

This Form Must be Completed for ALL Invasive Procedures Requiring a Consent

- A time-out will be conducted immediately before starting any procedure. Ideally, a time out should be conducted prior to the introduction of the anesthesia process.
- The time-out will be initiated by the proceduralist member of the of the procedure team.
- The immediate members that will be involved with the procedure (proceduralist, anesthesiologist, nurse, operating room technician or any other if applicable) will be involved in the time-out.
- When two or more separate procedures are being performed on the same patient, a time-out will be performed to confirm each subsequent procedure before it is initiated.
- When performing the time-out EVERY element must be addressed regardless of the type of case.

Each element of the time-out should be verbalized and agreed by all members involved:

Elements of the Time-out	√ Check if agreed by all members
1. Other activities have been suspended to the extent possible without compromising patient safety.	✓
2. Correct patient is identified with two patient identifiers (name, DOB or medical record number)	✓
3. Name on the consent is validated against the patient identifiers.	✓
4. Correct position of the patient is confirmed or discussed (If it will be done after anesthesia is provided)	✓
5. Chart documentation for the indication/need for the procedure validated	✓
6. The correct side and site is confirmed with the consent	✓
7. Additional safety precautions based on patient history or medication use were discussed	✓
8. The correct side and site is marked with the physician's/proceduralist's initials. If a patient refuses the marking or it is technically or anatomically impossible or impractical to mark the site (mucosal surfaces, perineum, premature infants), a temporary wrist band will be placed on the side of the procedure containing the patient's name and the information on the intended procedure and site.	✓
9. There is agreement by all members on the procedure to be done.	✓
10. The need for relevant diagnostic images and laboratory tests was discussed by the physician/proceduralist. If images needed, they are properly labeled and displayed.	✓
11. The need for preoperative antibiotics administration has been addressed and documented	✓
12. The need of fluids for irrigation or any other special material or equipment was discussed	✓

Patient Refused Site Marking (please see reverse for instructions)

TITLE	PRINT NAME	SIGNATURE	DATE	TIME
Physician / Proceduralist	Jorge White, MD	<i>Jorge White, MD</i>	8/12/09	1100
RN/LVN	Sara Jones, RN	<i>Sara Jones RN</i>	8/12/09	1100
Anesthesiologist (if applicable)	Larry Howell, DO	<i>L. Howell, DO</i>	8/12/09	1100

Riverside County Regional Medical Center
Moreno Valley, California

**UNIVERSAL PROTOCOL
"TIME-OUT"**