

Prepping Patient	Before start of procedure	Before any team member leaves radiology room
<p>◆ <i>Has the patient confirmed his/her identity, site, procedure and consent?</i> <input type="checkbox"/> Yes</p>	<p>◆ <i>Have all team members introduced themselves by name and role?</i> <input type="checkbox"/> Yes</p>	<p>◆ <i>Registered Practitioner verbally confirms with the team:</i></p> <p><input type="checkbox"/> Has the name of the procedure been recorded? <input type="checkbox"/> Has it been confirmed that instruments, swabs and sharp counts are complete (or not applicable)? <input type="checkbox"/> Have the specimens been labeled (including patient name)? <input type="checkbox"/> Have any equipment problems been identified that need to be addressed?</p>
<p>◆ <i>Is the procedure site marked?</i> <input type="checkbox"/> Yes/not applicable</p>	<p>◆ <i>Team verbally confirm:</i> <input type="checkbox"/> What is the patient's name? <input type="checkbox"/> What procedure, site and position are planned?</p>	
<p>◆ <i>Is anesthesia needed/aware</i></p>	<p>Anticipated critical events reviewed</p> <p>◆ <i>Radiologist/proceduralist:</i> <input type="checkbox"/> Any specific equipment/supply requirements or special investigations? <input type="checkbox"/> Any critical or unexpected steps you want the team to know about?</p> <p>◆ <i>Monitoring:</i> <input type="checkbox"/> Are there any patient specific concerns? <input type="checkbox"/> What monitoring equipment and other specific support required (allergy rxn tray)..?</p> <p>◆ <i>Tech:</i> <input type="checkbox"/> Has the sterility/expiration of the instrumentation/supplies been confirmed (indicator..)? <input type="checkbox"/> Are there equipment/supply issues or concerns?</p>	<p>◆ <i>Radiologist:</i> <input type="checkbox"/> key concerns for recovery and patient management reviewed?</p>
<p>Does the patient have a:</p> <p>◆ <i>Known allergy?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>◆ <i>Risk of blood loss or significant allergic reaction?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes, adequate IV access/fluids</p>		
<p>◆ <i>Is patient any anticoagulant meds that would contraindicate procedure?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Myelogram did pharmacy review meds with patient, did any meds need to be stopped, were they stopped? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>◆ <i>Is essential imaging displayed correctly?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	

RADIOLOGY SAFETY CHECKLIST – Time-OUT