



Invasive procedure

# ENDOSCOPY



Patient's name .....

DOB DD MM YYYY MRN .....

Date DD MM YYYY

## SIGN IN and TIME OUT

All team members present and focused

Team members introduced by name and role? Yes

### Patient's details

Patient/carer stated name, DOB, and procedure? Yes

Information, including MRN, matches wristbands, consent form, operating list and notes? Yes

Electronic/paper request checked and validated? Yes

### Capsule endoscopy only

Capsule with patency? No  Yes  Proceed only if abdominal x-ray checked

Consent form signed, 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

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

Escort confirmed? Yes  N/A

### Procedural checks

Patient correctly starved/prepped for procedure? Yes

If stent, prosthesis or implant planned, is it available? Yes  N/A

Patient on anticoagulants or at higher risk of bleeding? No  Yes  Current INR/clotting result: .....

Risk of blood loss more than 500ml? No  Yes  Check IV access, valid G & S, blood

Patient has implantable cardioverter defibrillator (ICD), pacemaker or other electronic device? No  Yes

All staff wearing personal protective equipment (PPE)? Yes

### Endoscopist

Expected outcome? Discussed

Specific equipment requirements? Discussed

Imaging reviewed? N/A  Yes

### Nurse

Reporting system has correct patient details and referring doctor name? Yes

Patient correctly positioned? Yes

Antagonists available if sedation being used? N/A  Yes

Capillary blood glucose checked? N/A  Yes

Antibiotics needed? No  Yes

All equipment available? Yes

Monitoring, equipment or medication concerns? Discussed

Tracking for endoscopes/instruments? N/A  Yes

### Anaesthetist (if present)

Difficult airway or aspiration risk? No  Yes

Check equipment and assistance available

Patient-specific concerns? Discussed

Specific monitoring/support? (eg blood) Discussed

ASA grade (circle) 1 2 3 4 5

### Radiographer (if present)

Full lead garments? Yes

Radiation badges and TLDs? Yes

All people in the room essential? Yes

## Registered practitioner completing SIGN IN and TIME OUT

Name (PRINT) .....

Signature .....

Two-person check performed before insertion of a type-critical stent, prosthesis or implant?

Yes

N/A

SIGN OUT BEFORE LEAVING THE ROOM

All team members present and focused

Registered nurse and endoscopist/physician to confirm with team:

State out loud procedure performed Yes

Specimens correctly labelled including Millennium (CRS) sticker? Yes

N/A

Number of pots

All sharps and invasive equipment accounted for? Yes

No

Follow Trust policy

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

N/A

Specific anaesthetic concerns for recovery discussed? Yes

N/A

Level of care required

Endoscopy report and care plan

Sedation dose recorded? Yes

N/A

Implanted devices recorded? Yes

N/A

Specific post-procedure care discussed? Yes

Medical discharge required? Yes

No

Concerns about recovery and management of patient? Yes

No

Call critical care outreach team

Time called

Final reminders

Patient still wearing electronic wristband(s)? Yes

Equipment problems escalated appropriately? Yes

N/A

Should anyone talk to the patient +/- family? Yes

N/A

Name who will do this

Registered practitioner completing SIGN OUT

Name (PRINT)

Signature