



Major
invasive
procedure

CODE RED
CODE BLACK



Barts Health
NHS Trust

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 Symptoms
- 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 given? 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

Blood bank communicator name:

HCA 2 name (blood bank runner):

Has working radio (walkie-talkie)? Yes

Lead anaesthetist name:

Time Pack B requested hh mm

Critical steps or expected problems? Discussed

Remind observers to remain quiet throughout the operation

Registered practitioner completing TIME OUT

Name (PRINT)

Signature

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 and any unnecessary lines/connectors/giving sets removed?	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 +/- TTAs completed?	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
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HANDOVER TO RECOVERY

See handover headlines for level 2 HDU patients