MGH OPERATING ROOM UNIVERSAL PROTOCOL CHECKLIST:

Prior to any invasive procedure or surgery, the following process Will be utilized for <u>all</u> patients in identifying the correct patient, Correct procedure, correct procedural site, and correct procedure Side prior to the procedure being performed.

PROCEDURE:		

Patient Address	sograph here:
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CRITERIA	YES	N/A	INITIALS
PREPROCEDURE VERIFICATION	ILO	IVA	INTIALO
Review and verify all items BEFORE transporting patient to the procedure room	m:		
Patient identification verified by name and MRN			
The following items are available and accurately matched to the correct patient, correct procedure and correct site:			
 History & Physical, progress or office note specifically addressing intended procedure 			
Nursing assessment			
Pre-anesthesia assessment/system review			
 Procedural schedule for procedure/s this date or Physician order for procedure/s (OR Schedule) 			
Procedure consent form accurately completed and signed			
Anesthesia consent form accurately complete and signed			
Correct and properly labeled diagnostic and radiology test(s) result(s)			
Required blood products			
Required implants, devices and/or special equipment			
SITE MARKING			
The site must be marked by a licensed practitioner who will be present and directly involved during the procedure and is permitted by the hospital to perform the procedure			
Individual marking patient, initials the box to the right and signs below			
All above criteria are present & verified – patient may move to			
procedure room.			
HARD STOP TIME OUT - Must be done immediately before procedu	ire starts.		
(see other side of page)			

All persons who initial any portion the checklist will complete the following:

Initials	Signature/title	Print Name legibly	Date/Time

HARD STOP TIME OUT - Must be done immediately before procedure starts:

WHO	WHAT TO SAY	WHAT TO DO	Criteria	Initials
Surgeon	Ready to do time out	Circulator beside the field with the	Initiate time	
		consent in hand	out	
All	Yes	Stop activities/music		

ALL MEMBERS OF THE SURGICAL TEAM STOP AND PARTICIPATE

Circulator	Please confirm the patient ID	At field w/ consent in hand	Correct pt
Anesthetist	State patient's name and MRN	Verify ID w/ ID bracelet or Elec. schedule	identity
Surgeon	Verbally affirms	Reads consent	
Circulator	Verify procedure	Review consent for accuracy	Consent
Surgeon	State name of procedure including site and side		accurate and complete
Circulator	Verify position		Correct
Surgeon	Verbally affirms the patient is in correct position		position
Circulator	Site marking verification		Correct site
Surgeon	Verbally affirms location of mark or state "not applicable"	ALL visualize the marking	& Correct side
Anesthetist			
Scrub person			
Circulator	Allergies		Safety
Anesthetist	Lists allergies or states "none"		precautions
Surgeon	Verbally affirms		
Circulator	Antibiotics		Pre-
Anesthetist	State name of antibiotic and time completed		Procedure antibiotics
Surgeon	Verbally affirms		
Circulator	Fluids/Irrigation		Need for
Anesthetist	Confirms as related to anesthesia		fluids and/or
Surgeon			irrigation
Scrub person	Confirms as related to surgical field		
Circulator	States implants		Relevant equipment/
Surgeon	States all requested implants/instrumentation required		instruments
Scrub person	Names requested instrumentation and states they are present		
Circulator	Confirm radiological images		Relevant
Surgeon	Images present, displayed correctly, confirm name and MRN		Image/results
Circulator	Anything else to disclose?		Final review
Anesthetist		ALL respond as needed	
Surgeon		_	
Scrub person			