



FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

**Facility:**

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

M.O.

ADDRESS

**CLINICAL PROCEDURE SAFETY CHECKLIST LEVEL 2**

**If this checklist is not completed or check is incorrect, IIMs notification to be entered**

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

**Time Out is to be completed immediately before the surgery or procedure starts.**

Name of Proceduralist who led checklist \_\_\_\_\_

Name of Procedure \_\_\_\_\_

Confirm all Team Members have introduced themselves by name and role

**Patient Identification Confirmed**  Yes

**Procedure Verified and Matches Consent**  Yes

**Allergy/Adverse Reaction Check**  Yes  No

**Anticipated Critical Events**  Yes  No

**Correct Site / Side / Level Verified and Matches Consent**  Yes

**Site Marked**  Yes  No  
 N/A

**Imaging data confirmed**  Yes  N/A

**Correct implants / prostheses (types / size / side) are available**  Yes  N/A

**Any special equipment needed is available**  Yes  N/A

**Does the patient need antibiotic prophylaxis**  Yes  No

*If yes, has it been given according to the guidelines*  Yes  No

**Has the patient received thromboprophylaxis**

Anticoagulant  Yes  Not Required

Mechanical  Yes  Not Required

**Does the patient need any special pre-operative medications**  Yes  N/A

*If yes, have they been given*  Yes

Form completed by: \_\_\_\_\_

Designation: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Post Procedure**

Document the procedure and advice for clinical handover in the patient's Healthcare record. Ensure patient is aware of post-procedure health advice. Label any specimens/images correctly. Document any post-procedure tests where clinically relevant.



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**CLINICAL PROCEDURE SAFETY CHECKLIST LEVEL 2**

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**CLINICAL PROCEDURE SAFETY  
CHECKLIST LEVEL 2**

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

**LEVEL 2 PROCEDURES**

**Requirements**

Definition	Examples	Pre-procedure (including Team Time Out)	Post procedure
Proceduralist often supported by an assisting proceduralist/s - Usually requires written consent - Does not involve procedural sedation or general/regional anaesthesia - Usually performed in wards, clinics, imaging departments and interventional suites	- Lumbar puncture - Insertion of chest tube - Ascitic tap - Stress test - Diagnostic interventional procedures - Nuclear Medicine therapies - Non-superficial Biopsies - IV or Intrathecal administration of chemotherapy - Centrally inserted venous access - Transfusion of blood components or blood products	<b>STOP and confirm the following before commencing the procedure</b> - Proceduralist/assisting proceduralist/s introductions, where appropriate - Patient identification - Procedure verification - procedure + site/side/level, where appropriate, matches consent - Patient position - Essential imaging reviewed - Allergy/adverse reaction check - Special medication/s administered - Antibiotics - Implants and special equipment - Anticipated critical events	- Document procedure in patient's health care record or Radiology Information System - Advice for clinical handover - Equipment problems/issues - Specimens/images labelled correctly - Post procedure tests where clinically relevant eg. CXR post insertion of chest tube

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