

Main Line Hospitals

Bryn Mawr Hospital
Lankenau Hospital
Paoli Hospital

BEDSIDE PROCEDURE

Pt. ID/Label

REMINDER: DO TIME OUT

“TIME OUT” MUST:

- Occur immediately before starting the procedure.
- Occur in the location where the procedure will be done.
- All team members, Physicians performing procedure must be present

DATE: _____

TIME: _____

Procedure _____

VERIFICATION OF PROCEDURE		YES	NO	N/A
Correct patient identity				
Signed consent for procedure obtained				
Correct side or site – verify with patient and physician and Physician must mark site prior to beginning procedure				
Correct position for procedure				
Availability of implants/special equipment or special requirements, if needed				
Time Out completed				
Practitioner signature				
Nurse signature				

REMINDER: DO TIME OUT