PRE-PROCEDURE CHECKLIST
FOR INVASIVE PROCEDURES

1. **PRE-PROCEDURE CHECKLIST – COMPLETED IN THE PRE-PROCEDURE LOCATION, PRIOR TO MOVING THE PATIENT TO THE PROCEDURE ROOM (OR AT THE BEDSIDE FOR BEDSIDE PROCEDURES).** THE FOLLOWING ARE AVAILABLE AND ACCURATELY MATCHED TO THE PATIENT:
   - Patient identified using two patient identifiers (name, MR/Acct#). Verify that patient identification and identification on the order match.
   - Order, consent, H&P and schedule, as applicable, match and clearly identify procedure, side and site.
   - Patient’s statement of procedure and site matches documentation.
   - Patient unable to respond.
   - Relevant documentation (order, history & physical, nursing assessment, pre-anesthesia assessment) confirm procedure and side/site is correct.
   - Consent form accurately completed and signed.
   - Correct diagnostic and radiology test results properly labeled.
   - Any required blood products, implants, devices and/or special equipment.

2. **MARKING THE PROCEDURE SITE – FOR RIGHT/LEFT DISTINCTION, MULTIPLE STRUCTURES (TOES/FINGERS) OR LEVELS.**
   - Site marked with MD or LIP initials, with involvement of the patient whenever possible.

**NOTE: ITEMS 1 & 2 MUST BE COMPLETED BEFORE PROCEEDING TO STEP 3.**

__________________________________ ________________       ____________
Nurse or Technologist Signature   Date                         Time

3. **“TIME OUT” IMMEDIATELY PRIOR TO PROCEDURE.** Conducted in the location where the procedure will be performed, just before starting the procedure. Involves the entire procedure team using active (verbal) communication.

**Planned Procedure and Site:**

The following have been verified by the procedure team:

- Correct patient identity.
- Confirmation that the correct side and site are marked.  N/A
- Accurate procedure consent form.
- Agreement on the procedure to be performed.
- Correct patient position.
- Relevant images and results are properly labeled and appropriately displayed.  N/A
- The need to administer antibiotics or fluids for irrigation purposes.  N/A
- Safety precautions based on patient history or medication use.
- Anti-thrombotic or anti-platelet therapy reviewed with physician.  N/A  Date discontinued:

- Resolution of any inconsistencies identified during procedure verification process:

__________________________________ ________________       ____________
Nurse or Technologist Signature   Date                         Time

FILE WITH INFORMED CONSENT FORM