

McLaren Print System Order

Order No: 52821
 Order Date: 2020-02-25
 User: Donna Wilson
 Phone: 9898949542

Ship Location: Roger Skrabut office
 1900 Columbus Ave
 Bay City, MI 48708

Brochures
 Quantity: 10
 Paragon Dept No: 35010
 Dept Name: Cath lab
 Company Number: 10

Order Total Price: 380.00

Item Number: MHCC-511 - Checklist CVL (Holding Area)
 Item Description: Wall Cling McLaren - Checklist CVL (Holding Area)
 Revision Date: 2/2020
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Misc Info: 22x30; ss; color; USE DRY ERASE PEN

Cardiovascular Laboratory Procedures Safety Checklist		
<p>Preoperative Nursing Staff</p> <p><i>Confirm patient identity and procedure</i> I have confirmed the following with the patient (state patient name, site, procedure, etc.) utilizing all relevant documentation, family and visitors, etc.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient name <input type="checkbox"/> Site, including site/side if applicable <input type="checkbox"/> Procedure to be performed <input type="checkbox"/> Consent for surgery or procedure <p><i>Complete nursing assessment and plan</i></p> <div style="border: 1px solid black; height: 100px; margin: 5px 0;"></div> <p><input type="checkbox"/> Have all concerns or issues been addressed? <input type="checkbox"/> Is the patient ready to leave the area?</p> <p style="text-align: center; font-weight: bold;">SIGN-IN CHECKLIST COMPLETE</p>	<p>Sign-in (prior to proceeding to procedural area) Anesthesia or Sedation Staff</p> <p><i>Confirm patient identity and procedure</i> I have confirmed the following with the patient (state patient name, site, procedure, etc.) utilizing all relevant documentation, family and visitors, etc.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient name <input type="checkbox"/> Site, including site/side if applicable <input type="checkbox"/> Procedure to be performed <input type="checkbox"/> Consent for anesthesia <p><i>Complete anesthesia or sedation assessment and plan</i></p> <div style="border: 1px solid black; height: 100px; margin: 5px 0;"></div> <p><input type="checkbox"/> Have all concerns or issues been addressed? <input type="checkbox"/> Is the patient ready to leave the area?</p> <p style="text-align: center; font-weight: bold;">SIGN-IN CHECKLIST COMPLETE</p>	<p>Proceduralist</p> <p><i>Confirm patient identity and procedure</i> I have confirmed the following with the patient (state patient name, site, procedure, etc.) utilizing all relevant documentation, family and visitors, etc.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient name <input type="checkbox"/> Site, including site/side if applicable <input type="checkbox"/> Procedure to be performed <input type="checkbox"/> Consent for procedure <p><i>Complete procedural assessment and plan</i></p> <div style="border: 1px solid black; height: 100px; margin: 5px 0;"></div> <p><input type="checkbox"/> Have all concerns or issues been addressed? <input type="checkbox"/> Is the patient ready to leave the area?</p> <p style="text-align: center; font-weight: bold;">SIGN-IN CHECKLIST COMPLETE</p> <p style="font-size: small; text-align: center;">Based on the WHO Surgical Safety Checklist developed by: </p>

Spec Info: