

# Pre-Procedure Verification Auditing Form

Date \_\_\_\_\_ Procedure \_\_\_\_\_

Physician \_\_\_\_\_

Room Staff (RN) \_\_\_\_\_ Room Staff (Tech) \_\_\_\_\_

## Pre-Procedure

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 ( ) N/A
  - b. Site marked with initials of person performing procedure ..... ( ) Yes ( ) No ( ) N/A
  - c. Multiple sites labeled in the medical record and marked accordingly ..... ( ) Yes ( ) No ( ) N/A
  - d. Diagram marked by person performing procedure 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 per policy
      - ( ) Provider is in continuous attendance with the patient
      - ( ) Refused by patient

## Procedure 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/lab reports
    - ( ) Implants or special equipment
    - ( ) Antibiotics or fluids for irrigation
    - ( ) Positioning
    - ( ) Additional safety precautions: \_\_\_\_\_
3. Time-out visual reminder in place prior to procedure ..... ( ) Yes ( ) No

## Just Prior to Procedure

1. Person performing procedure initiated the time-out verbally..... ( ) Yes ( ) No
2. All other activity ceased..... ( ) Yes ( ) No
3. 2<sup>nd</sup> health care provider verbally verified patient & procedure including side/site ( ) Yes ( ) No
4. 2<sup>nd</sup> health care provider verbally verified visualization of mark ..... ( ) Yes ( ) No
5. Person performing procedure verbally verified procedure including side/site..... ( ) Yes ( ) No

Notes/Comments: \_\_\_\_\_

Auditor Name: \_\_\_\_\_

Date: \_\_\_\_\_