

Pre-Operative Verification Auditing Form

Date _____ OR # _____ Procedure _____

Surgeon _____ Anesthesia Care Provider _____

Room Staff (RN) _____ Room Staff (ST) _____

Pre-Operative Area

1. Patient identification verified using two indicators Yes No
2. Procedure verified using at least two independent source documents Yes No
 - Source documents used:

3. Procedure verified by at least two independent reviewers Yes No
 - Staff roles performing verification:

4. Site Marking
 - a. Site marked by person performing the procedure Yes No
 - b. Site marked with initials of person performing procedure Yes No
 - c. Multiple sites labeled in the medical record and marked accordingly Yes No N/A
 - d. Diagram marked by surgeon if unable to mark on patient or mark not visible with draping Yes No N/A
 - Site was not marked due to:
 - Site marking not required
 - Provider is in continuous attendance with the patient
 - Refused by patient

Operating Room

1. Team communication completed Yes No
2. Team communication included all team members actively involved in case Yes No
 - Team members included:

 - Information reviewed:
 - Images and diagnostic/pathology reports
 - Implants or special equipment
 - Antibiotics
 - Positioning
 - Additional safety precautions: _____
3. Time-out visual reminder placed over instrument tray Yes No

Operating Room — Just Prior to Incision

1. Surgeon initiated the time-out verbally Yes No
2. All other activity ceased Yes No
3. RN verbally verified patient and procedure including side/site Yes No
4. ACP verbally verified patient and procedure including side/site Yes No
5. Scrub Tech verbally verified procedure prepped and visualization of mark Yes No
6. Surgeon verbally verified procedure including side/site Yes No

Notes/Comments: _____

Auditor Name: _____

Date: _____