

## Draft Pause/Time-Out Form

This suggested form is to be used to perform the Pause or Time-Out in the pre-operative area by an anesthesiologist and the surgeon in the operating room just prior to beginning the procedure on the patient. A separate form should be used for each procedure.

### Patient/Procedure Identification:

<b>Patient Name:</b>		
<b>Surgical Procedure:</b>		
<b>Side:</b>		<b>Site:</b>

### Pause/Time-Out Confirmation of Patient and Procedure Just Prior to Surgery:

<b>Anesthesiologist:</b>		
<b>Surgeon:</b>		
<b>Time of Verification:</b>	<b>Verbal Confirmation by Surgeon</b>	<b>Name of Team Member Confirming</b>
<b>Identification of Patient:</b>		
<b>Identification of Procedure:</b>		
<b>Identification of Side:</b>		
<b>Identification of Site:</b>		

### Team Members Present:

<b>Name</b>	<b>License Number Or Title If Applicable</b>