Implant Time Out Precaution After Initial Time Out

Standard Work Instruction Sheet

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| **NOTES: This standard work process begins prior to the patient entering the Operating Room and continues throughout the procedure** |
| **Who must adopt this process: All Healthcare providers for Surgical and Invasive Procedures** |
| **GOAL: Eliminate Wrong Procedures/Implants** |
| **TASK DESCRIPTION:****Note:** No implant may be passed to the field prior to the implant verification procedure and only following verbal confirmation by both the scrub and surgeon. |
| **\*Vendors are NOT permitted to deliver implants to the surgical field\*** |
| All activity must cease; the people present at the time of the Time Out will be quiet and attentive to the process, answering questions and participating as appropriate to their role. |
| This Implant Time Out should be completed in a collaborative manner using active verbal participation by theentire OR team. |
| No implant may be passed to the field before the implant verification procedure and only following a verbal confirmation that includes implant specifications (e.g., size, type, laterality expiration date, etc.) (**Surgeon and Scrub personnel)** |
| **Note:** Assessment tools are used to identify risk factors. **Persons are expected to use established practices and****sound judgement in making decisions.** |
| **No instrumentation shall be handed to the surgeon before the Time Out procedure** |
| **GENERAL IMPLANT** |
| Operator | Task Description | Resource |
| Circulating RN/Scrub Personnel/Surgeon or Proceduralist | **Confirm the following unique identifiers:*** Sterility and package integrity if applicable
* Inner packaging label matches the out package label
* Type/Unique Identifier
* Size
* Expiration Date
* Laterality if applicable
 | Implant Packaging with Unique Identifiers |
| Operator | Task Description | Resource |
| **INTRAOCULAR LENS IMPLANT** |
| Circulating RN/Scrub Personnel/Surgeon or Proceduralist | **Confirm the following with the unique identifiers:*** Sterility and package integrity if applicable
* Inner packaging label matches the outer package label
* Type/Unique Identifier
* Diopter
* Expiration date
* **State each letter and number from the implant individually**
 | A-Scan, ORA or provider calculation sheet |
| Operator | Task Description | Resource |
| **TISSUE IMPLANT** |
| Circulating RN/Scrub Personnel/Surgeon or Proceduralist | **Confirm the following with unique identifiers:*** Sterility and package integrity if applicable
* Temperature indicator, if applicable, is within normal limits
* Type/Unique Identifier
* Size
* Expiration date
 | Implant packaging with unique identifiers |