# Procedural Safety Checklist

**With or Without Sedation**

*(Non-Operating Room Location)*

Location: ____________________ Procedure: ____________________

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## 1. Pre-procedure Verification/Time Out

*(Immediately before procedure)*

**STOP, LOOK, LISTEN!**

<table>
<thead>
<tr>
<th>Proceduralist/Second Team Member</th>
<th>Anesthesiology Team (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td><strong>Not Applicable</strong></td>
</tr>
</tbody>
</table>

1. Verify with patient:
   - Patient name, date of birth
   - Procedure, site, laterality, Reviewed
   - Site Marking Visible
   - Allergies Reviewed

2. Verify with proceduralist:
   - Consent completed
   - Labs and medical conditions relevant to procedure reviewed
   - Imaging/diagnostic reports available, with patient name, DOB, laterality
   - Pregnancy status reviewed
   - Antibiotic Plan Reviewed
   - Implants, supplies present and expiration dates checked
   - Safety precautions (Fire, Laser, Infection)

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## 2. Debrief and Sign Out

*(Prior to provider leaving room)*

**STOP, LOOK, LISTEN!**

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- Pre and Post procedure diagnosis and procedure reviewed
- Specimens labeled and reconciled
- Key concerns for recovery and management reviewed

Document Separate Procedure Note (including EBL)

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## 3. Attestations

*(Prior to patient leaving the room)*

Name of additional team member(s) who documented

(if applicable): ____________________

**Proceduralist:**

Print Name: ____________________

Signature: ____________________

Date: ___________  Time: ___________

*Proceduralist is the attending physician, or other practitioner, who is independently privileged to perform the procedure.*

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Procedural Safety Checklist
With or Without Sedation
(Non-Operating Room Location)

Location: ______________________ Procedure: ______________________

**Universal Protocol (UP) includes the pre-procedure verification, site marking (if applicable) and time out conversation.**

<table>
<thead>
<tr>
<th>General Inclusions:</th>
<th>General Exclusions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>— All operative and other invasive procedures that expose patients to more than minimal risk. This includes most procedures that involve puncture or incision of the skin, insertion of an instrument or foreign material into the body.</td>
<td>— Venipuncture, peripheral arterial line placement (radial), intravenous line placement, urinary catheter placement, nasogastric tube placement, arterial blood gas</td>
</tr>
<tr>
<td>— All procedures performed in the main operating rooms, cardiac catheterization and electrophysiology labs, endoscopy suite, bronchoscopy suite, and interventional radiology.</td>
<td>— Extremely rare occasions when procedures are performed under immediately life-threatening situations (although UP including a time out should be performed whenever possible).</td>
</tr>
<tr>
<td>— All inpatient and ambulatory facilities (including Mount Sinai Doctors Faculty Practice).</td>
<td></td>
</tr>
</tbody>
</table>

Refer to Procedural Guide for Universal Protocol Applicability for further information.