



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____ / ____ / ____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility: Liverpool Hospital

**EMERGENCY DEPARTMENT
CLINICAL PROCEDURE SAFETY
CHECKLIST - LEVEL 3**

If this checklist is not completed or is incorrect, IIMS notification to be entered

Name of Proceduralist who led checklist: _____

SIGN IN: Before Induction of Sedation led by Sedationist

Sign In 1	Patient / carer has confirmed: <input type="checkbox"/> Identity <input type="checkbox"/> Procedure <input type="checkbox"/> Site <input type="checkbox"/> Consent Site Marked <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> Emergency Department Sedation Chart completed by Sedationist <input type="checkbox"/> Pulse oximeter and nasal ETCO2 (if appropriate) on patient and functioning <input type="checkbox"/> Medications prepared and checked	Does Patient have a known allergy / adverse reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No Risk of >500mL blood loss <input type="checkbox"/> Yes, and adequate intravenous access and fluids planned <input type="checkbox"/> No Known difficulty airway / aspiration risk <input type="checkbox"/> Yes, and equipment / assistance available <input type="checkbox"/> No Special procedural equipment <input type="checkbox"/> Yes, available and functioning <input type="checkbox"/> No
	Name (BLOCK letters): _____ Designation: _____ Signature: _____ Date: ____ / ____ / 20 ____	

TIME OUT: Prior to Commencement of Procedure led by Proceduralist

Time Out 2	<input type="checkbox"/> Confirm all team members have introduced themselves by name and role	
	Proceduralist, Sedationist and nurse verbally confirm: <input type="checkbox"/> Patient <input type="checkbox"/> Procedure matches consent <input type="checkbox"/> Allergies <input type="checkbox"/> Site matches consent Anticipated Critical Events <input type="checkbox"/> Proceduralist Reviews: What are the critical or unexpected steps? <input type="checkbox"/> Sedationist reviews: Are there any specific patient or procedure concerns? <input type="checkbox"/> Nurse reviews: Are there any equipment issues or concerns?	Has antibiotic prophylaxis been given? <input type="checkbox"/> Yes <input type="checkbox"/> Not required Has the patient received thromboprophylaxis? Anticoagulant <input type="checkbox"/> Yes <input type="checkbox"/> Not required Mechanical <input type="checkbox"/> Yes <input type="checkbox"/> Not required Is essential imaging displayed? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
Name (BLOCK letters): _____ Designation: _____ Signature: _____ Date: ____ / ____ / 20 ____		

SIGN OUT: Before patient leaves Procedure Room led by Proceduralist

Sign Out 3	Nurse verbally confirms with the team:	
	<input type="checkbox"/> Name of the procedure recorded Accountable items / instrument checks: <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable Specimens are labelled correctly: <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable Whether there are any equipment problems / issues documented and relevant staff advised: <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> Proceduralist, Sedationist and nurse review key concerns for recovery and management (prior to leaving the procedure area)	Blood loss documented and ongoing management discussed: <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable Post procedure VTE prophylaxis ordered: <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> Consciousness score must be either 1 or 2 before leaving procedure area (i.e. responds to name spoken in normal tone) Post procedure care and discharge advice discussed with patient / carer: <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
Name (BLOCK letters): _____ Designation: _____ Signature: _____ Date: ____ / ____ / 20 ____		



CR102051

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

SWS6081204 140918

EMERGENCY DEPARTMENT CLINICAL PROCEDURE SAFETY CHECKLIST - LEVEL 3 CR102.051