

McLaren Print System Order

Order No: 56677
 Order Date: 2020-09-08
 User: Tracy Hawk
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Ship Location: McLaren Flint /2N Attn: Tracy Hawk
 401 S. Ballenger Hwy
 Flint, MI 48532

Brochures
 Quantity: 9
 Paragon Dept No: 22620
 Dept Name: Heart & Vascular
 Company Number: 60

Order Total Price: 342.00

Item Number: MHCC-516-Cling
 Item Description: Wall Cling McLaren Checklist - Cardiovascular Laboratory Procedures Safety Checklist- TIME OUT
 Revision Date: 2/2020
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Misc Info: 20.25x30; ss; color; USE DRY ERASE PEN

Cardiovascular Laboratory Procedures Safety Checklist

All non-essential activities stopped.

→ **Time-Out (prior to incision)** ←

Sign-in (prior to induction)
(Registered Nurse or Anesthesia Provider Led)

Registered Nurse to team:
I have confirmed the following with the patient (state patient name, site, procedure, etc.)

- Patient name
- Procedure to be performed
- Consent for anesthesia and procedure

Anesthesia or sedation provider with the team:

- Safety check completed
- ASA and Mallampati assessed
- Review of patient medications and allergies
- Anticipated airway or aspiration difficulty
- Required equipment/assistance available

Registered Nurse with the team:

- Has sterility been confirmed, including indicator results?
- Is there a need for blood products? (anticipated loss > 500 ml or 7 ml/kg in children)
- Essential imaging available and accessible
- Implants, medications & solutions are available

SIGN-IN CHECKLIST COMPLETE

Time-Out (prior to incision)
(Proceduralist Led)

Proceduralist to team:

- Attention! We need to do a Time-Out
- Introduce ourselves and our roles
- This is (full patient name)
- We are performing (procedure/site/laterality) as stated on the consent
- Site marking visible, if indicated
- Review of patient allergies, if indicated

Registered Nurse to the Proceduralist:

- Are there any critical steps?

Registered Nurse to the team:

- Confirm all medications are properly labeled and on the field, if indicated
- Confirm sterility of instruments and supplies
- Are there any equipment issues or concerns?
- Fire risk assessment completed

Proceduralist to the team:

- Have all concerns been addressed?
- Does everyone agree we are ready to go?

TIME-OUT CHECKLIST COMPLETE

Sign-Out (prior to departure)
(Registered Nurse Led)

Proceduralist to the team:

- We performed a [procedure].

Registered Nurse to the team:

- I have [#] specimens and have labeled them as (patient name, specimen, etc.)
- Are there special instructions for the pathologist?
- We have verified that the counts are correct.
- Are there any equipment issues to be addressed?
- What are the key concerns for recovery and management of this patient?
- Is there anything we could have done better?

SIGN-OUT CHECKLIST COMPLETE

Based on the WHO Surgical Safety Checklist developed by:

Spec Info: