

Time out form-outside OT



Diagnosis:	Sign in (Time.....)		
Procedure:			
Patient is verified using two identifiers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date: 7/	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
All required documents, images, studies are available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Consent is signed	Time Out Record (Outside OT)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
All resources required are correct, available, and functioning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Time Out (Time.....)			
Correct Patient	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Correct site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Correct procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Consent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sign Out (Time.....)			
<input type="radio"/> Name of the surgical/invasive procedure is recorded.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="radio"/> Instrument, sponge, and needle counts (as applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="radio"/> Specimens are labeled (as applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="radio"/> Any equipment problems are addressed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Nurse Name & Signature: _____ **Date & Time:** _____