

# Emergency Department Pre Procedure Checklist

Date \_\_\_\_\_ Patient's Name \_\_\_\_\_

Full Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

PROCEDURE \_\_\_\_\_

ALL ITEMS  
MUST BE  
CONFIRMED  
BY 2  
TEAM MEMBERS

RED NOT CONFIRMED      GREEN CONFIRMED

1. Confirm Patient Identification w/ TWO Identifiers

2. Consent Obtained

3. Allergies Noted

4. State Procedure

5. Correct Site

6. Correct Catheter / Equipment

7. Patient Positioned Properly

8. Time Out Done

9. Full Barrier Precautions

(sterile gown, sterile gloves, mask, drape, and head cover)

10. Full Body Sterile Drape

11. Proceed

12. Sharps/guidewires accounted for (after procedure)

13. MD to complete required documentation note  
(after procedure)

	RED NOT CONFIRMED	GREEN CONFIRMED		
1. Confirm Patient Identification w/ TWO Identifiers	Red	Green		
2. Consent Obtained	Red	Green		
3. Allergies Noted	Red	Green		
4. State Procedure	Red	Green		
5. Correct Site	Red	Green		
6. Correct Catheter / Equipment	Red	Green		
7. Patient Positioned Properly	Red	Green		
8. Time Out Done	Red	Green		
9. Full Barrier Precautions (sterile gown, sterile gloves, mask, drape, and head cover)	Red	Green		
10. Full Body Sterile Drape	Red	Green		
11. Proceed	Red	Green		
12. Sharps/guidewires accounted for (after procedure)	Red	Green		
13. MD to complete required documentation note (after procedure)	Red	Green		