

## Universal Protocol:

- Applies to procedures that expose the patient to more than minimal risk of harm, require site marking, or are of such complexity that Universal Protocol applies.

## TIME OUT:

- Conducted prior to starting procedure and involves ALL participants in the procedure.

**Date and Time:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Patient Identified:** (circle two identifiers used)      **Name / DOB / other** \_\_\_\_\_

Procedure/ Site: \_\_\_\_\_

Procedure/ Site: \_\_\_\_\_

Procedure/ Site: \_\_\_\_\_

Procedure/ Site: \_\_\_\_\_

Appropriate Consent(s) completed and signed: Yes / No / NA

Site(s) initialed by Care Provider performing procedure: Yes / No / NA

Necessary documentation, diagnostic and radiology test results available Yes / No / NA

Necessary equipment reviewed, assembled, available and sterile (if applicable): Yes / No

Team Members: \_\_\_\_\_

All Team Members in Agreement:

Signature of person completing this form: \_\_\_\_\_