**Universal Protocol / Procedural SAFETY “Inter-Activeness Process”**

### PREPROCEDURE CHECK-IN

<table>
<thead>
<tr>
<th>In Holding Area</th>
<th>Before start/Induction of Anesthesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Patient representative actively confirms with Registered Nurse (RN):</td>
<td>All team members introduced themselves by name/role</td>
</tr>
</tbody>
</table>

**Confirmation of: Identity, Site, Procedure and Consent(s) □ Yes**

- **Cath Lab:** □ Yes □ No
  - Ht_______ Wt_______
  - Groin prep/clip: □ Yes □ No
  - Pedal Pulses marked: □ Yes □ No
  - Stress & Echo on chart: □ Yes □ No

- **Site** marked by person performing the procedure □ Yes □ N/A

- **Allergies/Contrast Allergy Verified** □ Yes □ N/A

- **Lab, Diagnostic and Radiologic test results:** □ Yes □ N/A
  - NPO □ Yes □ N/A
  - Blood Products ordered/available □ Yes □ N/A
  - Beta Blocker medication given (SCIP) □ Yes □ N/A
  - Antibiotic Prophylaxis ordered (SCIP) □ Yes □ N/A
  - DVT Prophylaxis ordered (SCIP) □ Yes □ N/A

**Staff Signature:**

- Date:__________ Time:__________

- **Special Equipment, Devices, Implants, Indicators Confirmed □ Yes □ N/A**

- **Fire Risk Score** □ Yes □ N/A
  - Xiphoid □ Open O2 □ ESU/Laser
  - (1) + (1) + (1) = 3

**Staff Signature:**

- Date:__________ Time:__________

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**SIGN-IN (To Procedural Area)**

### TIME-OUT

- Led by Surgeon/Proceduralist Before Skin Incision/Invasive Procedure

- Initiated by RN/Staff – HARD STOP by ALL after prep & drape, prior to scalpel (start)

**RN/Staff confirms:**

- Name of operative procedure confirmed □ Yes

- Completion of sponge, sharp and instrument counts, final count shared with physician □ Yes □ N/A

- Specimens identified and labeled □ Yes □ N/A

- Whether there are any equipment problems to be addressed □ Yes □ No

- Physician / anesthesia provider and nurse / staff review the key concerns for recovery and management of the patient □ Yes □ No

- □ Handoff communication given between RN circulator and Recovery Room RN / Receiving RN

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**SIGN-OUT**

- Before the Patient Leaves the OR/Proc Rm

- **TIME OUT COMPLETED @**

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**On Behalf of Team Member Signature:**

- Date:__________ Time:__________

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**UNIVERSAL PROTOCOL / PROCEDURAL SAFETY BASED ON WHO SAFETY CHECKLIST**

VC4020 03/14

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**PATIENT IDENTIFICATION**
Fire Risk Assessment Protocol

<table>
<thead>
<tr>
<th>Alcohol-based prep solution dried &gt;3 min., and No pooling</th>
<th>Yes</th>
<th>No</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site or incision above the xiphoid, or involving airway, or pulmonary components</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Open oxygen source, &gt;40% oxygen, potential airway leak, proximity of ETT, double lumen tube</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Ignition source: i.e. monopolar cautery, laser, fiberoptic light</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Total Score</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

Reference, (ASA)American Society of Anesthesiologists 9/2013