

## McLaren Print System Order

Order No: 68878  
 Order Date: 2022-04-06  
 User: scott cooper  
 Phone: 419-897-8402

Ship Location: mclaren st lukes attn brad ohair  
 5901 monclova rd  
 maumee, ohio 43537

Brochures  
 Quantity: 12  
 Paragon Dept No: 28550  
 Dept Name: surgery  
 Company Number: 550

Order Total Price: 456.00

Item Number: MHCC-551 - OR  
 Item Description: Wall Cling McLaren Checklist OR  
 Revision Date: 12/2019  
 Print:  
 Paper:  
 Size:  
 Fold:  
 Finish:  
 Drill:  
 Misc Info: 22x30; ss; color; USE DRY ERASE PEN

Surgical and Other Invasive Procedures Safety Checklist		
<b>Sign-In (prior to induction)</b> <small>(Circulator or Anesthesia Provider Led)</small>	<span style="color: red; font-weight: bold;">All non-essential activities stopped.</span> <b>Time-Out (prior to incision)</b> <small>(Surgeon Led)</small>	<b>Sign-Out (prior to departure)</b> <small>(Circulator Led)</small>
<div style="border: 1px solid black; padding: 5px;"> <p><b>Circulator to the team:</b> I have confirmed the following with the patient:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient name</li> <li><input type="checkbox"/> Site</li> <li><input type="checkbox"/> Procedure to be performed</li> <li><input type="checkbox"/> Consent for anesthesia and surgery/procedure</li> <li><input type="checkbox"/> Site marking</li> </ul> <p><b>Anesthesia provider with the team:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anesthesia safety check has been completed</li> <li><input type="checkbox"/> Review of patient allergies</li> <li><input type="checkbox"/> Anticipated airway or aspiration difficulty</li> <li><input type="checkbox"/> Required equipment/assistance available</li> <li><input type="checkbox"/> Active warming in place</li> </ul> <p><b>Circulator with the team:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Was 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"/> Is all imaging available and accessible?</li> <li><input type="checkbox"/> Are implants, medications and solutions available?</li> </ul> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SIGN-IN CHECKLIST COMPLETE</p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p><b>Surgeon to the 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"/> I confirm that the site marking is visible.</li> <li><input type="checkbox"/> Review of patient allergies, if indicated.</li> </ul> <p><b>Circulator to the surgeon:</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>Circulator to the team:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Have antibiotics been started within the required time and documented?</li> <li><input type="checkbox"/> Are external compression devices in place, if needed?</li> <li><input type="checkbox"/> Are there any equipment issues or concerns?</li> <li><input type="checkbox"/> I confirm the fire risk assessment is complete.</li> </ul> <p><b>Surgeon 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; font-weight: bold; margin-top: 10px;">TIME-OUT CHECKLIST COMPLETE</p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p><b>Surgeon to the team:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> We performed a [procedure].</li> </ul> <p><b>Circulator to the team:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> What is the wound classification?</li> <li><input type="checkbox"/> I have [#] 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 improve on?</li> </ul> <p style="text-align: center; font-weight: bold; margin-top: 10px;">SIGN-OUT CHECKLIST COMPLETE</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>For questions or concerns, please call:</b></p> </div> <p style="font-size: small; margin-top: 10px;">Based on the WHO Surgical Safety Checklist developed by: </p> </div>

Spec Info: