Procedural Time Out Precaution

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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 All Wrong Events: Procedure, Site, Side, Patient, Implant** | | |
| **TASK DESCRIPTION:**  It is the expectation that team members have introduced themselves by name and role and that if any safety concerns arise at any time during the procedure, that they are brought to the attention of the team. | | |
| The Time Out must be completed collaboratively using active verbal participation by the entire OR team: Surgeon/proceduralist, circulating/assisting nurse, scrub personnel, anesthesia care provider, surgical assistant, and radiology technician (as applicable.) | | |
| **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** | | |
| **TIME OUT: INTRAOPERATIVE**  **After the patient is draped and immediately before the start of the case, the entire surgical team performs a Time Out** | | |
| Operator | Task Description | Resource |
| Provider or Circulating/Primary RN | * **“Is everyone ready for the Time Out?”** * All activity must cease, including the playback of music, to ensure all team members can hear and are fully engaged the Time Out | Surgical Consent, Patient Armband |
| Circulating/Primary RN | Introduce any new staff members, providers or visitors as needed |  |
| Circulating/Primary RN and Surgeon/Proceduralist | The Time Out verifies the following and is to be read from the consent:  •Patient ID compared to consent and armband  (Preferred identifiers are the patient’s name and date of birth.)   * Name of the procedure * Laterality * Level and site * Confirm by verbalization that site marking is visible and correct after patient prepped and draped * Confirm Implant(s) to include implant specification/type, unique identifier, size, laterality, and expiration date * The correct images are available and displayed * Other reports available as indicated * Fire Risk Level and precautions implemented | Surgical Consent, Patient Armband, Physician Orders/Office Notes |
| Anesthesia or Sedation RN or RN Monitor | * Confirm anesthesia or sedation plan * Administration of preoperative antibiotics * Presence or absence of allergies * Verbalizes the presence of the correct site marking is visible | Patient medical record/Physician orders |
| Scrub Tech or Scrub Personnel | * Confirm instrument set-up and sterility * Confirm availability of essential equipment and instrumentation | Biological Indicators |

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|  | * State each labeled medication on the sterile field * Verbalizes the presence of the correct site marking is visible |  |
| Surgeon or Provider | * State **“Does anyone have any questions?”** |  |
| **SPINE LEVEL VERIFICATION** | | |
| Surgeon and Rad Tech | * Radiographic techniques shall be used for locating and marking the exact vertebral level prior to the start of the procedure. * Final verification is then completed by the procedural physician or surgeon through comparison of the pre- and intraoperative imaging | Images, Consent |