Surgical/Invasive Procedure and Site Verification Checklist

Surgery/Procedure: __________________________ Date: ________________
Location: ________________________________

Patient Verification
- Patient identification verified using patient name and date of birth. MRN may be utilized as the second identifier in the event that either name or DOB can not be used.  
  Yes ☐ No ☐ N/A ☐

Pre-operative/Pre-procedure Verification
- Patient/guardian states procedure & side (if applicable)  ☐ ☐ ☐
- Consent states procedure & side (if applicable)  ☐ ☐ ☐
- Relevant imaging studies are displayed and properly labeled  ☐ ☐ ☐
- History and physical states procedure & side (if applicable)  ☐ ☐ ☐
- Correct implants and/or special equipment is available  ☐ ☐ ☐
- The patient is positioned correctly  ☐ ☐ ☐

Site Marking
- Surgical site involving laterality, multiple structures (fingers, toes), or multiple levels (spine) is marked using surgical marking pen  ☐ ☐ ☐
- Marking is visible within the prepped and draped surgical field  ☐ ☐ ☐

Final Verification ("Time Out")
- Active verbal confirmation of site/procedure/patient by multidisciplinary surgical/procedure team immediately prior to induction of anesthesia or incision/procedure  ☐ ☐ ☐

Clinical team members involved in final verification "time out"

__________________________________________  _______________________________________

__________________________________________  _______________________________________

__________________________________________  _______________________________________

Signature of Recorder  ____________________________________________

Signature of Circulating RN (OR only)  ____________________________________________

☐ The above procedures were unable to be performed due to the emergent nature of the case.