### Faculty of Pain Medicine Safety Checklist for:
**Interventional Pain Procedures under local anaesthesia or sedation** (adapted from the WHO surgical safety checklist).

#### SIGN INTO THEATRE

To be read out loud

- Initial team brief undertaken and staff introduced themselves?  
  - [ ] Yes  
  - [ ] Not applicable
- Patient confirms name, procedure and site?  
  - [ ] Yes  
  - [ ] Not applicable
- 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
- Is all IRMER requirements met?  
  - [ ] Yes  
  - [ ] Not applicable
- Patient identity confirmed by local protocol?  
  - [ ] Yes  
  - [ ] No  
  - [ ] N/A
- Site, procedure and consent confirmed?  
  - [ ] Yes 
  - [ ] Not applicable
- 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
- 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.................................

continued overleaf...
**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).*

**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.............................................

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