

## McLaren Print System Order

Order No: 68644  
 Order Date: 2022-03-28  
 User: Phyllis McLellan  
 Phone: 517-975-7714

Ship Location: Outpatient Care Center - Lower Level, Administration office, office LL-109  
 2900 Collins Road  
 Lansing, MI 48910

Brochures  
 Quantity: 3  
 Paragon Dept No: 19300-1100  
 Dept Name: Risk Management  
 Company Number: 160

Order Total Price: 114.00

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		
<p style="text-align: center;"><b>Sign-in (prior to induction)</b> <small>(Registered Nurse or Anesthesia Provider Led)</small></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>Registered Nurse to team:</b>                      I have confirmed the following with the patient (state patient name, site, procedure, etc.)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient name</li> <li><input type="checkbox"/> Procedure to be performed</li> <li><input type="checkbox"/> Consent for anesthesia and procedure</li> </ul> <p><b>Anesthesia or sedation provider with the team:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Safety check completed</li> <li><input type="checkbox"/> ASA and Mallampati assessed</li> <li><input type="checkbox"/> Review of patient medication and allergies</li> <li><input type="checkbox"/> Anticipated airway or aspiration difficulty</li> <li><input type="checkbox"/> Required equipment/assistance available</li> </ul> <p><b>Registered Nurse with the team:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Has sterility been confirmed, including indicator results?</li> <li><input type="checkbox"/> Is there a need for blood products? (anticipated loss &gt; 500 ml or 7 ml/kg in children)</li> <li><input type="checkbox"/> Essential imaging available and accessible</li> <li><input type="checkbox"/> Implants, medications &amp; solutions are available</li> </ul> <p style="text-align: center;"><b>SIGN-IN CHECKLIST COMPLETE</b></p> </div>	<p style="color: red; font-weight: bold; font-size: small;">All non-essential activities stopped.</p> <p style="text-align: center;"><b>Time-Out (prior to incision)</b> <small>(Proceduralist Led)</small></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>Proceduralist to team:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Attention! We need to do a Time-Out</li> <li><input type="checkbox"/> Introduce ourselves and our roles</li> <li><input type="checkbox"/> This is [full patient name]</li> <li><input type="checkbox"/> We are performing [procedure/site/laterality] as stated on the consent</li> <li><input type="checkbox"/> Site marking visible, if indicated</li> <li><input type="checkbox"/> Review of patient allergies, if indicated</li> </ul> <p><b>Registered Nurse to the Proceduralist:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> How long will the case take?</li> <li><input type="checkbox"/> What is the anticipated blood loss?</li> <li><input type="checkbox"/> Are there any critical steps?</li> </ul> <p><b>Registered Nurse to the team:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm all medications are properly labeled and on the field</li> <li><input type="checkbox"/> Confirm sterility of instruments and supplies</li> <li><input type="checkbox"/> Are there any equipment issues or concerns?</li> <li><input type="checkbox"/> Fire risk assessment completed</li> </ul> <p><b>Proceduralist to the team:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Have all concerns been addressed?</li> <li><input type="checkbox"/> Does everyone agree we are ready to go?</li> </ul> <p style="text-align: center;"><b>TIME-OUT CHECKLIST COMPLETE</b></p> </div>	<p style="text-align: center;"><b>Sign-Out (prior to departure)</b> <small>(Registered Nurse Led)</small></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>Proceduralist to the team:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> We performed a [procedure].</li> </ul> <p><b>Registered Nurse to the team:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Wound classification?</li> <li><input type="checkbox"/> I have [N] specimens and have labeled them as [patient name, specimen, etc.].</li> <li><input type="checkbox"/> Are there special instructions for the pathologist?</li> <li><input type="checkbox"/> We have verified that the counts are correct.</li> <li><input type="checkbox"/> Are there any equipment issues to be addressed?</li> <li><input type="checkbox"/> What are the key concerns for recovery and management of this patient?</li> <li><input type="checkbox"/> Is there anything we could have done better?</li> </ul> <p style="text-align: center;"><b>SIGN-OUT CHECKLIST COMPLETE</b></p> </div>

Spec Info: I am ordering multiple type wall clings, please deliver together if possible

Based on the WHO Surgical Safety Checklist  
 developed by: