**Imaging Procedure and Order Verification Safety Checklist**

**PROCEDURE (PER CONSENT):**_________________________________________________

**PHYSICIAN:** __________________________________________________________________

**INSTRUCTIONS:** Place your initials in the appropriate box to indicate that you have verified the procedure and site as specified. Do not continue with the process unless you are able to verify that you have completed that step of the process. PLEASE INITIAL OR USE NA TO COMPLETE

<table>
<thead>
<tr>
<th>STEP</th>
<th>Verification Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Written order is received by imaging staff</td>
</tr>
<tr>
<td>B.</td>
<td>Patient, procedure and procedural site verified by patient/parent/designee to be correct</td>
</tr>
<tr>
<td>C.</td>
<td>Correct side/site verified with imaging schedule</td>
</tr>
<tr>
<td>D.</td>
<td>Procedural site is marked by physician using their initials</td>
</tr>
</tbody>
</table>

**TIME OUT- DO NOT PROCEED UNLESS ALL AGREE WITH THE FOLLOWING:**

1. Correct patient identity
2. Agreement on procedure to be performed
3. Confirmation of correct side and site marked
4. Correct Patient Position
5. Correct images and results are properly labeled and displayed appropriately
6. Review safety precautions based on patient history
7. Review need for antibiotics or fluids for irrigation purposes

If N/A is used for any step in the verification process, please explain why:

Step ____  Explanation__________________________________________________________

Step ____  Explanation__________________________________________________________

Step ____  Explanation__________________________________________________________

**ACTIONS TO COMPLETE THE CHECKLIST**

- Written order must be present with patient name, procedure, and side/site specified. If side not indicated on order, the ordering physician must be contacted for side/site verification.
- If unable to complete Step B, provide an explanation why the procedure and procedural site could not be verbally verified with patient/designee, then call the ordering physician for side/site verification.
- If unable to complete Step C, provide an explanation why the side/site could not be verified with the schedule, then call the ordering physician for side/site verification.

____________________________  ____________________  ______________
Technologist/Nurse Signature   Date                     Time