


PODIATRY DEPARTMENT - NAIL SURGERY CHECKLIST

SIGN IN <i>To be completed by the operator before induction of local anaesthetic</i>	TIME OUT <i>To be read out loud by the assistant before procedure commences</i>	SIGN OUT <i>To be read out loud by the assistant before patient leaves the procedural area</i>	
<input type="checkbox"/> Confirm patient identity and procedure. <input type="checkbox"/> Check consent signed by patient and clinician.	<input type="checkbox"/> All members of the team have introduced themselves to patient. <input type="checkbox"/> Operator is wearing Personal Protective Equipment. <input type="checkbox"/> Sterile pack of instruments available.	<input type="checkbox"/> Sharps disposed of by operator.	
Does the patient have a known allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:	<input type="checkbox"/> Surgery site marked on digit. <input type="checkbox"/> Surgery site mark checked with consent form.	<input type="checkbox"/> Time tourniquet is applied recorded. <input type="checkbox"/> Time tourniquet is removed recorded (NPSA/2009/RRR007).	
Blood pressure taken and recorded if applicable: <input type="checkbox"/> N/A <input type="checkbox"/> Yes	<input type="checkbox"/> Sign on door/screen to stop interruption.	Unique identification of CSSD instruments recorded (if applicable): <input type="checkbox"/> N/A <input type="checkbox"/> Yes	
<input type="checkbox"/> Local anaesthetic checked for batch number and expiry date. <input type="checkbox"/> Patient weight measured and a Maximum Safe Dose calculated prior to administration of local anaesthetic.	<input type="checkbox"/> Phenol batch number and expiry checked. <input type="checkbox"/> Phenol application time recorded.	<input type="checkbox"/> Post nail surgery instructions given to patient.	
AFFIX BAR CODED PATIENT LABEL HERE	Signatures (print name) Operator: _____ Date: _____ Assistant: _____ Time: _____ Supervisor: _____ Location: _____		Specialty Documents 

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This **LocSSIP** applies to all nail surgery procedures undertaken by podiatry in CDDFT acute and community sites.

Must-do procedural steps:

1. To ensure compliance with best practice:
 - a. CDDFT's Nail Surgery procedural checklist **must** be used.
 - b. The *operator* **must** dispose of all sharps before leaving the procedural area.
2. To eliminate the risk of 'wrong site' (**A NEVER EVENT**):
 - a. The consent form **must** be checked by the operator with the patient.
 - b. The digit to be operated on **must** be marked and consistent with the signed consent form.
3. To ensure the correct local anaesthetic drug is administered in a safe dose:
 - a. The local anaesthetic drug **must** be checked and the Maximum Safe Dose calculated before administration.
4. To ensure the operator can focus on the procedure without distraction:
 - a. The appropriate sign **must** be placed on the door/screen to prevent interruptions occurring during the procedure.
5. To minimise the risk of digital ischaemia with tourniquet use:
 - a. The operator **must** confirm that the tourniquet application and removal times have been recorded during the SIGN OUT.
6. To ensure evidence for the duration of phenol application is documented:
 - a. Confirmation that the application time for phenol has been recorded **must** be made during the SIGN OUT.

Associated guidelines:

- Clinical Specialist Services Area LocSSIPs describing all NatSSIP principals which apply to this invasive procedure and checklist.