

THE MIRIAM HOSPITAL

A Lifespan Partner

BEDSIDE PROCEDURE NOTE

Invasive Procedure Outside of the Operating Room

Addressograph Only

Date: _____ **Time:** _____ **Location:** Inpatient ED Critical Care Other: _____

PLANNED PROCEDURE: _____

Procedure discussed with patient or parent/guardian/agent and the risks, benefits and alternatives were explained.

INFORMED CONSENT OBTAINED: Yes Not Applicable

Pre-procedure DIAGNOSIS/INDICATION: _____

IMMEDIATE PRE-PROCEDURE "TIME OUT"

Pause & Verbal Verification – signatures required prior to start of procedure

1. ID band (patient name & date of birth) match patient chart/blue plate 2. Agreement on planned procedure, including site/site 3. Site visibly marked if required (right/left; anterior/posterior) 4. Verbal verification with patient or representative (when applicable) 5. Correct patient position and equipment	Procedure MD/NP/PA Signature: _____
	Nurse/Tech /Second MD Signature (if present): _____

Variation in Verification Procedure:

Patient refused site marking Emergent situation precluded site marking

Required:

Patient's nurse notified if not present for procedure

IMMEDIATE POST-PROCEDURE NOTE

PROCEDURE PERFORMED: Same as Above Other: _____

LOCAL ANESTHETIC:(Circle) Lidocaine 0.5% 1% 1.5% 2% _____ cc Bupivacaine 0.25% 0.5% _____ cc

ADDITIVES: (Circle) epi 1:100,000 1:200,000 1:400,000 Bicarbonate 4.2% 8.4% _____ cc

Other: _____

SEDATION PROVIDED: See Sedation Flowsheet

POST-PROCEDURE DIAGNOSIS: Same as Above Other: _____

FINDINGS, IF APPLICABLE: _____

SPECIMEN(S) OBTAINED: None Type: _____

COMPLICATIONS: None Describe: _____

PATIENT CONDITION: _____

Performed by (MD/NP/PA Signature) _____ **Print Name** _____

Assisted by _____ **Print Name** _____

Date: _____ **Time:** _____

Page/phone: _____