

## **Time-out Script**



Time-out occurs after draping unless an explicit exception is documented (i.e. eye)

Scrub person: None of the 4 I's on the Mayo Stand

1. Incision: No blade mounted on the knife handle. No tip on the ESU pencil

2. Infiltration: No needle mounted on syringe for local

3. Insertion: No Speculum or Bronchoscope

4. Initiation: None of the above apply to start of procedure

## ALL MEMBERS OF THE TEAM STOP AND PARTICIPATE

WHO	WHAT TO SAY	WHAT TO DO
CIRCULATOR:	Ready to do Time-out	RN at computer with consent in hand.
ALL:	Yes	Stop activities. Turn radios other devices off.
CIRCULATOR:	Patient's name & MRN	Review name and MRN on computer screen & the consent.
ANESTHESIA PROVIDER:	Jane Doe; MRN# 123456	Review the ID Band *
SURGEON:	Confirms patient's name	
CIRCULATOR:	Allergies	View allergies on PIMS screen.
ANESTHESIA PROVIDER:	Lists allergies or declares none	
SURGEON:	Verbally affirms	
CIRCULATOR:	Antibiotics	
ANESTHESIA PROVIDER:	Name of antibiotic and time completed	Verify documentation in AIMS and time of next dose.
SURGEON:	Verbally affirms	
CIRCULATOR:	DVT prophylaxis	
	Declare name of med given or state not applicable.	
	Declare the pneumatic boots have been applied and are activated or state not applicable.	
CIRCULATOR:	Verification of Procedure	Review consent for accuracy.
SURGEON:	Name of procedure including site and side. (i.e. Right ORIF of the Ankle)	
CIRCULATOR:	Site marking	
SURGEON/DESIGNEE: **	Affirms location of mark or state not applicable.	ALL visualize the mark. Remark site if marking removed during prep process.
CIRCULATOR:	Position	
SURGEON:	Affirms that the patient is in the correct position.	
CIRCULATOR:	Implants and instruments or personnel that have been requested are present or declares the plan to secure them.	Calls out to clinical advisor for assistance in solving the named discrepancy.
SURGEON:	Are all of the requested implants and additional personnel requested in the room or in progress?	
SCRUB:	Names implants, instruments or personnel that have been requested are present or declares the plan to secure them.	
CIRCULATOR:	Please confirm the radiological images.	
SURGEON:	Images present and displayed correctly and patient's name and MRN have been verified.	
CIRCULATOR:	Is there anything else we need to disclose.	Records comments if any.
SCRUB:	Declare one of the 4 I's is ready.	Prepares one of the 4 I's.
ALL:	Respond as needed (may include special precautions).	
* Anesthesia Provider and Circulating Nurse attest that the verification has occurred if ID not accessible during the Time-out.  ** Surgeon/Designee = Licensed Individual Provider who marked the site.  Copyright BIDMC © 2008		

Source: Beth Israel Deaconess Medical Center, Boston.