

Your
Hospital's
Logo
Here

PERIOPERATIVE SERVICES Verification Checklist / Operative Site

PATIENT IDENTIFICATION

Operative Procedure
To Be Performed:

PRE-OPERATIVE:

- Verbally confirms correct patient & procedure with patient, family member, or significant other: YES NO
- Verbally confirms the surgical site and / or laterality with patient, family member, or significant other: YES NO
- Confirms Physicians Progress Notes and / or H&P to list the surgical site and / or laterality as appropriate: YES NO Pending
- Nursing Assessment sheet to list the surgical site and laterality as appropriate: YES NO

RN SIGNATURE >> _____

IN-HOUSE PATIENTS:

- On all patients, Unit RN and OR Transporter [1] identifies patient before leaving the unit, [2] confirms patient's full name, birth date and medical record number: YES NO
- On arrival in O.R., RN Circulator and Anesthesiologist / CRNA / AA confirms patient's full name, birth date and medical record number: YES NO
- In event of patient's inability to verify information for themselves, the RN, Surgeon and Anesthesiologist verifies the patient's identity with chart documents and ID band on patient: YES NO
- Perform INTRA-OPERATIVE verification: YES

RN SIGNATURE >> _____

INTRA-OPERATIVE: Verification immediately prior to going into the Operating Room. Confirmation of the site to be operated on -or- the surgery to be performed.

- H&P Completed: YES NO Pending
- Correct Operative Permit: YES NO
- Patient has verified surgery / site: YES NO Altered Status
- Resident / 1st Assistant: YES NO N / A

RN SIGNATURE >> _____

- 1.** Surgeon marks the operative site with his / her initials and / or confirms surgery to be performed: YES NO N / A
- 2.** → Surgeon review of all X-Rays / imaging studies: YES NO N / A
- 3.** → Surgeon confirmation of spine levels: C-Arm X-Ray N / A
 Imaging Studies

Surgeon SIGNATURE >> _____

FINAL VERIFICATION: Before Anesthesia and/or Incision TIME OUT: Initiated by Circulator

- Correct patient identity: YES NO
- Correct permit: YES NO
- Correct side -or- site: YES NO
- Agreement by team of procedure to be performed: YES NO
- Correct patient position: YES NO
- Availability of implants / special equipment per RN: YES NO
- Antibiotic(s) given: Time: _____ YES NO N / A
- H&P Completed: YES

Anesthesia SIGNATURE >> _____ **DATE >>** _____

RN SIGNATURE >> _____ **DATE >>** _____

ANY SITE DISCREPANCY, NOTED DURING THE VERIFICATION PROCESS, WILL RESULT IN AN IMMEDIATE HALT TO THE SURGICAL PROCEDURE UNTIL ALL SURGICAL TEAM MEMBERS RESOLVE THE DISCREPANCY. NURSING MANAGEMENT WILL BE CALLED IMMEDIATELY.