

## Surgical 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.

Date: \_\_\_\_\_

Patient Identification	
<i>Choose two (2) or more of the following identifiers:</i>	
Name:	
Assigned ID #:	
Telephone #:	
Date of Birth:	
Social Security #:	
Address:	
Photograph:	

Procedure Identification			
Name of Surgeon(s):			
Procedure:			
Procedure Site:		Procedure Side:	

Pause/ Time-Out					
Time of Pause:	Verbal Confirmation by Surgeon		Confirmation by Assisting Team Member		Name of Team Member Confirming
	Identifier #1	Identifier #2	Identifier #1	Identifier #2	
Identification of Patient					
Identification of Procedure					
Identification of Site					
Identification of Side					

Team Members Present	
Name, License # or Title If Applicable:	Date: