



Invasive procedure

Interventional RADIOLOGY



Patient's name Date DD MM YYYY

DOB DD MM YYYY MRN Procedure

SIGN IN Two-person check

ALL PATIENTS

Patient's details

Patient/carer stated name, DOB, procedure and site? Yes

Information, including MRN, matches:

Wristbands? Yes

Consent form? Yes

Request form/ inpatient referral form? Yes

Consent form within date (48 hrs) and no abbreviations? Yes

Procedure site correctly marked? Yes N/A

Allergy present? No Yes Check red bands in place

Allergy:

Care plan

Care plan complete and signed? Yes

Pregnancy status checked? (if aged 12-55) Yes N/A

Infection risk (to staff) checked? Yes

Starvation time checked? Yes N/A

VTE stockings checked? Yes N/A

Procedure

Is all the anticipated equipment available? Yes

ANAESTHETIC CASES ONLY

Difficult airway or aspiration risk? No Yes Check equipment and assistance

Risk of blood loss more than 500ml? No Yes Check adequate IV access, valid G & S, blood available

Regional anaesthetic block planned? No Yes **Stop before you block** checks

Reg practitioner completing SIGN IN

Name (PRINT) Signature

TIME OUT BEFORE PROCEDURE

All team members present and focused

Team checks

Team members introduced by name & role? Yes

Patient's name, DOB, MRN and consent confirmed? Yes

Marking and positioning agrees with consent form and request form/ inpatient referral form? Yes

Allergy status and infection risk confirmed? Yes

Radiologist

Critical steps/events? Discussed

Anticipated blood loss? Discussed

Specific equipment requirements? Discussed

Bloods checked for bleeding risk or renal failure? Yes

Radiographer

Radiation protection 4-point plan:

Full lead garments? Yes

Radiation badges and TLDs? Yes

Protective lead device prepped and sterile? Yes

Checked all people in room essential? Yes

Nurse/ODP

Monitoring, equipment and medication concerns? Discussed

Anaesthetist (if present)

Patient-specific concerns? Discussed

Specific monitoring/support (eg blood)? Discussed

Last checks

Surgical site infection bundle undertaken?

Antibiotics N/A Yes

Warming N/A Yes

Hair removal N/A Yes

Glycaemic control N/A Yes

Calf compressors if procedure over 30 mins + general anaesthetic? N/A Yes

Reg practitioner completing TIME OUT

Name (PRINT) Signature

SIGN OUT

All team members present and focused

Registered practitioner and radiologist to confirm with team:

State out loud procedure performed Yes

Estimated blood lossml

Specimens correctly labelled? Yes N/A

All sharps and invasive equipment accounted for? Yes No
Follow Trust policy

Implanted devices recorded? Yes N/A

HYBRID CASES ONLY

Are all radiology counts correct? Yes No
Follow Trust policy

Surgical team to SIGN OUT on separate surgical checklist

Post-operative handover plans: all team to confirm

Specific radiological care for recovery discussed? Yes

VTE risk +/- treatment discussed/prescribed? Yes

All lines flushed and any unnecessary lines/ connectors/giving sets removed? Yes

ANAESTHETIC CASES ONLY

Specific anaesthetic concerns for recovery discussed? Yes
Level of care required

Final reminders

Patient still wearing electronic wristband(s)? Yes

Record all information on PACS +/- notes Yes

Complete TTAs Yes N/A

Registered practitioner completing SIGN OUT

Name (PRINT) Signature