



A Member of Cayuga Health System

BLAYK, BONZEANNE R
A00109611111 M000597460
05/01/1956 64 F
Lemberg, Brent D

Blayk, Bonzeanne
(Pt. Sticker)

CMC UNIVERSAL PROTOCOL CHECKLIST FOR GASTROINTESTINAL ENDOSCOPY

Endoscopic Procedure - Date: 1/28/21 Time: 1100 Location: Endo CEC
Name of Endoscopic Procedure: Colonoscopy ICU* ED*
Endoscopist: Dr Lemberg Imaging*

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

	Scheduler Date: <u>1/28/21</u> Time: <u>1050</u> Sign: <u>[Signature]</u>	Pre-Assessment PAT Date: <u>NONE</u> Time: <u>NONE</u> Sign: <u>NONE</u>	Pre-operative/pre-procedural Date: <u>1/28/21</u> Time: <u>1050</u> Sign: <u>[Signature]</u>	Hands-off from pre-op to OR Signature: <u>[Signature]</u>	Into Procedure Room	Anesthesia Time-out	Procedural Time-out #1	Procedural Time-out #2
1. Correct Patient: Verified by name and date of birth	<u>[Signature]</u>		<u>[Signature]</u>	<u>[Signature]</u>			<u>[Signature]</u>	
2. Correct Procedure/Procedural Details Confirmed	<u>[Signature]</u>		<u>[Signature]</u>	<u>[Signature]</u>			<u>[Signature]</u>	
3. Correct Position			<u>[Signature]</u>	<u>[Signature]</u>			<u>[Signature]</u>	
4. Correct Informed Consent			<u>[Signature]</u>	<u>[Signature]</u>			<u>[Signature]</u>	
5. Correct History and Physical / Nursing Assessment			<u>[Signature]</u>	<u>[Signature]</u>			<u>[Signature]</u>	
6. Correct Equipment / Requirements			<u>[Signature]</u>	<u>[Signature]</u>			<u>[Signature]</u>	
7. Correct Implants			<u>NONE</u>	<u>[Signature]</u>			<u>NONE</u>	
8. Correct Antibiotic Available / *Given			<u>none</u>	<u>[Signature]</u>			<u>none</u>	
9. Verified Irrigation Fluids			<u>[Signature]</u>	<u>[Signature]</u>			<u>[Signature]</u>	
10. Safety Element: Are there any other safety issues or concerns specific to this patient?			<u>[Signature]</u>	<u>[Signature]</u>			<u>[Signature]</u>	

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

MD: B. LEMBERG
M. Harris
M. Burke - RN
K. Abbott - RN

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

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Time of occurrence: _____

Time out participants verified by (signature*): NONE M. Harris 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: _____

