

# Faculty of Pain Medicine Safety Checklist for: Interventional Pain Procedures under local anaesthesia or sedation

(adapted from the WHO surgical safety checklist).

Place addressograph label here

## SIGN INTO THEATRE To be read out loud

- Initial team brief undertaken and staff introduced themselves?
- Patient confirms name, procedure and site?

Are the anaesthetic machine and monitors checked and emergency drugs drawn up or available?

- Yes  Not applicable

Is all the equipment available including image intensifier/radiographer when applicable?

- Yes  Not applicable

- Are all IRMER requirements met?
- Patient identity confirmed by local protocol?
- Site, procedure and consent confirmed?

Is the procedure site marked?

- Yes  Not applicable

Does the patient require sedation?

- No  Yes, team notified and patient confirmed to be starved

Is the patient fasted by local protocol?

- Yes  No  N/A

Any special monitoring, equipment or positioning requirements?

- No  Yes

Does the patient have a known allergy?

- No  Yes

## SIGN INTO THEATRE continued. To be read out loud

Females only: Could the patient be pregnant?

- No  Yes

Is the patient on anticoagulants (e.g. warfarin, apixaban, dabigatran or rivaroxaban), antiplatelets or at risk of bleeding for any other reason?

- No  Yes, confirm patient management in place: (e.g. anticoagulants stopped, necessary anticoagulation screen undertaken and recorded)

Does the patient have infection (systemic/locally at injection site)?

- No  Yes, proceed only in exceptional circumstances and record clinical reasoning.

Does the patient have diabetes?

- No  Yes, management in place

Does the patient have an ICD/Pacemaker/Implanted Pain device?

- No  Yes, state any special precautions required

Are there any other patient specific concerns?

- No  Yes

Is antibiotic prophylaxis required and been given?

- N/A  Yes

Signatures

A.....

B.....

## TIME OUT (To be read out loud before start of pain procedure)

*Physician, theatre nurse and registered practitioner verbally confirm:*

Patient details, procedure, side and confirmation of site marking?

Yes  No

Required monitoring in place and sedation given (if necessary)?

Yes  No

Any anticipated variations (e.g. diathermy pads required) or critical events?

Yes  No

Second confirmation: Does the patient have a known allergy?

Yes  No

### STOP BEFORE YOU BLOCK

Are all members of the team agreed that the procedure is to be performed on the correct side and location?

Yes

**(Compare consent form and theatre list and, if appropriate, involve patient).**

Signatures

A.....

B.....

## SIGN OUT (To be read out loud)

*Before any member of the team leaves the operating room*

Have all the sharps, possible retained objects and diathermy pads been accounted for and disposed of safely?

Yes  No

Have all cannula been flushed or removed?

Yes  No

Have any equipment problems been identified that need to be addressed?

Yes  No

Are any variations to the standard recovery and discharge protocol planned for this patient?

Yes  No

Is a plan for VTE required made (e.g. patients on anticoagulation)?

Yes  Not applicable

Have any serial numbers of implanted devices been recorded and plans made for future care?

Yes  Not applicable

Imaging: Are appropriate images retained either electronic or hard copy retained?

Yes

Has the procedure been documented?

Yes

Signatures

A.....

B.....