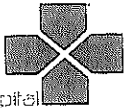


Intervention/Procedure Safety Checklist

Version 1.0 new cross hospital



Procedure/Intervention:

CVL - UAC - UVC - Chest Drain - ROP Laser [please circle]

SIGN IN - PRE PROCEDURAL CHECKS:

The patient has been identified and procedure site confirmed?

No Yes

Does the patient have a known allergy?

No Yes, and this is recorded in the health record

Is there a risk of blood loss (> 7mL/kg)?

No Yes, if Yes - Adequate IV access & fluids planned No Yes

Platelets >100 x10E9/L No Yes

Are there any equipment issues?

No Yes, and have been dealt with

Is the equipment sterile?

Yes Not applicable

Are there any procedural specific issues?

No Yes and they are:

TIME OUT – Prior to Procedure:

Verbally confirm Patient, Site, Procedure? Yes No

Are critical events anticipated and catered for? Yes No

Has sterility and a sterile field been confirmed? Yes No

SIGN OUT - BEFORE the Clinician/ANNP leaves the Bed space, confirm:

The name of the procedure has been recorded? Yes No

The instruments, swabs & sharps counts are complete and correct (where applicable)? Yes No

Have there been any equipment issues? Yes No

Are there any key concerns/requirements for recovery and post procedural management of this patient? Yes No

Has the parent(s) had an information leaflet? Yes No

Clinician/ANNP Name:

Clinician/ANNP Signature:

Nurse Name:

Nurse Signature:

Attach Patient ID Label

Date:

Location:

Please file in patient's notes
Copy to WHO audit folder