

THE CENTER IS YOU

SAUNDERS,KEVIN E Lemberg MD,Brent D. END DOB 05/01/56 54

CMC UNIVERSAL PROTOCOL	CHECK	(LIST F	OR GA	STRO	NTEST	NAL E	NDOSC	OPY
Endoscopic Procedure - Date: Will	11 7	Γime:	015	Lo	cation: 🧏	REndo	2 Surgic	ære
					' [⊒ icu*	□ ED*	
Name of Endoscopic Procedure:	weapy	<u> </u>	ů.		E] Imaging	9*	
Endoscopist: Blemberg				255 E				
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Special Requests: Pre-procedure drugs,	specific in	strumen	/endosco	pes. imp	lants, rec	ords. ima	aes	
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11000000		Pre-Assessment PAT Sign:	\ _ =	E	Into Procedure Room	Anesthesia Time-out		
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	<u>= </u>	ses	Pre-operative/ Pre-procedura	Hands-off from pre-op to OR	e e	esia	Procedural Time-out #	Procedural Time-out #2
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	Schedule Sign	Pre- Sign:	9 9	E J	2	nes	Procedur Time-out	Procedur Time-out
	Sch Sigf	- 0)		Ϊā				-
Correct Patient: Verified by name and date of birth	MV	THE CO	11193		255		MAR)	
2. Correct Procedure/Procedural Details Confirmed	علا		MAY.	₹	10,00			
Correct Position Correct Informed Consent			MAIN	0	25. 35 + Miss and	DEC VIEW SERVICE	MAX	
Correct History and Physical / Nursing Assessment		A STATE OF THE STA		Æ /	ACCEPTANCE OF		MAY	
6. Correct Equipment / Requirements			1111	131	FURTH TERE		WAX 7	500
7. Correct Implants	1100000	Particular and	mas	15	AND STATE	100	2101.3	200
Correct Antibiotic Available / *Given			more	0	(Calendaria)		MATI	-Norm
9. Verified Irrigation Fluids		(a) (b) 26	MAIN		1 V	1	MART	1111
10. Safety Element: Are there any other safety issues	ENTRY OF		100	F ig	To read or the C	14. 7	MANA	
or concerns specific to this patient?				signature	144.00		14/1/21	
hanara e ar a			V				7	
Participants in Time-outs: (List all team mem	bers and title:	s) Ai	nesthesia	T.O. PI	rocedural,	T.O. #1 I	Procedura	I T.O. #2
MD: B. Limbers		3			√\ \	7		j]
Pre-Endoscopy Nurse:			(Y))		1
Endoscopy Procedure Nurse:		-1 :			Ā		l in	i
Endoscopy Procedure Nurse					\sqrt{A}	20		il
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Hospital Aide:					V VAY	J	100)
Other Staff:					210			71
Time	e of occurre	ence: ,_			104	<u> </u>		/
	. 17.07.077.027	T TELEVISION	MIL	, /	1/6/1	11.	MI	
Time out participants verified			7)10					
*Proceduralist's signature requ	ilred if pro	cedure	s periorm	ed outsid	e of the C	perating	Room	
DISCREPANCY/DISAGREEMENT	e.	Es.	÷ :					
Issue: (Use Progress notes if more space needed))							
Observation National	- 10 (F 10)		D-1	-,		T	2-2 -	
Physician Notified: Resolved (safe to proceed) Resolution:	- 9	2 3	_ Date:			Time:		
L'Asolived (sale to proceed) Resolution:		-	*		·	64		
Clinical Team Member:		· · · · · · · · · · · · · · · · · · ·	Date:	· · · · · · · · · · · · · · · · ·		Γime:		
Ournoal Tealth Michinel			Date			e		

