

Universal Protocol / Procedural SAFETY “Inter-Activeness Process” Procedure: _____

PREPROCEDURE CHECK-IN	SIGN-IN (To Procedural Area)	TIME-OUT	SIGN-OUT
<p>In Holding Area</p> <p>Patient/Patient representative actively confirms with Registered Nurse (RN):</p> <p>Confirmation of: Identity, Site, Procedure and Consent(s) <input type="checkbox"/> Yes</p> <div style="border: 1px solid black; padding: 5px;"> <p>Cath Lab: Ht _____ Wt _____ Groin prep/clip: <input type="checkbox"/> Yes <input type="checkbox"/> No Pedal Pulses marked: <input type="checkbox"/> Yes <input type="checkbox"/> No Stress & Echo on chart: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <p>Site marked by person performing the procedure <input type="checkbox"/> Yes <input type="checkbox"/> N/A Confirm presence of: H & P <input type="checkbox"/> Yes Allergies/Contrast Allergy Verified Lab, Diagnostic and Radiologic test results: <input type="checkbox"/> Yes <input type="checkbox"/> N/A NPO <input type="checkbox"/> Yes <input type="checkbox"/> N/A Blood Products ordered/available <input type="checkbox"/> Yes <input type="checkbox"/> N/A Beta Blocker medication given (SCIP) <input type="checkbox"/> Yes <input type="checkbox"/> N/A Reason documented Antibiotic Prophylaxis ordered (SCIP) DVT Prophylaxis ordered (SCIP)</p> <div style="border: 1px solid black; padding: 5px;"> <p>Staff Signature: _____ Date: _____ Time: _____</p> </div> <p>Special Equipment, Devices, Implants, Indicators Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> N/A Fire Risk Score _____ <input type="checkbox"/> N/A <input type="checkbox"/> ↑ Xiphoid <input type="checkbox"/> Open O₂ <input type="checkbox"/> ESU/Laser (1) + (1) + (1) = 3</p> <div style="border: 1px solid black; padding: 5px;"> <p>Staff Signature: _____ Date: _____ Time: _____</p> </div>	<p>Before start/Induction of Anesthesia</p> <p>All team members introduced themselves by name/role</p> <p>RN/staff and anesthesia care provider confirm: Identify, Site, Procedure, and Consent(s) <input type="checkbox"/> Yes</p> <p>Site marked verified <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Relevant X-ray Images displayed: <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Allergies communicated to Staff/Scrub and Anesthesia Provider: <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>If Fire Risk Score of 3, communicated to Staff/Scrub and Anesthesia Provider <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <div style="border: 1px solid black; padding: 5px;"> <p>Consideration and Coordination with anesthesia provider:</p> <ul style="list-style-type: none"> Anesthesia safety check Pulse Oximeter on and functioning Difficult airway/aspiration risk Risk of blood loss > 500ml (7ml/kg in children) Fire Risk Mitigation Plan </div> <div style="border: 1px solid black; padding: 5px;"> <p>Staff Signature: _____ Date: _____ Time: _____</p> </div>	<p>Led by Surgeon/Proceduralist Before Skin Incision/Invasive Procedure</p> <p>Initiated by RN/Staff – HARD STOP by ALL after prep & drape, prior to scalpel (start)</p> <p><i>Verbal Affirmation Required During The Interaction (questions & answers) Confirmation between RN and Team: (RN/Staff verifies with Consent Form)</i></p> <p>Anesthesia/Staff – Identify Patient Name and Birthdate</p> <p>Physician/Proceduralist – States Procedure</p> <p>Team – Marked Incision Site Visible Verify Images Present</p> <p>Anesthesia/Staff – States Allergies and Shares with Team – Selected Prophylaxis ABX, Ordered and Given</p> <p>Circulator/Staff – asks the Team if there are any other concerns before starting</p> <p>Fire Risk Score of 3 is shared with Team and conversation/plan to mitigate risk</p> <p><input type="checkbox"/> Yes to all applicable above</p> <p>TIME OUT COMPLETED @ _____</p> <div style="border: 1px solid black; padding: 5px;"> <p>On Behalf of Team Member Signature: _____ Date: _____ Time: _____</p> </div>	<p>Before the Patient Leaves the OR/Proc Rm</p> <p>RN/Staff confirms:</p> <p>Name of operative procedure confirmed <input type="checkbox"/> Yes</p> <p>Completion of sponge, sharp and instrument counts, final count shared with physician <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Specimens identified and labeled <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Whether there are any equipment problems to be addressed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Physician / anesthesia provider and nurse / staff review the key concerns for recovery and management of the patient</p> <p><input type="checkbox"/> Handoff communication given between RN circulator and Recovery Room RN / Receiving RN</p> <div style="border: 1px solid black; padding: 5px;"> <p>Staff Signature: _____ Date: _____ Time: _____</p> </div>

**UNIVERSAL PROTOCOL / PROCEDURAL SAFETY
 BASED ON WHO SAFETY CHECKLIST
 VC4020 03/14**

PATIENT IDENTIFICATION



Fire Risk Assessment Protocol

Alcohol-based prep solution dried >3 min., and No pooling	Yes	No	Notes
Site or incision above the xiphoid, or involving airway, or pulmonary components	1	0	
Open oxygen source, >40% oxygen, potential airway leak, proximity of ETT, double lumen tube	1	0	
Ignition source: i.e. monopolar cautery, laser, fiberoptic light	1	0	
Total Score			
Scoring			
3 = High Risk			
2 = Low risk			
1 = Low risk			

Fire Risk Protocol Initiated with a Score of 3 = High Risk

The nurse, surgeon/physician, and anesthesia providers take these precautions and communicate handoff:

Nurse:

- Write “Fire Risk High” on dry erase board and/or communicate with team
- Confirms the heat source settings, such as cautery, light, and/or laser
- Assess time of alcohol-based prep solutions has dried (min., time 3 min)and no pooling
- Places laser in “standby” mode when not in use

Anes/Sedation Provider:

- Notifies the physician and documents if O2 concentration >40% or risk of air leak
- Suction by O2 prongs to “scavenge” O2
- Before ignition source is activate, reduce the oxygen concentration<40% if possible

Surgical Technologist/Assistant:

- Water and/or saline available for the sterile field
- Wet sponges
- Ensures appropriate draping techniques to minimize oxygen
- Cautery pencil in holster when not in use
- Light source turned off when not in use

Surgeon/Physician:

- Before an ignition source is activated:
 - Wet sponges and utilize as a barrier between the oxygen and the ignition source
 - Verifies that the anes/staff provider has reduced the O2 concentration to the min., level for 1-3 min., before using ignition source
 - Announces the initial intent to use an ignition source

In case of Fire: Shout Fire>Turn off O2>throw saline/water on the field