Bedside Invasive Procedures Safety Checklist

McLaren HEALTH CARE

All non-essential activities stopped.

Sign-In (prior to induction)	Time-Out (prior to incision)	Sign-Out (prior to departure)
(Registered Nurse Led)	(Proceduralist Led)	(Registered Nurse Led)

Sign-In (prior to induction)

Registered Nurse to team:

I have confirmed the following with the patient (state patient name, site, procedure, etc.)

- ☐ Patient name
- ☐ Site
- ☐ Procedure to be performed
- ☐ Consent for anesthesia, sedation or procedure
- ☐ Site marking, if indicated

Anesthesia or sedation provider with the team:

- ☐ Anesthesia or sedation plan completed
- ☐ Safety check completed
- ☐ ASA and Mallampati assessed
- ☐ Review of patient medications and allergies
- ☐ Anticipated airway or aspiration difficulty
- ☐ Required equipment/assistance available

Registered Nurse with the team:

- ☐ Nursing assessment and plan completed
- ☐ All consent documentation present
- ☐ Essential imaging are available and accessible
- ☐ Implants, medications & solutions are available
- ☐ Confirm crash cart, monitor & other equipment are available and functional

SIGN-IN CHECKLIST COMPLETE

Time-Out (prior to incision)

Proceduralist to team:

- ☐ Attention! We need to do a Time-Out
- ☐ Introduce anyone unknown to the patient
- ☐ This is [full patient name]
- ☐ We are performing (procedure/site/laterality) as stated on the consent
- ☐ Site marking, if indicated
- ☐ Review of patient allergies, if indicated

Registered Nurse to the team:

- ☐ Confirm all medications are properly labeled and on the field.
- ☐ 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)

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?
- ☐ 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:

World Health Organization