

SIGN IN

Interactive Team
Discussion

NURSE: _____

Allergies:

Consent:

H&P:

Special Precautions:

VTE Prophylaxis:

ANESTHESIA: _____

Antibiotics:

Blood Products:

SURGEON:

Implants / Equipment:

Site Marked:

X-Ray:

TIME OUT

Involves Interactive
Verbal Communication

TEAM AGREES

Name:

D.O.B.:

Side & Site:

Scheduled Procedure:

Position:

ADDITIONAL STAFF:

SIGN OUT

Verbal Confirmation Prior to Team
Leaving the Room

Counts: Manual & Surgicount

Specimen(s) Labeled:

Name of Procedure Recorded:

Key Concerns for Recovery: