



**TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™**

**Universal Protocol Verification Form
Amarillo**

PATIENT IDENTIFICATION LABEL or

Patient Name: _____

MR#: _____

Date: _____

Invasive Procedure Performed:

**Healthcare Team Members involved in
“Time Out” process:**

- Registered Nurse _____ (Print Name)
- CMA/NA _____ (Print Name)
- Faculty _____ (Print Name)
- Resident _____ (Print Name)
- Other _____ (Print Name)

Pre-procedure Verification Process	Met	Not Met	N/A	Staff Initials	Comments
History and Physical					
Pre-Anesthesia/ Sedation Form					
The consent form (s) is signed and accurately completed					
If ordered, correct diagnostic and radiology test results are properly labeled and displayed					
Instruments, equipment and/ or blood products are readily available for the procedure					
Staff Full Signature and Title					
“Time Out” Oral Verification Process by all the Healthcare Team	Met	Not Met	N/A	Staff Initials	Comments
ALL ACTIVITY STOPPED FOR TIME OUT PROCESS					
Correct Patient Identity using the two patient identifiers (name & medical record #)					
The consent form (s) is signed and accurately completed					
Active agreement by all the healthcare team on the procedure(s) to be done					
Patient is positioned correctly for the procedure					
If ordered, relevant images and results are properly labeled and appropriately displayed					
If ordered medications available					
Safety Precautions based on patient history or medication use in place					
Staff Full Signature and Title		Initials:		Date:	Time: