

McLaren Print System Order

Order No: 57347
 Order Date: 2020-10-02
 User: Marion Anderson
 Phone: 313-576-9807

Ship Location: Karmanos Cancer Center - Imaging Department
 4100 John R
 Detroit, MI 48201

Brochures
 Quantity: 2
 Paragon Dept No: 27235
 Dept Name: Diagnostic Imaging
 Company Number: 460

Order Total Price: 76.00

Item Number: MHCC-511-KCI Cling
 Item Description: Wall Cling McLaren Checklist - Endoscopy & Interventional Radiology Safety Checklist - TIME OUT
 Revision Date: 9/2020
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Misc Info: 20.25x30; ss; color; USE DRY ERASE PEN

Endoscopy and Interventional Radiology Safety Checklist		 KARMANOS CANCER INSTITUTE
<p>Sign-in (prior to induction) (Registered Nurse Led)</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Registered Nurse to team: I have confirmed the following with the patient (state patient name, site, procedure, etc.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient name <input type="checkbox"/> Site <input type="checkbox"/> Procedure to be performed <input type="checkbox"/> Consent for anesthesia, sedation or procedure <input type="checkbox"/> Site marking, if indicated </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Anesthesia or sedation provider with the team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Safety check completed <input type="checkbox"/> ASA and Mallampatti assessed <input type="checkbox"/> Review of patient medications and allergies <input type="checkbox"/> Anticipated airway or aspiration difficulty <input type="checkbox"/> Required equipment/assistance available </div> <div style="border: 1px solid black; padding: 5px;"> <p>Registered Nurse with the team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Essential imaging available and accessible <input type="checkbox"/> Implants, medications & solutions are available </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SIGN-IN CHECKLIST COMPLETE</p>	<p style="color: red; font-weight: bold; font-size: small;">All non-essential activities stopped.</p> <p>Time-Out (prior to incision) (Proceduralist Led)</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Proceduralist to team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attention! We need to do a Time-Out <input type="checkbox"/> Introduce anyone unknown to the patient <input type="checkbox"/> This is (full patient name) <input type="checkbox"/> We are performing (procedure/site/laterality) as stated on the consent <input type="checkbox"/> Site marking visible, if indicated <input type="checkbox"/> Review of patient allergies, if indicated </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Registered Nurse to the team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Confirm all medications are properly labeled and on the field <input type="checkbox"/> Are there any equipment issues or concerns? <input type="checkbox"/> Fire risk assessment completed </div> <div style="border: 1px solid black; padding: 5px;"> <p>Proceduralist to the team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have all concerns been addressed? <input type="checkbox"/> Does everyone agree we are ready to go? </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">TIME-OUT CHECKLIST COMPLETE</p>	<p>Sign-Out (prior to departure) (Registered Nurse Led)</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Proceduralist to the team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> We performed a [procedure]. </div> <div style="border: 1px solid black; padding: 5px;"> <p>Registered Nurse to the team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have [R] specimens and have labeled them as (patient name, specimen, etc.). <input type="checkbox"/> Are there special instructions for the pathologist? <input type="checkbox"/> We have verified that the counts are correct. <input type="checkbox"/> Are there any equipment issues to be addressed? <input type="checkbox"/> What are the key concerns for recovery and management of this patient? <input type="checkbox"/> Is there anything we could have done better? </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SIGN-OUT CHECKLIST COMPLETE</p>

Spec Info: attention Marion Anderson