





## McLaren Universal Protocol Time Out

## Introduce:

Name and role of each team member

Verify:

/ Patient full name

Patient date of birth

Procedure to be performed

Site and laterality (if applicable)

## **Confirm:**

Consent form for procedure
Visibility of site marking after prep/drape
Images have been reviewed
Fire risk assessment complete
All concerns addressed
Review:

Patient allergies
Anticipated blood loss

Every Team Member is Ready to GO! M-345-U

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