



Universal Protocol/Time Out/Progress Note

UNIVERSAL PROTOCOL/TIME OUT	DATE / /	Time:	AM	PM
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Prior to the procedure, a time-out took place wherein the entire operative/procedure team agreed verbally:

- That the patient was correctly identified (patient's name and DOB are stated) Yes
- That the correct procedure/operation is planned Yes
- The consent form is accurate Yes
- That the operative/procedure site is correctly marked, if applicable Yes
- That the patient is correctly positioned for the procedure Yes
- That the implant and/or equipment is appropriately matched to site and side Yes N/A
- On the need to administer antibiotics, medications, fluids and maximum dosages Yes N/A
- That blood products are appropriately matched to the patient Yes N/A
- That relevant images & results are properly labeled and appropriately displayed Yes N/A
- That safety precautions based on patient history or medication use are in place Yes N/A

Provider's Signature: _____ Title: _____ ID# _____
 Verifier's Signature: _____ Title: _____ ID# _____

PROCEDURE NOTE:	DATE:	TIME:	AM	PM
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Procedure	ALLERGIES: CENTRAL LINE INSERTION: <input type="checkbox"/> Full barrier protection (mask, gloves, full drape, cap, gown) <input type="checkbox"/> Chloraprep <input type="checkbox"/> Application of Biopatch dressing <input type="checkbox"/> Guidewire removed intact and discarded appropriately Insertion Site: <input type="checkbox"/> Subclavian (recommended) <input type="checkbox"/> Jugular (recommended) <input type="checkbox"/> Femoral <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Post-procedure chest x-ray ordered
Participants	
Indications	
Technique	
Findings/Specimens	
Complications	
Estimated Blood Loss	
Post procedure Diagnosis	

Comments: _____

Signature: _____ ID#: _____