



Invasive procedure

Minor pain procedures



Patient's name Procedure

DOB DD MM YYYY MRN Date DD MM YYYY

SIGN IN and TIME OUT

All team members present and focused

Team members introduced by name and role? Yes

Patient's details

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

Information, including MRN, matches wristbands, consent form, operating list and notes? Yes

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

Procedure site correctly marked (indelible arrow in field)? Yes N/A

Positioning requirements discussed? Yes N/A

Allergy present? No Yes Check red bands in place

Allergy:

Patient checks

Does the patient require sedation? No Yes Check starvation time

Patient on anticoagulants or at higher risk of bleeding? No Yes Confirm patient management plan in place

Patient has implantable cardioverter defibrillator, pacemaker or implanted pain device? No Yes Confirm patient management plan in place

ASA grade (circle) 1 2 3 4 5

Patient-specific concerns? Discussed

Care plan

Care plan complete and signed? Yes

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

Infection risk (to staff) checked? Yes

Equipment checks

Special monitoring, equipment, medication (including ultrasound machine, diathermy pads, radiofrequency machine)? Discussed

Image intensifier and radiographer available, and IRMER requirements met? Yes N/A

Registered practitioner completing SIGN IN and TIME OUT

Name (PRINT) Signature

STOP BEFORE YOU BLOCK

All team members present and focused

Procedure site checked against consent form and theatre list? Yes N/A

SIGN OUT BEFORE LEAVING THE ROOM

All team members present and focused

Registered practitioner and pain specialist to confirm with team:

State out loud procedure performed Yes

All sharps and invasive equipment accounted for? Yes No N/A

Follow Trust policy

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

Equipment concerns discussed? Yes N/A

Specific post-procedure care discussed? Yes Confirm patient management plan in place

Appropriate imaging retained? Yes N/A

Final reminders

Patient still wearing electronic wristband(s)? Yes

All information recorded in notes and TTAs completed? Yes

Registered practitioner completing SIGN OUT

Name (PRINT) Signature