

Date:	Physician:				
BASELINE VITAL SIGNS:			Patient:	Sex:	
HR _____ RR _____ O2 sat _____ BP _____			MMI:	DOB:	
EtCO ₂ : _____ Pain Score (0-10) _____			Doctor:	FIN:	
Time: _____ RN Initials: _____			Room #:		

TIME OUT Time: _____ Initiated By: _____	Others Present During Time Out:
<ul style="list-style-type: none"> • Correct patient • Correct procedure • Accurate/complete consent form • Correct side/site marking • Correct supplies/equipment • Correct position • Relevant medical images available • Antibiotics/irrigation available (if needed) 	Name
	Name
	Name

PROCEDURE:

INTRA-PROCEDURE MONITORING											
TYPE OF SEDATION:	Monitoring Nurse Signature:					Procedure Start Time:	Procedure End Time:				
<input type="checkbox"/> Moderate Sedation <input type="checkbox"/> Local Only <input type="checkbox"/> Patient reevaluated immediately before sedation/ procedure (indicated by first set of vital signs)											
See back of form for Aldrete Scale and Scoring Key	Time →										
	BP										
	HR										
	O2 sat										
	RR										
	EtCO ₂										
	Vent										
	LOC										
	EKG										
	Pain Scale										

SPECIMENS COLLECTED:	INTAKE	AMOUNT
	IV Fluid:	
	Blood Product:	

POST-PROCEDURE MONITORING											
		Time →	Pre-op								Discharge
Vital Signs	Blood Pressure		Refer to baseline vital signs								
	Heart Rate										
	Respiratory Rate/EtCO ₂										
	Pulse Oximetry (%)										
	Pain Score (0-10)										
Aldrete Score	Activity										
	Vent/Respiration										
	Circulation										
	LOC/Consciousness										
	O ₂ Saturation										
OPTIMUM SCORE 10		TOTAL									
		Initials									

REPORT:		Initials	Signature	Printed Name
Called to:	Date:			
	Time:			

