

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Procedure: \_\_\_\_\_

**PRE PROCEDURE**

**TIME OUT**

**POST PROCEDURE**

- PATIENT ID CONFIRMED
- SITE OF PROCEDURE
- PROCEDURE
- CONSENT FILLED OUT AND SIGNED YES  **NO**
- SIGNS OF INFECTION **NO**  YES  **if yes notify MD**
- PATIENT TAKING ANTIBIOTICS YES  **NO**
- DID PATIENT TAKE ORAL SEDATION YES  **NO**
- CONFIRMED ALLERGIES YES  **NO**
- \_\_\_\_\_
- PREPROCEDURE VITAL SIGNS TAKEN **Time** \_\_\_\_\_  
**BP** \_\_\_\_\_ **HR** \_\_\_\_\_ **Resp** \_\_\_\_\_ **Pulse Ox** \_\_\_\_\_ **Temp** \_\_\_\_\_
- PATIENT PLACED IN PROPER POSITION ON PROCEDURE TABLE
- ANTICOAGULANTS: Plavix, Coumadin, ASA, NSaids  
Other \_\_\_\_\_, Discontinued # Days \_\_\_\_\_  
**Advise physician of blood thinner.**
  
- Diabetic:** BLOOD GLUCOSE \_\_\_\_\_

- MD/PA PERFORMING PROCEDURE WALKS IN ROOM
- MA ANNOUNCES PROCEDURE TYPE & SIDE
- MA TO PRESENT MEDICATIONS TO BE DRAWN UP – LABEL FACING OUT TO PROVIDER PRESENT EXPIRATION DATE PRIOR- CLEAN OFF VIAL WITH ALCOHOL
- ONCE MEDICATIONS ARE DRAWN UP ONE OF MEDICAL ASSISTANTS CAN LEAVE PROCEDURE ROOM

- POST PROCEDURE VITAL SIGNS **Time** \_\_\_\_\_  
BP \_\_\_\_\_ HR \_\_\_\_\_ Resp \_\_\_\_\_ Pulse Ox \_\_\_\_\_
- PATIENT STABLE FOR DISCHARGE YES  NO  if no explain: \_\_\_\_\_  
\_\_\_\_\_
- PATIENT ABLE TO AMBULATE POST OP YES  NO  if no explain: \_\_\_\_\_  
\_\_\_\_\_
- DRESSING APPLIED
- PRESCRIPTION TO TAKE HOME YES  NO  NA
- DISCHARGE INSTRUCTIONS GIVEN TO PATIENT -VERBAL & WRITTEN YES  NO
- REPLACE EQUIPMENT USED ie. O2 MASK, DRUGS
- WIPE DOWN EQUIPMENT, PAPER CHANGE ON TABLE
- SHARPS DISPOSED(SHARPS CONTAINER)

**MEDICAL PROVIDER'S SIGNATURE:** \_\_\_\_\_