

UNIT NO.

NAME

BIRTH DATE:

VISIT NUMBER:

(If handwritten, record name, unit no., birth date, and visit no.)

Yale-New Haven Hospital

Universal Protocol
Time Out Checklist

Name of Procedure: _____

Informed consent not obtained secondary to emergent nature of the procedure.

Reason: _____

Abbreviated Time-out/Universal Protocol performed secondary to emergent nature of the procedure.

Reason: _____

If there is a discrepancy of any of the following verification information the activity should **STOP** until the information is reconciled

All team members pause and participate in a verbal time-out*

1. **Patient and Family** - informed about procedure
2. **Personnel and Practice** - staff identified by name and role
3. **Patient** - verified with 2 identifiers (name, MRN, DOB)
4. **Procedure** - verified verbally, consent signed if indicated
5. **Proper Site/Side/Position** -verify correct site/side is marked with operators initials using hospital approved marker, and patient is in correct position for the procedure
6. **Prepare for Procedure:**
 - Label medications and solutions
 - Ensure needed equipment & rescue therapy in place
 - Review relevant imaging

A time-out was performed prior to the procedure. It included all elements outlined above with active participation by all members of the procedure team present for the procedure.

LIP Signature _____ Print _____

RN Signature _____ Print _____

Time ____:____ Date ____/____/____

Bedside Procedures include but are not limited to: Lumbar Puncture, all CVAD's insertions, arterial lines, Thora-, Para- & Pericardiocentesis, chest tubes, bone marrow aspirations, any biopsy, amniocentesis, suprapubic bladder taps, umbilical artery/vein catheterizations

* If the patient will have two or more procedures and the procedures will not be performed by the same provider, conduct a time out before each procedure.

* Team changes or added procedures also require a new time out.

