



DATE:	PATIENT NAME:	ALLERGIES:	PROCEDURE w/laterality (matches consent):
TIME OUT		SPONGES	TEAM MEMBERS
<input type="checkbox"/> Verify Patient (2 identifiers) <input type="checkbox"/> Procedure <input type="checkbox"/> Verify Side/Level & Marked by physician <input type="checkbox"/> Allergies <input type="checkbox"/> Implants/Equipment Available <input type="checkbox"/> Blood Products Available (risk >500ml) <input type="checkbox"/> Antibiotics given Time: _____ <input type="checkbox"/> All medications labeled (on & off sterile field) <input type="checkbox"/> Fire Risk Assessment	Laps: Kittners: Raytec: Cottonoids:	Anesthesia: Surgeon: Assistant: Circulating RN: 1 st Surgical Technician: 2 nd Surgical Technician: Additional Personnel:	
	SHARPS		
	Blades: Bovie Tips: Hypo: Suture Needles:		
	MISCELLANEOUS		
	Bovie Scratch Pad: Suture Boots: FRED: Vessel Loops:		
			PACKED ITEMS
			# IN # OUT
Throat Packs			
Abdominal			
Rectal			
Vaginal			
Nose			
Other			

The content of this tool can be modified based on facility needs and preferences.