

**MCLAREN FLINT
PATIENT SAFETY CHECKLIST**

BEFORE PATIENT ENTERS THE ROOM

PATIENT/ PATIENT ADVOCATE HAS CONFIRMED

- IDENTITY
- PROCEDURE
- SITE/SIDE OF PAIN
- NOT APPLICABLE
- CONSENT
- FILMS/ BRACE
- NOT APPLICABLE
- NOT APPLICABLE

SITE MARKED

- YES
- NO
- NOT APPLICABLE

DOES THE PATIENT HAVE A KNOWN ALLERGY?

- YES
- NO

CONFIRM WITH ANESTHESIA

DIFFICULT AIRWAY/ASPIRATION RISK

- YES
- NO

**BEFORE SKIN INCISION
TIME OUT**

TO BE READ OUT LOUD

IF UNFAMILIAR, INTRODUCE ALL TEAM MEMBERS BY NAME AND ROLE.

SURGEON, ANESTHESIA AND ENTIRE SURGICAL TEAM CONFIRMS:

- PATIENT IDENTITY
- SITE/SIDE
- ALLERGIES
- PATIENT POSITION
- PROCEDURE REVIEWED WITH COMPLETED CONSENT
- STERILITY HAS BEEN CONFIRMED

ANTIBIOTIC PROPHYLAXIS GIVEN WITHIN LAST 60 MINUTES

- TYPE/DATE/TIME/AMT/SELECTION/CHARTED
- NOT APPLICABLE

SURGEON REVIEWS

- IMPLANTS
- SPECIAL EQUIPMENT
- ANTICIPATED SPECIMENS
- ESSENTIAL IMAGING

RISK OF >500 ML BLOOD LOSS

- YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED
- NO
- ATX
- CROSS MATCH

BEFORE PATIENT LEAVES THE ROOM

NURSE VERBALLY CONFIRMS WITH THE TEAM:

- THE NAME OF PROCEDURE RECORDED
- INSTRUMENT, SPONGE, AND NEEDLE COUNTS CORRECT (OR NOT APPLICABLE)



260b

SIGNATURE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

DATE: _____ TIME: _____

SIGNATURE: _____

DATE: _____ TIME: _____

PT.

MR.#/P.M.

DR.