



FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

D.O.B. ____/____/____

M.O.

Facility:

ADDRESS

CLINICAL PROCEDURE SAFETY CHECKLIST

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

SIGN IN ONE - Before starting procedural sedation / anaesthesia Date(dd/mm/yy):

Sedationist/Anaesthetist confirms

- Patient identity correct Yes
- Planned procedure matches consent Yes
- Site/Side/Level matches consent Yes
- Allergies/adverse reactions Yes No
- Sedation/ anaesthetic equipment checked Yes N/A

- Patient sedation risk/anaesthetic assessment done Yes N/A
- Significant airway/aspiration risk If YES, special equipment available Yes No
- Risk of major bleeding If YES, valid group and screen Yes No

Sedationist/Anaesthetist Name (BLOCK letters)

SIGN IN TWO - Before starting procedural sedation / anaesthesia

Proceduralist confirms

- Essential imaging available Yes N/A
- Site marked Yes N/A
- Implants (type/side/size/power) determined & available Yes N/A

- Special equipment needed is available & (where possible to check) functional Yes N/A
- Proceduralist available to complete procedure Yes

Proceduralist Name (BLOCK letters)

TEAM TIME OUT - Immediately before commencing the procedure

Every team member introduces themselves to the team by their preferred name & role Yes

Proceduralist led team verbally confirms

- Patient identity correct Yes
- Planned procedure matches consent Yes
- Site/Side/Level/Mark matches consent Yes
- Patient position correct Yes
- Essential imaging reviewed Yes N/A
- Allergies/adverse reactions Yes No
- Special medications administered Yes N/A
- Antibiotics administered Yes N/A

Anticipated Critical Events

- Proceduralist** briefs team on procedure, critical steps, "anticipated events & equipment requirements" Yes
- Sedationist/Anaesthetist** reviews special patient/procedure concerns Yes N/A
- Nurse/Midwife verbally confirms:** Any required equipment is available & (where possible to check) functional Yes N/A
- Any required items or implants are available and, if necessary, sterilised/ disinfected Yes N/A

VTE prophylaxis

- Stockings/calf compressors Applied N/A

Proceduralist Name (BLOCK letters)

Time (hh:mm):

SIGN OUT - Before the patient/team leave the procedural area

Nurse/Midwife confirms

- Case Number/Procedure Recorded Yes N/A
- Counts/tray lists checks correct* Yes N/A
- Specimens/images labelled correctly Yes N/A
- Equipment problems/issues documented & relevant staff advised or equipment tagged Yes N/A

Procedural team confirms

- Advice for Clinical Handover**
- Post-procedure VTE prophylaxis ordered Yes N/A
- Team has discussed patient management plan for recovery, post-procedure investigations and communication Yes
- Blood loss documented & ongoing loss discussed Yes N/A

Nurse/Midwife Name (BLOCK letters)

* Refer to the *Management of instruments, Accountable Items and Other Items used for Surgery or Procedures*, PD2013_054 (or the latest version) for the management of these items, for example the management of multiple or complex instrument trays.

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING