



THE CENTER IS YOU

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END

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CMC UNIVERSAL PROTOCOL CHECKLIST FOR GASTROINTESTINAL ENDOSCOPY

Endoscopic Procedure - Date: 4/11/11 Time: 1015 Location: Endo Surgery

Name of Endoscopic Procedure: Colonoscopy

Endoscopist: B. Lemberg

ICU* ED*
 Imaging*

Special Requests: Pre-procedure drugs, specific instrument/endoscopes, implants, records, images

	Scheduler Sign:	Pre-Assessment PAT Sign:	Pre-operative/pre-procedural Sign:	Hands-off from pre-op to OR	Into Procedure Room	Anesthesia Time-out	Procedural Time-out #1	Procedural Time-out #2
1. Correct Patient: Verified by name and date of birth				None signature				
2. Correct Procedure/Procedural Details Confirmed								
3. Correct Position								
4. Correct Informed Consent								
5. Correct History and Physical / Nursing Assessment								
6. Correct Equipment / Requirements								
7. Correct Implants								
8. Correct Antibiotic Available / *Given								
9. Verified Irrigation Fluids								
10. Safety Element: Are there any other safety issues or concerns specific to this patient?								

Participants in Time-outs: (List all team members and titles)

MD: B. Lemberg
Pre-Endoscopy Nurse: M. Guter
Endoscopy Procedure Nurse: M. Guter
Endoscopy Procedure Nurse: M. Guter
Hospital Aide: A. P. Miller
Other Staff: _____

Anesthesia T.O. Procedural T.O. #1 Procedural T.O. #2

Vertical checkboxes for Anesthesia T.O.

Vertical checkboxes for Procedural T.O. #1

Vertical checkboxes for Procedural T.O. #2

Time of occurrence: _____

Time out participants verified by (signature): None

***Proceduralist's signature required if procedure is performed outside of the Operating Room**

DISCREPANCY/DISAGREEMENT

Issue: (Use Progress notes if more space needed) _____

Physician Notified: _____ Date: _____ Time: _____

Resolved (safe to proceed) Resolution: _____

Clinical Team Member: _____ Date: _____ Time: _____



