

TIME OUT

Verify the
following
information
before beginning
a procedure

- ◆ **Patient Name:** *(READ FULL NAME)*
- ◆ **DATE OF BIRTH:** *(READ FROM ARM BAND)*
- ◆ **PROCEDURE:** *(READ FROM CONSENT)*
- ◆ **PROCEDURE SITE MARKED**
- ◆ **AVAILABILITY OF CORRECT IMPLANTS
AND ANY SPECIAL EQUIPMENT OR
SPECIAL REQUIREMENTS**
- ◆ **POSITION CORRECT**



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