

## McLaren Print System Order

Order No: 57457  
 Order Date: 2020-10-07  
 User: Emma Miller  
 Phone: 989-894-6458

Ship Location: Kathy Warszawski, Annex; c/o Receiving Dock  
 1900 Columbus Avenue  
 Bay City, MI 48708

Brochures  
 Quantity: 2  
 Paragon Dept No: 91020  
 Dept Name: Marketing  
 Company Number: 210

Order Total Price: 76.00

Item Number: MHCC-513 Cling  
 Item Description: Wall Cling McLaren Checklist - Labor & Delivery 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

Labor & Delivery Procedures Safety Checklist

**All non-essential activities stopped.**

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

**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 medication 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

**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:**

- How long will the case take?
- What is the anticipated blood loss?
- Are there any critical steps?

**Registered Nurse to the team:**

- Confirm all medications are properly labeled and on the field
- 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:**

- Wound classification?
- I have [N] 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: