

# ICU Invasive Procedure Safety Checklists [STICKER FOR MEDICAL NOTES]

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Name of procedure

Date and time procedure performed

## SIGN IN (IMMEDIATELY PRE PROCEDURE)

Team members introduce themselves by name and identify their role during the procedure

### Confirm verbally with team:

- Patient's identity
- What procedure (including site) is to be performed and why
- What samples (if any) are to be obtained
- Appropriate consent obtained
- Does anyone else need to be informed about the procedure (e.g. next of kin; ICU consultant; nurse in charge; parent team)?

### Preparation:

- What equipment is required? Has it been obtained and checked?
- Analgesia ± sedation plan
- Continuous physiological monitoring (seen and heard?)
- Patient positioned optimally
- Infection control and personal protective equipment

### Foreseeable problems and the plan for each:

Known allergies / Difficult airway / Coagulopathic / CVS instability / Hypoxia ± hypercapnia

Others:

## SIGN OUT (POST PROCEDURE)

### Confirm verbally with team:

- Procedure successfully completed?
- All sharps accounted for?
- Any / all samples labelled and sent to lab?
- Clinical plan
- Cleaning and re-stocking of equipment (who is responsible for doing what)

### Documentation:

- This safety checklist AND details of the procedure completed and filled in the patient's notes
- Any procedure related stickers e.g. equipment tracking for infection control
- If there was an untoward event (e.g. equipment failure, cardiac arrest etc etc),
  - Record in the procedure note what needs to be done to prevent a recurrence?
  - Complete a Datix report  Report ID

Name of clinician performing procedure

Signature

Name of bedside nurse or assistant

Signature