Cardiovascular Laboratory Procedures Safety Checklist



All non-essential activities stopped.

Sign-In (prior to induction)

(Registered Nurse or Anesthesia Provider Led)

I have confirmed the following with the patient (state

Consent for anesthesia and procedure

Anesthesia or sedation provider with the team:

Review of patient medications and allergies

Anticipated airway or aspiration difficulty

Required equipment/assistance available

loss > 500 ml or 7 ml/kg in children)

Essential imaging available and accessible

Has sterility been confirmed, including indicator

Is there a need for blood products? (anticipated

Implants, medications & solutions are available

Registered Nurse to team:

Patient name

patient name, site, procedure, etc.)

Safety check completed

Registered Nurse with the team:

results?

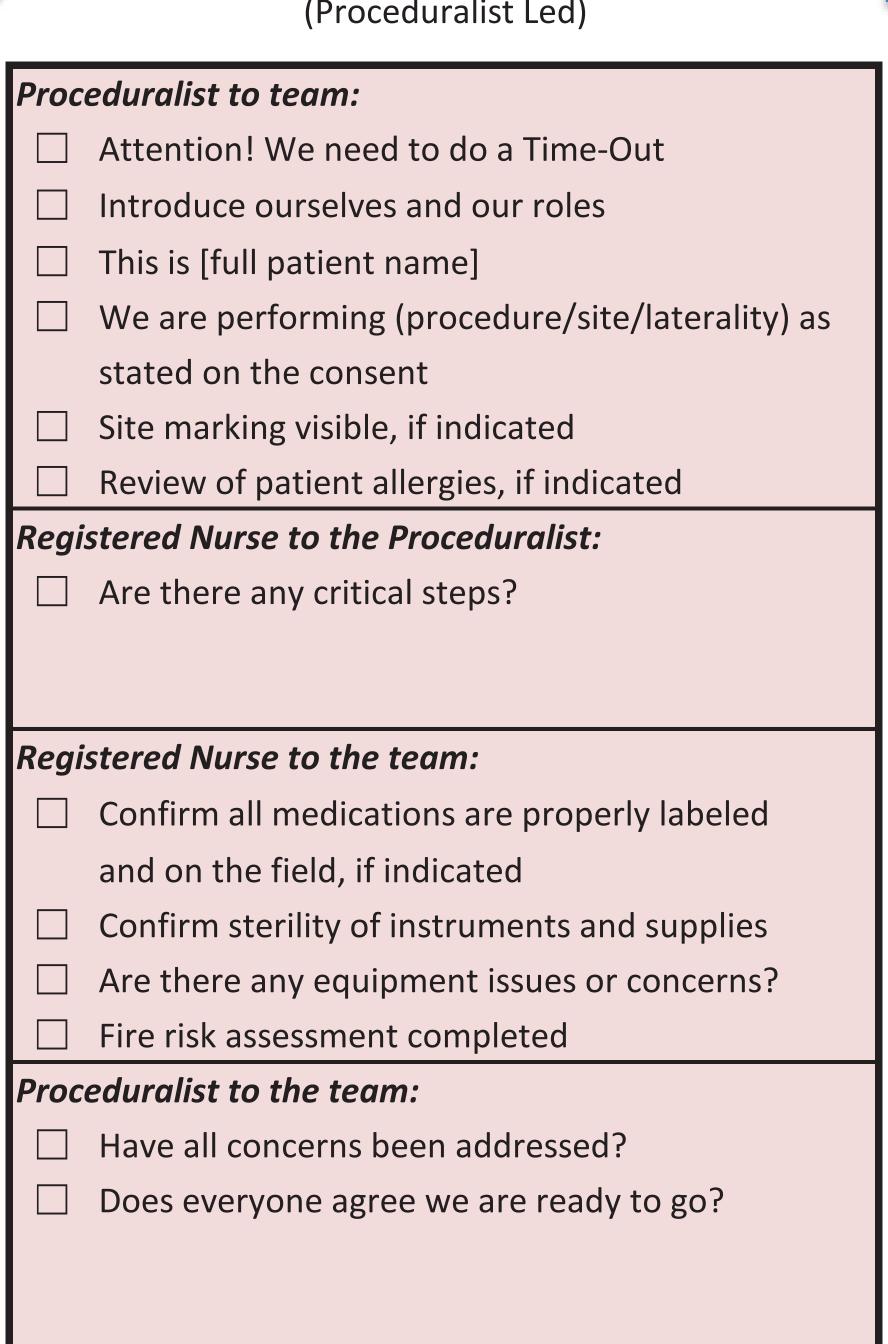
ASA and Mallampati assessed

Procedure to be performed



Time-Out (prior to incision)

(Proceduralist Led)



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:	
	I have [#] 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:

MHCC-516 Cardiovascular Laboratory Procedures Safety Checklist- TIME OUT