

# Surgical Time-Out Procedure Template

<b>Facility/Organization</b>		<b>Date and Time</b>	
<b>Department</b>		<b>Attending Physician/Surgeon</b>	
<b>Patient Name and DOB</b>		<b>Anesthesia (y/n)</b>  <b>If Yes: Attending Anesthesiologist</b>	
<b>Procedure Type</b>		<b>Team Members Present</b>	

**\*\*During the completion of each checklist, *all participating team members must suspend all other activities to ensure that required verification and safety checks are confirmed.*\*\***

## Pre-Anesthesia Procedural Time-Out Checklist

Complete this checklist before the induction of anesthesia, with participation of the assigned nurse and anesthesiologist at minimum.

Verification Task	Items	Date/Time	Notes
<b>Pre-Sedation Surgical Procedure Time-Out Checklist</b>			
<b>Right Patient</b>	<input type="checkbox"/> Have the patient confirm their identity. <input type="checkbox"/> Verify the patient's name and DOB by ensuring the identification band and orders match. <input type="checkbox"/> Does the patient have any known allergies?		

<b>Right Procedure</b>	<input type="checkbox"/> List the procedure. <input type="checkbox"/> Does it match the order? <input type="checkbox"/> Have necessary machines and equipment been checked for readiness and availability?		
<b>Right Site</b>	<input type="checkbox"/> Which site does the order specify? <input type="checkbox"/> Does the ordered site match the marked site? <input type="checkbox"/> Has the patient verified the correct site?		
<b>Safety Measures</b>	<input type="checkbox"/> Is all additional safety equipment ready and with the patient? <input type="checkbox"/> Does the patient have a history of complications or any known risk factors for complications? <input type="checkbox"/> Will this procedure require blood products? <input type="checkbox"/> Yes. <input type="checkbox"/> No.		

## Post-Anesthesia Procedural Time-Out Checklist

Complete this checklist before making an incision or beginning the invasive procedure with the entirety of the procedural team present and participating.

Verification Task	Items	Date/Time	Notes
<b>Post-Sedation Surgical Procedure Time-Out Checklist</b>			
<b>Right Team</b>	<input type="checkbox"/> List names and role titles for all team members present.		
<b>Right Patient</b>	<input type="checkbox"/> Confirm the patient's name and DOB by ensuring the identification band and orders match. <input type="checkbox"/> Confirm any known patient allergies.		

<b>Right Procedure</b>	<input type="checkbox"/> List the procedure. <input type="checkbox"/> Does it match the order? <input type="checkbox"/> Have necessary machines and equipment been checked for readiness and availability? <input type="checkbox"/> Are there follow-up orders to be completed during the procedure?		
<b>Right Site</b>	<input type="checkbox"/> Which incision site does the order specify? <input type="checkbox"/> Does the ordered site match the marked site for incision?		
<b>Safety Measures</b>	<p>Attending physician/surgeon:</p> <input type="checkbox"/> Address how long the procedure is supposed to last. <input type="checkbox"/> Quantify anticipated blood loss. <input type="checkbox"/> Address critical steps that will follow a non-routine event. <p>Anesthesia:</p> <input type="checkbox"/> List any patient-specific concerns. <p>Nursing:</p> <input type="checkbox"/> Verify that sterility is intact. <input type="checkbox"/> Confirm that equipment checks are complete. <input type="checkbox"/> Ensure essential imaging is ready and displayed. <input type="checkbox"/> N/A		

## Post-Procedural Time-Out Checklist

Complete this checklist before the attending physician or surgeon leaves the patient's side.

Verification Task	Items	Date/Time	Notes
<b>Post Procedure Time-Out Checklist</b>			

<b>Right Patient</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Confirm the patient's name and DOB by ensuring the identification band and orders match.</li><li><input type="checkbox"/> Confirm any known patient allergies.</li></ul>		
<b>Right Procedure</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> List the procedure performed.</li><li><input type="checkbox"/> Identify the site of the procedure.</li><li><input type="checkbox"/> Complete counts for all instruments, sponges, and needles.</li><li><input type="checkbox"/> Ensure required specimens are collected and labelled with the proper patient identifiers.</li></ul>		
<b>Safety Measures</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> List any equipment or safety concerns that arose during the procedure and the associated follow-up steps.</li></ul>		