



Invasive procedure

MATERNITY



Patient's name Caesarean section grade 1 2 3 4 (please circle)

Other procedure

DOB DD MM YYYY MRN Date DD MM YYYY

IF GRADE 1 CAESAREAN SECTION or OTHER IMMEDIATELY LIFE-THREATENING EMERGENCY:

Patient's name, DOB and MRN confirmed?	Yes <input type="checkbox"/>	Allergy status confirmed?	Yes <input type="checkbox"/>
Information matches wristbands?	Yes <input type="checkbox"/>	Anaesthetic plan agreed?	Yes <input type="checkbox"/>
Consent (verbal or written) confirmed?	Yes <input type="checkbox"/>	Neonatal registrar called?	Yes <input type="checkbox"/>

PROCEED WITH SURGERY

SIGN IN BEFORE ANAESTHESIA

Two-person check – anaesthetist and ODP

Patient's details

Patient/carer stated name, DOB and procedure? 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:

Care plan

Care plan complete and signed? Yes

Infection risk (to staff) checked? Yes

Starvation time checked? Yes N/A

VTE stockings checked? Yes

Procedural checks

Difficult airway or aspiration risk? No Yes Check equipment and assistance

Adequate IV access, valid G & S, blood available? Yes N/A

Antacid premedication given? Yes N/A

Reg practitioner completing SIGN IN

Name (PRINT) Signature

TIME OUT BEFORE PROCEDURE

All team members present and focused

Team checks

Team members introduced by name and role? Yes

Patient's name, DOB, MRN and consent confirmed? Yes

Allergy status and infection risk confirmed? Yes

Obstetrician

Additional procedures/critical steps? Discussed

Placental site concerns? N/A Discussed

Anaesthetist

Patient-specific concerns? Discussed

Nurse/ODP

Any existing packs in situ? No Yes Check added to count

Equipment issues/concerns? Discussed

Midwife

Urinary catheter draining? N/A Yes

FSE removed? N/A Yes

Resuscitaire checked & ready? N/A Yes

Neonatal team called? N/A Yes

Cord gases needed? N/A Yes

Last checks

Surgical site infection bundle undertaken? (antibiotics, warming, hair removal, glycaemic control) Yes

Calf compressors in place? Yes

Reg practitioner completing TIME OUT

Name (PRINT) Signature

SIGN OUT BEFORE LEAVING THEATRE

All team members present and focused

Registered practitioner and obstetrician to confirm with team:

State out loud procedure performed Yes

Estimated blood lossml

Specimens correctly labelled? Yes N/A

Are all counts correct? Yes No

Follow Trust policy

Any intentionally retained swabs or packs? Yes No

Check confirmed with pink wristband/sticker

Post-operative handover plans: all team to confirm

Mother

Obstetric and anaesthetic concerns for recovery discussed? Yes

VTE +/- treatment discussed/prescribed? Yes

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

Baby

Baby/babies labelled? Yes N/A

Cord gases recorded? Yes N/A

Neonatal concerns discussed? Yes N/A

Final reminders

Patient still wearing electronic wristband(s)? Yes

Record all information in the notes Yes

Complete TTAs Yes N/A

Registered practitioner completing SIGN OUT

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