

McLaren Print System Order

Order No: 62849
 Order Date: 2021-06-07
 User: Almir Karamovic
 Phone: 3135907369

Ship Location: McLaren Oakland - Cardiology Attn: Almir Karamovic
 50 N. Perry Street
 Pontiac, MI 48342

Brochures
 Quantity: 1
 Paragon Dept No: 22620
 Dept Name: Cardiovascular Services - Cath Lab
 Company Number: 1240

Order Total Price: 38.00

Item Number: MHCC-515 -Cling
 Item Description: Wall Cling McLaren Checklist -Cardiovascular Laboratory 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

<i>Cardiovascular Laboratory Procedures Safety Checklist</i>		
Preoperative Nursing Staff	Sign-in (prior to proceeding to procedural area) Anesthesia or Sedation Staff	Proceduralist
<p><i>Confirm patient identity and procedure</i> 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><i>Complete nursing assessment and plan</i></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p><input type="checkbox"/> Have all concerns or issues been addressed? <input type="checkbox"/> Is the patient ready to leave the area?</p> <p style="text-align: center;">SIGN-IN CHECKLIST COMPLETE</p>	<p><i>Confirm patient identity and procedure</i> 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><i>Complete anesthesia or sedation assessment and plan</i></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p><input type="checkbox"/> Have all concerns or issues been addressed? <input type="checkbox"/> Is the patient ready to leave the area?</p> <p style="text-align: center;">SIGN-IN CHECKLIST COMPLETE</p>	<p><i>Confirm patient identity and procedure</i> 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><i>Complete procedural assessment and plan</i></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p><input type="checkbox"/> Have all concerns or issues been addressed? <input type="checkbox"/> Is the patient ready to leave the area?</p> <p style="text-align: center;">SIGN-IN CHECKLIST COMPLETE</p>
<p>Spec Info: Intended for Cath Lab, Cardiology 1S in East Tower</p>		<p style="font-size: small;">Based on the WHO Surgical Safety Checklist developed by:</p>