

McLaren Print System Order

Order No: 52850
 Order Date: 2020-02-26
 User: Joanie Birdsall
 Phone: 517-975-3275

Ship Location: MGL Orthopedic Hospital Endoscopy
 2727 S. Pennsylvania Ave
 Lansing, MI 48910

Brochures
 Quantity: 6
 Paragon Dept No: 30350
 Dept Name: EndoGI
 Company Number: 160

Order Total Price: 228.00

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

Cardiovascular Laboratory Procedures Safety Checklist		
Preoperative Nursing Staff	Sign-in (prior to proceeding to procedural area) Anesthesia or Sedation Staff	Proceduralist
<p>Confirm patient identity and procedure I have confirmed the following with the patient (state patient name, site, procedure, etc.) utilizing all relevant documentation, family and visitors, etc.</p> <p><input type="checkbox"/> Patient name <input type="checkbox"/> Site, including site/site if applicable <input type="checkbox"/> Procedure to be performed <input type="checkbox"/> Consent for surgery or procedure</p> <p>Complete nursing assessment and plan</p> <hr/> <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;">SIGN-IN CHECKLIST COMPLETE</p>	<p>Confirm patient identity and procedure I have confirmed the following with the patient (state patient name, site, procedure, etc.) utilizing all relevant documentation, family and visitors, etc.</p> <p><input type="checkbox"/> Patient name <input type="checkbox"/> Site, including site/site if applicable <input type="checkbox"/> Procedure to be performed <input type="checkbox"/> Consent for anesthesia</p> <p>Complete anesthesia or sedation assessment and plan</p> <hr/> <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;">SIGN-IN CHECKLIST COMPLETE</p>	<p>Confirm patient identity and procedure I have confirmed the following with the patient (state patient name, site, procedure, etc.) utilizing all relevant documentation, family and visitors, etc.</p> <p><input type="checkbox"/> Patient name <input type="checkbox"/> Site, including site/site if applicable <input type="checkbox"/> Procedure to be performed <input type="checkbox"/> Consent for procedure</p> <p>Complete procedural assessment and plan</p> <hr/> <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;">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: