

Surgical/Invasive Procedure and Site Verification Checklist

Surgery/Procedure: _____ Date: _____
 Location: _____

Patient Verification	Yes	No	N/A
<ul style="list-style-type: none"> • Patient identification verified using patient name and date of birth. MRN may be utilized as the second identifier in the event that either name or DOB can not be used. 	<input type="checkbox"/>	<input type="checkbox"/>	
 Pre-operative/Pre-procedure Verification			
<ul style="list-style-type: none"> • Patient/guardian states procedure & side (if applicable) • Consent states procedure & side (if applicable) • Relevant imaging studies are displayed and properly labeled • History and physical states procedure & side (if applicable) • Correct implants and/or special equipment is available • The patient is positioned correctly 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Site Marking			
<ul style="list-style-type: none"> • Surgical site involving laterality, multiple structures (fingers, toes), or multiple levels (spine) is marked using surgical marking pen • Marking is visible within the prepped and draped surgical field 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Final Verification ("Time Out")			
<ul style="list-style-type: none"> • Active verbal confirmation of site/procedure/patient by multidisciplinary surgical/procedure team immediately prior to induction of anesthesia or incision/procedure 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical team members involved in final verification "time out"

Signature of Recorder _____

Signature of Circulating RN (OR only) _____

The above procedures were unable to be performed due to the emergent nature of the case.