**Before any member of the team leaves the procedure room**

**Before giving sedation or starting procedure**

**SIGN IN (To be read out loud)**

**SIGN OUT (To be read out loud)**

**Registered Practitioner verbally confirms with the team (tick to indicate YES):**

* Has the name and site of the procedure been recorded?
* Have all needles, guidewires and catheters used been accounted for and documented on procedural record? (or not applicable)
* Have the specimens been labelled including patient name (or not applicable)?
* Have any equipment problems been identified that need to be addressed?
	+ Yes No
* Have the instructions for post procedural care for this patient been agreed?
* Have VTE prophylaxis instructions been documented?
* Have all controlled drugs been accounted for?

Have all team members been introduced by name and role?

* Yes

Has the patient confirmed his/her identity, site, procedure and consent?

* Yes

Does the patient have a known allergy?

* Yes No

**Operator:**Has the operator confirmed the site, procedure and consent form?

* Yes

Has the procedure site been marked as indicated on the consent form?

* Yes  Not applicable

Has essential imaging been reviewed?

* Yes  Ultrasound guidance used  Not applicable

Is essential imaging displayed?

* Yes Not applicable

Is the required equipment available?

* Yes

Are there increased risks of ventilatory failure, airway difficulties or aspiration?

* No Yes, and appropriate action taken

Have risk factors for bleeding and renal failure been considered?

* Yes

Are there any critical or unexpected steps you want the team to know about?

No Yes

**Registered Practitioner:**

Is monitoring equipment and medication (including sedation reversal agent) check complete?

* Yes  Not applicable

Has the sterility of the equipment been confirmed (by date or other method)?

* Yes

Are there any equipment issues or concerns?

* No  Yes

Has antibiotic prophylaxis been given?

* Yes  Not applicable

**Registered practitioner confirms that the list has been read out.

Name:**

**Signature of Registered Practitioner
**

**PATIENT DETAILS**

**Procedure:**

**Date:**

**PATIENT ID LABEL**

**Registered practitioner confirms that the list has been read out.

Name:**

**Signature of Registered Practitioner
**