

Patient Name:

Regions Hospital MR#:

Date _____

Initial in the appropriate box after verifying each category & sign your name on the appropriate line below. If at any time there is a question regarding identification and/or verification, the case will be held at the point where the discrepancy is discovered until clarification occurs.

Patient Identification

- Armband has correct name, MR#, and DOB
- Correct patient is scheduled for correct procedure
- Medical record has correct patient name and MR#

**Pre-Op Nurse
or Nurse in
Attendance**

CRNA

**Circulating
Nurse**

Site Marking Verification (if applicable)

- Surgical site is marked
- Site marked is congruent with consent and schedule
- Verified verbally with patient and/or against medical records

Consent Verification

- Consent congruent with schedule
- Consent signed by patient or guardian and surgeon or resident
- Consent dated
- Consent verified with patient
- Correct attending surgeon is on the consent

Pre-op Nurse or Nurse in Attendance: _____, RN

CRNA: _____, CRNA

Circulating Nurse: _____, RN

Imaging data - Pre-operatively, if imaging data is used to confirm the surgical site, staff physician or designee and a member of the OR team must confirm the images are correct and properly labeled. **Circulating Nurse must document who confirmed imaging data by completing both areas of the imaging data section below, if applicable. "Not applicable" or "N/A" should be written if imaging data is not used.**

AND

Print Name of Physician/Credentialed Practitioner

Print Name of Surgical Procedure Team Member

The Circulating Nurse will sign his / her name below after the TIME OUT is completed.

TIME OUT (Pause For The Cause)

The Surgeon, the CRNA, the Circulating Nurse and Scrub Personnel have verbally verified, prior to incision, the following:

- Patient Identify (using two identifiers)
- Procedure(s) to be performed (including laterality, multiples and/or level)
- Correct Patient Position
- Correct Procedure side or site
- Necessary imaging, equipment, implants, or special requirements if applicable (surgeon, circulating nurse & scrub personnel only)

Circulating Nurse Signature: _____ RN