

Name of Procedure: _____ Right Left (if applicable)

Pre-Procedure Must be performed prior to start of procedural time out	Patient identity confirmed (Must use two ID checks)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Order verified / procedure confirmed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Current H & P / Review of systems available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Current med list available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
	Current lab results available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
	Special Equipment / Implant Available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
	Safety Precautions / Allergies Confirmed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
	Pre-op antibiotics given (N/A if not ordered)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Pre-anesthesia assessment verified (N/A for non-anesthesia cases)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
	Laterality verified with patient / patient representative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
	Difficult airway or aspiration risk identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
	Blood Products Available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
	Completed by Signature:	Date:	Time:	



Time Out - STOP All Activities Time out must be performed immediately prior to start of procedure	Patient Identity Confirmed (Must use two ID checks):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Procedure Confirmed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Informed Consent (Signed / Matches Order)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Site Marked - Laterality - by Physician/Proceduralist	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Not Applicable
	Did patient participate in Time Out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to Participate
	All team members participated in the Time Out prior to the procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Names	Time Out completed by the following (Please list at least 2 names, one being the proceduralist):			
	PRINTED NAME			
	Proceduralist:			
	PA:			
	RN:			
	Technologist:			
	Other:			
	Other:			
	Specimens are identified and labeled appropriately	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Completed by Signature:	Date:	Time:		

PATIENT LABEL

**Invasive Procedure
Universal Protocol
Form**

D-12-32 (11-10-11)



UPMC Hamot