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 the  entire 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 |