



Patient's name .....

Procedure .....

DOB DD MM YYYY

MRN .....

Date DD MM YYYY

SIGN IN AND TIME OUT BEFORE ANAESTHESIA

Three-person check – anaesthetist, anaesthetic practitioner and radiographer

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

Allergy present? No  Yes  Check red bands in place

Allergy: .....

MRI checklist completed? Yes

Care plan

Care plan complete and signed? Yes

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

Infection risk (to staff) checked? Yes

Starvation time checked? Yes  N/A

Loose teeth checked? Yes

Reg practitioner completing SIGN IN/TIME OUT

Name (PRINT) ..... Signature .....

SIGN OUT BEFORE LEAVING MRI

All team members present and focused

Anaesthetic plan

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

Specific anaesthetic concerns for recovery discussed (including loose teeth)? Yes

Final reminders

Patient still wearing electronic wristbands(s)? Yes

Record all information in the notes Yes

Reg practitioner completing SIGN OUT

Name (PRINT) ..... Signature .....