



Major
invasive
procedure

CODE RED
CODE BLACK



Date DD MM YYYY

Patient's name

DOB DD MM YYYY

MRN

TIME OUT BEFORE PROCEDURE

Read aloud: all personnel to remain quiet unless invited to contribute

Handover from ED trauma team leader

To cover:

- A Patient's age and sex
- T Time of incident
- M Mechanism of injury
- I Injuries sustained
- S Signs
- T Treatment so far

Tranexamic acid given? No Yes

Antibiotics given? No Yes

Allergies known? No Yes

Allergy:

Urinary catheter needed? No Yes

Identification of patient/operation

Two wristbands with name, DOB, MRN? Yes

Consent form completed? Yes

CODE BLACK ONLY

Confirm side: L R

Imaging displayed? Yes

Surgical team

Circulating nurse name:

HCA 1 name (remains in theatre):

Lead surgeon name:

Surgical plan, critical steps, expected problems? Discussed

Scrub nurse name:

Specific equipment available? Confirmed

Resuscitation team

Lead anaesthetist name:

Time Pack B requested hh mm

Critical steps or expected problems? Discussed

Blood bank communicator name:

HCA 2 name (blood bank runner):

Has working radio (walkie-talkie)? Yes

Remind observers to remain quiet throughout the operation

Registered practitioner completing TIME OUT

Name (PRINT)

Signature

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SIGN OUT BEFORE LEAVING THEATRE

All team members present and focused

Registered practitioner and surgeon/operator to confirm with team:

Exact procedure performed?		Yes <input type="checkbox"/>
Estimated blood loss		ml
Specimens correctly labelled?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>
Throat pack removed?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>
Are all counts correct?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Follow Trust policy		
Any intentionally retained swabs or packs?	No <input type="checkbox"/>	Yes <input type="checkbox"/> Check confirmed with pink wristband/sticker
If type-critical stent, prosthesis or implant used, was a two-person check performed before insertion?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>

Post-operative handover plans: all team to confirm

Surgical plan

Drain instructions discussed and documented?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>
VTE risk assessment signed?		Yes <input type="checkbox"/>
VTE prophylaxis prescribed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Specific surgical concerns for recovery discussed and documented?		Yes <input type="checkbox"/>

Anaesthetic plan

All IV lines flushed?		Yes <input type="checkbox"/>
All three-way taps changed to Bionectors?		Yes <input type="checkbox"/>
Specific anaesthetic concerns for recovery discussed and documented?		Yes <input type="checkbox"/> Level of care required

Final reminders

Patient still wearing electronic wristband(s)?		Yes <input type="checkbox"/>
All information recorded in notes?		Yes <input type="checkbox"/>
Should anyone talk to the patient +/- family?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Registered practitioner completing SIGN OUT

Name (PRINT) Signature

HANDOVER TO RECOVERY

See handover headlines for level 2 HDU patients