

Procedural Safety Checklist

Clinical Handover and TimeOut

To be completed for all Level 3 Procedures *

Medical Imaging Department

Procedure:

Patient details
- label here

SIGN IN Receiving patient into Imaging - Clinician verifies identity and requirements

LEVEL 3 Procedures		
Patient ID verified? **	Yes <input type="checkbox"/>	Sedation/GA required? Yes <input type="checkbox"/> Sedation/GA checklist completed? Yes <input type="checkbox"/> Anaesthetist required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Planned procedure matches documentation?	Yes <input type="checkbox"/>	
Pregnancy?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contrast required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, contrast checklist completed?	Yes <input type="checkbox"/>	
Other pre-procedural Medications?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, to be given to be ceased		
Consent obtained? ***	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason if no		

Clinician Name	Signature	Date / /
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TIME OUT All participating clinicians in the procedure room prior to commencing

LEVEL 3 Procedures		
Patient ID confirmed?	Yes <input type="checkbox"/>	Sedation ready? Yes <input type="checkbox"/> Reversal agent ready? Yes <input type="checkbox"/>
Correct procedure confirmed?	Yes <input type="checkbox"/>	
Correct site / side / level confirmed?	Yes <input type="checkbox"/>	Notes:
Contrast ready?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	
Other medications ready?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	
Equipment, consumables **** ready?	Yes <input type="checkbox"/>	
Count sheet available?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	

Lead Proceduralist Name	Signature	Date / /
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SIGN OUT Before patient / imaging team leave procedural area

Count sheet completed?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Notes:
Incidents documented?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	
Haemostasis achieved?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	
Clinical handover instructions documented?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	
Patient instructions provided?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	

Clinician Name	Signature	Date / /
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* Procedural Safety Policy PD2014_036

** Diagnostic Imaging Accreditation Scheme (DIAS) Standard - use at least 3 patient identifiers to match a patient to their request or medical record

*** DIAS - patient signature required for contrast and sedation / GA

**** Catheters, stents, coils, guidewires, Guedels, monitoring and imaging equipment, etc.

Place this checklist in the patient's medical record or scan into RIS