SPINE AND PAIN CENTERS

PROCEDURE ROOM SAFETY CHECKLIST

Date:_____

Patient's Name: _____ **Pain Level** : Pre- Procedure (0-10)_____/ Immediate Post(0-10)_____

Procedure:_____

PRE PROCEDURE

- ❑ PATIENT ID CONFIRMED
- ❑ SITE OF PROCEDURE
- ❑ PROCEDURE
- ❑ CONSENT FILLED OUT AND SIGNED YES ☐ **NO** ☐
- ❑ SIGNS OF INFECTION **NO** ☐ YES ☐ **if yes notify MD**
- ❑ PATIENT TAKING ANTIBIOTICS YES ☐ **NO** ☐
- ❑ DID PATIENT TAKE ORAL SEDATION YES ☐ **NO** ☐
- ❑ IV SEDATION- Amount_____ Type_____
- ❑ IV SEDATION SIDE EFFECTS **NO** ☐ YES ☐_____
- ❑ CONFIRMED ALLERGIES YES ☐ **NO** ☐_____
- ❑ PREPROCEDURE VITAL SIGNS TAKEN **Time**_____ **BP**____**HR**_____**Resp**_____**Pulse Ox**___**Temp**___
- ❑ PATIENT PLACED IN PROPER POSITION ON PROCEDURE TABLE
- ❑ ANTICOAGULANTS: Plavix, Coumadin, ASA, NSaids Other_____, Discontinued # Days_____ **Advise physician of blood thinner.**
- ❑ **Diabetic:** BLOOD GLUCOSE_____

TIME OUT

- ❑ MD/PA PERFORMING PROCEDURE WALKS IN ROOM
- ❑ MA ANNOUNCES PROCEDURE TYPE & SIDE
- ❑ MA TO PRESENT MEDICATIONS TO BE DRAWN UP – LABEL FACING OUT TO PROVIDER PRESENT EXPIRATION DATE PRIOR- CLEAN OFF VIAL WITH ALCOHOL
- ❑ ONCE MEDICATIONS ARE DRAWN UP ONE OF MEDICAL ASSISTANTS CAN LEAVE PROCEDURE ROOM

POST PROCEDURE

- ❑ POST PROCEDURE VITAL SIGNS **Time**_____ BP_____HR_____Resp_____Pulse Ox_____
- ❑ PATIENT STABLE FOR DISCHARGE YES ☐ NO ☐ if no explain:_____
- ❑ PATIENT ABLE TO AMBULATE POST OP YES ☐ NO ☐ if no explain:_____
- ❑ DRESSING APPLIED
- ❑ PRESCRIPTION TO TAKE HOME YES ☐NO ☐ NA ☐
- ❑ DISCHARGE INSTRUCTIONS GIVEN TO PATIENT -VERBAL & WRITTEN YES ☐NO ☐
- ❑ REPLACE EQUIPMENT USED ie. 02 MASK, DRUGS
- ❑ WIPE DOWN EQUIPMENT, PAPER CHANGE ON TABLE
- ❑ SHARPS DISPOSED(SHARPS CONTAINER)

MEDICAL PROVIDER'S SIGNATURE:_____