

## McLaren Print System Order

Order No: 56723  
 Order Date: 2020-09-10  
 User: David Gaffney  
 Phone: 586 596-8439

Ship Location: McLaren Macomb Hospital- 1st Floor Imaging Services  
 1000 Harrinton Blvd  
 Mount Clemens, MI 48043

Brochures  
 Quantity: 6  
 Paragon Dept No: 91160  
 Dept Name: Imaging Services  
 Company Number: 260

Order Total Price: 228.00

Item Number: MHCC-512 Cling  
 Item Description: Wall Cling McLaren Checklist Endoscopy & Inverventional Radiology Safety Checklist - SIGN IN  
 Revision Date: 2/2020  
 Print:  
 Paper:  
 Size:  
 Fold:  
 Finish:  
 Drill:  
 Misc Info: 20.25x30; ss; color; USE DRY ERASE PEN

Endoscopy & Interventional Radiology Safety Checklist		
<b>Registered Nurse</b>	<b>Sign-In (prior to proceeding to procedural area)</b> Anesthesia or Sedation Staff	<b>Proceduralist</b>
<p><b>Confirm patient identity and procedure</b>                      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/side, if indicated  <input type="checkbox"/> Procedure to be performed  <input type="checkbox"/> Consent for procedure</p> <p><b>Complete nursing assessment and plan</b>  <input type="checkbox"/> Confirm site is marked, if indicated</p>	<p><b>Confirm patient identity and procedure</b>                      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/side, if indicated  <input type="checkbox"/> Procedure to be performed  <input type="checkbox"/> Consent for anesthesia or sedation</p> <p><b>Complete anesthesia or sedation assessment and plan</b></p>	<p><b>Confirm patient identity and procedure</b>                      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/side, if indicated  <input type="checkbox"/> Procedure to be performed  <input type="checkbox"/> Consent for surgery or procedure  <input type="checkbox"/> Consent and ASA for sedation, if indicated</p> <p><b>Procedural site is marked, if indicated</b>  <input type="checkbox"/> Site, including site/side, if indicated, is verified by the patient, designee or family member  <input type="checkbox"/> Site marked with initials in indelible ink</p> <p><b>Complete procedural assessment and plan</b></p>
<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;"><b>SIGN-IN CHECKLIST COMPLETE</b></p>	<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;"><b>SIGN-IN CHECKLIST COMPLETE</b></p>	<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;"><b>SIGN-IN CHECKLIST COMPLETE</b></p>
		<p style="font-size: small;">Based on the WHO Surgical Safety Checklist developed by:</p>

Spec Info: