

Clinical Procedure Safety Checklist Level 2

Patient's Name _____ MRN _____

Procedure Name _____

Team Time Out Yes

Patient Identification Confirmed Yes

Known Allergy/Adverse Reaction Yes No

Informed Consent Yes

Correct Site / Side/ Level Verified and Matches Consent Yes

Anticipated Critical Events Yes No

Site Marked Yes No Not Applicable

Proceduralist Name _____ Date _____ Time _____

Signature _____ Designation _____

Post Procedure Instructions _____

