesia <p>Complete anesthesia or sedation assessment and plan</p> <p style="color: red; text-align: center;">IF REGIONAL ANESTHESIA BLOCK IS REQUIRED, FOLLOW PROCEDURAL TIME-OUT PROTOCOL</p>	<p>Confirm patient identity and procedure I have confirmed the following with the patient (state patient name, site, procedure, etc.) utilizing all relevant documentation, family and visitors, etc.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient name <input type="checkbox"/> Site, including site/side, if indicated <input type="checkbox"/> Procedure to be performed <input type="checkbox"/> Consent for procedure <p>Complete procedural assessment and plan</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Have all concerns or issues been addressed? <input type="checkbox"/> Is the patient ready to leave the area? <p style="text-align: center;">SIGN-IN CHECKLIST COMPLETE</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Have all concerns or issues been addressed? <input type="checkbox"/> Is the patient ready to leave the area? <p style="text-align: center;">SIGN-IN CHECKLIST COMPLETE</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Have all concerns or issues been addressed? <input type="checkbox"/> Is the patient ready to leave the area? <p style="text-align: center;">SIGN-IN CHECKLIST COMPLETE</p>
		Based on the WHO Surgical Safety Checklist developed by:

Spec Info: