

Procedural Time-Out Checklist

Perform this "Time-Out" on patient prior to beginning procedure

Patient Name: _____ Date: _____

	Green Confirmed	Red Not Confirmed
1. Patient's Medical History Reviewed, Updated & Communicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Patient's Vital Signs Monitored	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Patient's Drug Allergies Reviewed, Identified & Communicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Patient's Latex Allergies Reviewed, Identified & Communicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Patient's Medications Reviewed, Identified & Communicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Patient Warranted For Sub-bacterial Prophylaxis & If So, Correct Dosage & Time Administered	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Physician Clearance Obtained If Warranted For Restorative/surgical Procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Local Anesthetic In Date & Correct Dosage For Patient Calculated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Emergency Medications & Equipment Readily Available, In-date & Visibly Aware By Team	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Sedation Dose Calculated For Patient	<input type="checkbox"/>	<input type="checkbox"/>
11. Nothing By Mouth (NPO) Instructions In Place, If Warranted	<input type="checkbox"/>	<input type="checkbox"/>
12. Informed Consent Form Signed By Patient	<input type="checkbox"/>	<input type="checkbox"/>
13. Correct Restorative/surgical Area Identified & Communicated Prior To Beginning	<input type="checkbox"/>	<input type="checkbox"/>

