

Surgical Time-Out

Procedure Templates



Facility/Organization		Date and Time	
Department		Attending Physician/ Surgeon	
Patient Name and DOB		Anesthesia (Y/N) If Yes: Attending Anesthesiologist	
Procedure Type		Team Members Present	

****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
Pre-Sedation Surgical Procedure Time-Out Checklist			
Right Patient	<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?		

Right Procedure	<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?		
Right Site	<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?		
Safety Measures	<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
Post-Sedation Surgical Procedure Time-Out Checklist			
Right Team	<input type="checkbox"/> List names and role titles for all team members present.		
Right Patient	<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.		
Right Procedure	<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?		
Right Site	<input type="checkbox"/> Which incision site does the order specify? <input type="checkbox"/> Does the ordered site match the marked site for incision?		
Safety Measures	<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
Post Procedure Time-Out Checklist			
Right Patient	<input type="checkbox"/> Confirm the patient's name and DOB by ensuring the identification band and orders		

	<p>match.</p> <input type="checkbox"/> Confirm any known patient allergies.		
Right Procedure	<input type="checkbox"/> List the procedure performed. <input type="checkbox"/> Identify the site of the procedure. <input type="checkbox"/> Complete counts for all instruments, sponges, and needles. <input type="checkbox"/> Ensure required specimens are collected and labelled with the proper patient identifiers.		
Safety Measures	<input type="checkbox"/> List any equipment or safety concerns that arose during the procedure and the associated follow-up steps.		