



Invasive Procedure Verification Checklist

For procedures performed outside the OR

Planned Procedure _____

Date: _____ **Time:** _____

A. At Patient Arrival to Pre-procedure Area

To be completed only in unit locations where there is a pre-procedure area.

RN, Tech, or Med Asst. (MA) independently will verify:

- Name & DOB on ID band/approved identifier match patient chart/plate.
Verbally confirm with Patient &/or Pt. Representative when possible.
- Consent is present with procedure stated, including site/side.
- Diagnosis or indication for procedure is present in the record.

Unit Location: _____

Pre-Procedure RN/Tech/MA
Signature:

Before patient is moved from the Pre-procedure Area and taken to the Procedure Area, the RN/Tech/MA transporting the patient will confirm patient name and DOB and scheduled procedure to verify this information with the patient's chart.

THE RN/Tech/MA WILL NOT DISCHARGE A PATIENT TO THE PROCEDURE AREA UNTIL ALL DISCREPANCIES ARE RESOLVED AND DOCUMENTED ON THE PATIENT RECORD.

B. In the Procedure Area or at the Bedside

1. RN/Tech/MA & Proceduralist &, when present*, Anesthesia/Sedation provider together in a call out process will verify:

- Name & DOB on ID band/approved identifier match patient chart/plate
Verbally confirm with Patient &/or Pt. Representative when possible.
- Consent is present with procedure stated, including site/side.
- Diagnosis or indication for procedure is present in the record.
- Relevant test results &/or images are present when applicable.
Images are properly labeled, displayed, and consulted.
- Availability of any necessary equipment.

*Anesthesia/Sedation Provider
Signature:

RN/Tech /MA Signature:

2. Mark site as required. "Signed line" is visible after draping.

3. Immediately prior to the procedure, all team members present will *actively* participate in a **time out and agree on:**

- Correct patient
- Correct procedure
- Correct site and side where predetermined

Proceduralist Signature:

Time out was performed immediately prior to procedure.

RN/Tech/MA Initials: _____

C. Variation in Verification Procedure

- Pt. refused site marking.
- Emergent situation precluded completion of above process.

If Emergent situation precluded completion of the above process and this form, you must fax a copy of this form to Quality Management, 444-4416.
Emergency rationale: _____

ORZQW