

McLAREN FLINT
CENTRAL PROCESSING

EXCEPTION FORM FOR PREMATURE RELEASE OF IMPLANTABLE DEVICE / TRAY

NOTE: In a documented emergency situation, implantable devices will be released from quarantine in Central Processing without the biological monitor result. This form should accompany the implant to the Operating Room. Operating Room personnel should complete this form and return it to Central Processing within 24 hours.

PLEASE COMPLETE ALL INFORMATION:

Date: ____ / ____ / ____ Shift: _____ Time: _____ am / pm

Person Completing this Report in Central Processing: _____

The following implantable devices/trays were prematurely released to the Operating Room:

Surgeon Requesting Premature Release of Devices: _____

OPERATING ROOM REPORT

Boarded Time: _____ Procedure: _____ Date: ____ / ____ / ____

Room# _____ Surgeon Signature: _____

REASON PREMATURE RELEASE WAS NEEDED:

- | | | |
|--|---|--|
| <input type="checkbox"/> Previously Used/Turned Around | <input type="checkbox"/> Patient Under Anesthesia | <input type="checkbox"/> Last Minute Request |
| <input type="checkbox"/> Accidental Contaminated | <input type="checkbox"/> Borrowed from Another Facility | <input type="checkbox"/> Urgent/Emergent |
| <input type="checkbox"/> Change in Procedure after Start | <input type="checkbox"/> Surgery Time Moved Up | <input type="checkbox"/> Not Used |
| <input type="checkbox"/> Needed-Unknown Prior to Surgery | | |

WHAT COULD HAVE PREVENTED PREMATURE RELEASE OF THIS DEVICE/TRAY?

- Additional Sets
 Better Communication from Surgeon
 Better Planning

NAME OF PERSON COMPLETING THIS REPORT: _____

DATE REPORT COMPLETED: _____

FORM RETURNED TO CENTRAL PROCESSING ON: _____

BIOLOGICAL RESULTS:

Date: ____ / ____ / ____ Time: _____

Biological: Positive Negative
Control: Positive Negative

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PT.

MR.#/P.M.

DR.