

Memorial
Hospital

UNIVERSAL PROTOCOL CHECKLIST

***If any inconsistency is noted at any point, the process is halted and the person performing the procedure is notified immediately to see the patient.**

PATIENT VERIFICATION	INITIALS	
<i>Completed prior to procedure (POAC, Bedside, Procedure Room)</i>		
Patient identification verified with 2 identifiers per policy		
Circle all that apply: Verbal ID Band Date of Birth Family		
Identification verified by Patient or Other _____		
Patient's responses match ID band, consents, tests, and other relevant data		

PROCEDURE AND SITE VERIFICATION	INITIALS	
	Yes	N/A
<i>Completed prior to procedure (POAC, Bedside, Procedure Room)</i>		
Patient states procedure to be performed and points to site		
Patient's informed consent describes the operative / procedure site as described by the patient.		
Review of medical record, diagnostic tests, and radiographs available as evidenced by signature on Pre-operative Diagnosis Record and/or Progress Note.		
Medical Record and/or Posting Schedule is consistent with patient response.		
Implants available		
Special equipment available		

SITE MARKING	INITIALS	
	Yes	N/A
<i>Completed prior to procedure (POAC, Bedside, Procedure Room) (See exemptions list on back.)</i>		
Invasive or surgical site is marked over or adjacent to the surgical / procedural site incision		

SECOND VERIFICATION	INITIALS	
<i>Completed in OR, Procedure Room, or at Bedside</i>		
Confirmation of patient identity, consent(s), patient position, operative procedure, site, and site marking (if applicable).		
"Pause for the Cause" taken immediately before start of the procedure for final verification of correct patient, procedure, and site.		

DOCUMENT PHYSICIAN / HEALTH CARE PROVIDER PRESENT FOR "PAUSE" Date

Initials	Signature / Title

OVER →