



MAYO CLINIC

## Pre-Procedure/Surgical Verification

Date \_\_\_\_\_

Number (above) and Name \_\_\_\_\_

Procedure \_\_\_\_\_

Physician Performing Procedure \_\_\_\_\_

		Comments
1. Consent Obtained	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. The intended site of incision or insertion is marked for procedures involving right/left distinction, multiple structures (fingers/toes) or multiple levels (spine).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Physician has stated that all relevant documents and studies are available prior to the start of the procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. <ul style="list-style-type: none"> <li>The Update Note is complete and signed by a member of the medical staff (not resident or AMLP).</li> <li>The time and route of the pre-operative antibiotic is documented.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
5. Final verification of: <ul style="list-style-type: none"> <li>correct patient</li> <li>correct procedure</li> <li>correct site</li> <li>correct position</li> <li>availability of correct implants and any special equipment or special requirements</li> <li>all members of the surgical/procedural team participated in the "procedural pause" prior to the procedure.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> No	

Initials	Signature	Printed Name	Initials	Signature	Printed Name

