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| --- | --- |
| Hand Off "Time Out" | |
| Safety Element | Time Out |
| **\*Team Members must stop activity and address each question of the time out.** | |
|  **ITRACE** |  **Trace tubing from patient to origin (i.e. IV Pump)**  **Is tubing labeled?** **Verify correct drug, dose, strength, and rate**  **IV medication programmed correctly in pump?**  **IV dressing clean, dry and intact?** |
|  **Restraints** |  **Is order current?** **Does nursing documentation match physician order?**  **Is nursing shift documentation complete?**  **Complete any missing documentation *prior* to leaving** |
|  **Suicide Assessment** |  **Admission suicide screening completed?**   **If patient identified at risk, are all measures in place?**  **Safe environment checklist documented (paper)?**   **Suicide assessment documented every shift?** |
|  **Isolation Status** |  **Is patient on isolation, and if so, why?**   **Is isolation signage correct?** |
|  **Fall Assessment** |  **Is patient high risk for falls?**   **Is bed alarm on and on highest setting for high risk?** |
|  **Emergency Equipment in room** | **Ensure the below items are in patient room:** **Ambu bag (verify mask is in bag)**  **Oxygen tubing**  **Oxygen flow meter**  **Suction set-up (doesn’t have to be open)** |
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|  |  **Does anyone have questions?** |