

# ICU Invasive Procedure Safety Checklists and Record

Version September 2017: Author Jonathan Ball [jonathan.ball2@nhs.net](mailto:jonathan.ball2@nhs.net)

Based on National Safety Standards for Invasive Procedures (NatSSIPs) 2015

FICM recommend that these should be used for the following procedures: bronchoscopy, chest drain insertion, central venous line insertion, endotracheal intubation, nasogastric tube insertion and percutaneous tracheostomy

Patient's Name

Date of birth

Gender (circle)

M / F

St George's Hospital No.

NHS number

PLEASE affix a patient's sticker if available

## 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:

- Of this safety checklist AND details of the procedure (overleaf) completed and filled in the patient's notes. ☐
- If there was an untoward event (e.g. equipment failure, cardiac arrest etc etc),
  - Complete a Datix report ☐
  - What needs to be done to prevent a recurrence?

Name of clinician performing procedure

Signature

Name of bedside nurse or assistant

Signature

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**Date and time procedure performed**

**Details of the procedure**

Any procedure related stickers e.g. equipment tracking