

St Luke's Radiology

Interventional Procedure Checklist Adapted from WHO Surgical Safety Checklist (radiology interventions)

Patient's name:

Date of birth:

Date of procedure:

Procedure:

Pre Procedure Checks

	Yes	No
Has the patient's ID been checked?	<input type="checkbox"/>	
Has the patient been introduced to the procedural team members?	<input type="checkbox"/>	
Has patient confirmed procedure site and given consent for procedure?	<input type="checkbox"/>	
Does the patient have a heart pacemaker (Fusion patients only)	<input type="checkbox"/>	<input type="checkbox"/>
Is there any possibility that a female patient is pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient taking an anticoagulant?	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient currently taking any antibiotics?	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient taking an anti-smoking treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient diabetic?	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient have fits, blackouts or epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient suffer from asthma or have any breathing problems?	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient have any other health problems requiring medication?	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient have a known allergy e.g. local anaesthetic?	<input type="checkbox"/>	<input type="checkbox"/>
State allergies.....	<input type="checkbox"/>	<input type="checkbox"/>
Has essential imaging been reviewed?	<input type="checkbox"/>	<input type="checkbox"/>
Has the patient made arrangements so they are not driving after the procedure?	<input type="checkbox"/>	<input type="checkbox"/>
Radiographer/HCA		Radiologist.....

Post Procedure Checks

Have all pieces of equipment used been accounted for?	<input type="checkbox"/>	
Have all drugs used been recorded?	<input type="checkbox"/>	
Have the instructions for post procedural care been given?	<input type="checkbox"/>	
Have any specimen's been correctly labelled?	<input type="checkbox"/>	

Drugs

Name	Batch number	Expiry date