


Date _____

Patient Information

Procedure _____

Left Right Bilateral Level Multiples No Laterality/Level

Responsible person	Action	Initials
Nurse or Technologist	Verification of: <ul style="list-style-type: none"> • Patient identification (two indicators-DOB, Full name) • Arm band is present • Procedure to be performed • Procedure site and laterality / level <p><small>By comparing informed consent documentation, information on the patient record and/or the marked surgical site and discussion with the patient/guardian.</small></p>	
Nurse or Technologist	Consent documentation on chart <ul style="list-style-type: none"> • Patient Name • Date • Procedure/Treatment recommended • Site of Procedure, including laterality 	
Provider to Mark (Patient may mark ONLY with the provider performing the procedure in attendance)	<input type="checkbox"/> Procedure site marked with provider's initials or an "X" <input type="checkbox"/> Site marking not required. <input type="checkbox"/> Provider is in continuous attendance with the patient from consent through completion of procedure. <input type="checkbox"/> No laterality, level, or multiples <input type="checkbox"/> Site marking refused by patient. If refused, mark diagram. Indicate sides Position: <input type="checkbox"/> Supine _____  _____ <input type="checkbox"/> Prone	
Nurse or Technologist	<input type="checkbox"/> Relevant images, properly identified & displayed <input type="checkbox"/> No images <input type="checkbox"/> Implants or special equipment	
Procedure Team	Time Out - "Pause for the Cause" Just before the procedure begins, through verbal and active participation of team members – verify: <ul style="list-style-type: none"> <input type="checkbox"/> Patient name <input type="checkbox"/> Procedure to be performed <input type="checkbox"/> Site, laterality, level or multiples, noting patient position <input type="checkbox"/> Relevant images or diagnostics available/displayed <input type="checkbox"/> Implants, special equipment or special requirements 	

Signature/Print Name _____ Phone/Beeper _____
 Signature/Print Name _____ Phone/Beeper _____
 Signature/Print Name _____ Phone/Beeper _____

