

**McLaren Print System Order**

Order No: 61520  
Order Date: 2021-04-05  
User: Heather Gaffney  
Phone: 810-989-3181

Ship Location: Ship via UPS to McLaren Port Huron, Attn: Marketing  
1201 Stone St. Suite 11  
Port Huron, Michigan 48060

Brochures  
Quantity: 5  
Paragon Dept No: 7050  
Dept Name: Marketing  
Company Number: 480

Order Total Price: 175.00

Item Number: MHCC-523  
Item Description: Wall Cling McLaren Noninvasive Imaging Time Out Checklist  
Revision Date: 3/2021  
Print:  
Paper:  
Size:  
Fold:  
Finish:  
Drill:  
Misc Info: 20x24; ss; color; USE DRY ERASE PEN

**Non-Invasive Imaging Procedure Safety Checklist**

**All non-essential activities stopped.**

<p style="text-align: center;"><b>Sign-In &amp; Time-Out</b> (Technologist Led)</p> <div style="border: 1px solid black; padding: 5px;"><p><b>Technologist with patient on arrival:</b></p><ul style="list-style-type: none"><li><input type="checkbox"/> Introduce self to patient</li></ul><p><b>Verification of patient, procedure, and laterality:</b></p><p>I have confirmed the following with the patient or designee utilizing order and requisition (utilize both when available)</p><ul style="list-style-type: none"><li><input type="checkbox"/> Patient full name and DOB</li><li><input type="checkbox"/> Check name band (or other source) for name and DOB</li><li><input type="checkbox"/> Procedure to be performed</li><li><input type="checkbox"/> Laterality, if indicated</li></ul><p><b>Technologist pre-procedure:</b></p><ul style="list-style-type: none"><li><input type="checkbox"/> Explain procedure to patient</li><li><input type="checkbox"/> Perform procedural safety assessment</li><li><input type="checkbox"/> Confirm medications, contrast and allergies</li><li><input type="checkbox"/> Required equipment and/or assistance available</li><li><input type="checkbox"/> Review consent for procedures with contrast or radiol isotopes</li><li><input type="checkbox"/> prior imaging, if indicated</li><li><input type="checkbox"/> Confirm pregnancy status, if female patient</li><li><input type="checkbox"/> Necessary supplies / medications available</li></ul><p style="text-align: center;"><b>SIGN-IN/TIME-OUT CHECKLIST COMPLETE</b></p></div>	<p style="text-align: center;"><b>Sign-Out (prior to departure)</b> (Technologist Led)</p> <div style="border: 1px solid black; padding: 5px;"><p><b>Technologist to patient post-procedure:</b></p><ul style="list-style-type: none"><li><input type="checkbox"/> We performed a [state procedure]</li><li><input type="checkbox"/> Are there any questions or concerns?</li><li><input type="checkbox"/> Next steps for patient after procedure complete?</li></ul><p style="text-align: center;"><b>SIGN-OUT CHECKLIST COMPLETE</b></p></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p>For questions or concerns, please call:</p></div>
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MHCC-523 Noninvasive Imaging Time Out Checklist

Based on the WHO Surgical Safety Checklist developed by: