Time Out Pre-Procedure Checklist
To be completed before initiating an invasive procedure

Patient Name: _____________________________  DOB: ________

Procedure: ____________________________________________

If there are any discrepancies, STOP, re-check & verify with each team member prior to initiating the procedure.

1. Correct Patient Identity
   • Patient Full Name
   • Date of Birth or Full SSN

2. Allergies Noted

3. Consent Signed?

4. Procedure Site (Including Laterality Verified Against a Site Mark Which is Visible During the “Time Out” After Prepping and Draping)

5. Correct Implant (If Applicable)

6. Correct Medical Images (If Applicable)

7. Pre-Procedure Antibiotics (If Applicable)

8. Pre-Procedure DVT Prophylaxis (If Applicable)

9. Availability of Blood Products (If Applicable)

10. Special Equipment in Case a Complication Were to Occur (If Applicable)

11. Go, No-Go Decision From All Team Members (Including the Patient)

12. Label Any Specimens in the Presence of the Patient (If Applicable)

13. Correct Patient Position (If Applicable)

For best results use Checklist Board markers and non-abrasive cleaners, such as Caviwipes, Expo, Isopropyl, and disinfectants - Do not use acetone or harsh chemicals/solvents. Order markers and Checklist Boards at checklistboards.com or 585-586-0152.