

PROCEDURE (per consent): _____

SURGEON / PHYSICIAN: _____

Colonscopy with possible biopsy,
polypectomy, cautery and/or injection
of bleeding lesions...with possible
conscious sedation.

Instructions: Place your initials in the appropriate box to indicate that you have verified the procedure and site as specified.

PLEASE INITIAL TO COMPLETE

STEP	VERIFICATION PROCESS	PRE-OP	Procedure	N/A
A.	Pre-op Checklist / Clinical Path complete.			
B.	Patient, procedure and site/site verified verbally with patient/legally authorized person.			
C.	Patient, procedure and site/site verified with Surgery/Invasive Procedure consent signed by patient/legally authorized person.			
D.	Patient, procedure and site/site verified with History and Physical.			
E.	Procedure and site/site verified with consent or Physician order for consent.			
F.	Procedure and site/site verified with schedule.			
G.	Patient/legally authorized person marks "YES" on procedure site. (If not done, nurse may assist). Physician will mark ALL spinal levels.			
H.	Anesthesia consent signed by patient/legally authorized person, witnessed, dated and timed.			

When Preoperative A - H are complete, Patient may be sedated.

STEP	VERIFICATION PROCESS	Procedure	N/A
I.	Relevant imaging films, applicable implants and necessary equipment available.		
J.	Procedure and site/site consent viewed and verified with team members in the O.R./procedure room.		
K.	Surgery/Invasive Procedure Affirmation signed, dated and timed (by surgeon/physician/anesthesia).		
L.	History and Physical update on chart prior to start of invasive procedure.		

Procedure Site Prep cannot begin until A - L are complete

STEP	VERIFICATION PROCESS
M.	Immediately prior to start of invasive procedure (i.e. passing the scalpel/local injection), team will pause for the TIME OUT for final verification of Patient, Procedure, Site/Side, X-Rays, Position, Implants and Equipment. Time: _____ Personnel present at Time Out: <input type="checkbox"/> Nurse <input type="checkbox"/> Tech <input type="checkbox"/> Assistant <input type="checkbox"/> Physician <input type="checkbox"/> Anesthesia <input type="checkbox"/> Other

If unable to complete a step in the verification process, explain why and initial:

Step _____ Explanation: _____

Pre-Op: _____
Signature / Initials Date / Time

OR/Invasive Procedure/Unit: _____
Signature / Initials Date / Time

**OPERATIVE / INVASIVE
SAFETY MANAGEMENT**

University Hospital