


INVASIVE PROCEDURE CONDUCTED IN RADIOLOGY DEPARTMENT

SIGN IN <i>To be completed by the individual conducting the procedure prior to scrubbing</i>	TIME OUT <i>To be read out loud by the assistant before invasive part of procedure is commenced</i>	SIGN OUT <i>To be read out loud by the assistant before anyone leaves the procedural area</i>
<input type="checkbox"/> Confirm all individuals have introduced themselves. <input type="checkbox"/> Confirm patient identity, procedure and site.	<input type="checkbox"/> Confirm procedure site is marked or identified.	Confirm: <input type="checkbox"/> Sharps disposed of by operator. <input type="checkbox"/> All guidewires intact and accounted for. <input type="checkbox"/> Procedural note and aftercare instructions completed. <input type="checkbox"/> All drains and devices documented. <input type="checkbox"/> All specimens labelled and recorded. <input type="checkbox"/> Ensure electronic prescriptions are completed including administration.
Record procedure to be performed: <input type="checkbox"/> Elective <input type="checkbox"/> Emergency	Monitoring required to confirm with nurse: <input type="checkbox"/> BP <input type="checkbox"/> ECG <input type="checkbox"/> Pulse oximetry	Intravenous cannula flushed? <input type="checkbox"/> N/A <input type="checkbox"/> Yes
Written consent: <input type="checkbox"/> Yes <input type="checkbox"/> Unable, document best interest decision	Confirm: <input type="checkbox"/> Operator and assistants are wearing radiation monitors and PPE (lead coat, thyroid, eye). <input type="checkbox"/> Operator and assistant are wearing sterile gown and gloves after scrubbing (plus hat and mask if appropriate). <input type="checkbox"/> Additional shielding is correctly positioned (table edge shielding, overhead and mobile screens).	Complications? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:
Does the patient have a known allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:	<input type="checkbox"/> Skin cleaned with Chloraprep or Povidone. <input type="checkbox"/> Skin prep REMOVED from trolley. <input type="checkbox"/> Sterile drapes in place.	Any equipment issues? <input type="checkbox"/> No <input type="checkbox"/> Yes – complete Safeguard <i>if appropriate</i> and describe:
Confirm operator appropriately: <input type="checkbox"/> Trained OR <input type="checkbox"/> Supervised by:	Confirm planned steps (operator to state out loud): <input type="checkbox"/> Lidocaine <input type="checkbox"/> Buscopan <input type="checkbox"/> Sedation: <input type="checkbox"/> Antibiotics: <input type="checkbox"/> Analgesia:	
Confirm staff present (and number): <input type="checkbox"/> Trained assistant(s): <input type="checkbox"/> Radiographer(s): <input type="checkbox"/> Registered nurse(s):	<input type="checkbox"/> 18g puncture <input type="checkbox"/> Micropuncture <input type="checkbox"/> Other:	
Is the patient on any anticoagulant/antiplatelet? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: <input type="checkbox"/> Number of days stopped:	Using and available (tick all that apply): <input type="checkbox"/> CT <input type="checkbox"/> US <input type="checkbox"/> Fluoro <input type="checkbox"/> Drain <input type="checkbox"/> Stent <input type="checkbox"/> Biopsy <input type="checkbox"/> Other:	
Confirm relevant recent blood results (date): Platelets: PT: APTT: Potassium: Urea: Creatinine:	Discuss any additional steps or equipment for the case: <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:	
Is it safe to proceed with the procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No - cancel patient, complete Safeguard <i>if appropriate</i> .	Signatures (print name) Operator: _____ Date: _____ Assistant: _____ Time: _____ Supervisor: _____ Location: _____	Specialty Documents 
AFFIX BAR CODED PATIENT LABEL HERE		

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This **LocSSIP** applies to all Image Guided Invasive Procedures conducted in CDDFT Radiology Departments and other 'non-theatre' environments (e.g. wards, critical care, ED).

Must-do procedural steps

1. To ensure compliance with best practice:
 - a. CDDFT's Invasive Procedure Conducted in Radiology Department 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' (**NEVER EVENT**):
 - a. Operator **must** confirm patient identity, procedure, site and consent.
3. To eliminate the risk of guidewire retention (**NEVER EVENT**):
 - a. When the needle, dilatator or drain is being inserted or manipulated, part of the guidewire, if present, **must** be visible and held by the individual performing the procedure.
 - b. Confirmation of guidewire removal **must** take place and be recorded.
4. To reduce the risk of puncture and drain-related infections:
 - a. The insertion site **must** be cleaned with 2% Chloraprep in 70% alcohol or Povidone Iodine solution.
 - b. Sterile drapes **must** be used.
 - c. The operator should **ideally** 'scrub' and wear sterile gloves, gown and, if indicated, hat and mask throughout the procedure.
5. To reduce the risk of bleeding:
 - a. Unless time precludes, blood results **must** be checked and abnormalities in clotting corrected if indicated.
6. To reduce risk of wrong material injection **NO** open systems other than for mixing embolic material to be used:
 - a. Radiology department Open Gallipot SOP to be followed re: skin preparation solutions.
7. To ensure that residual sedative drugs do not remain in the cannula following the procedure:
 - a. Any cannula used during the procedure **must** be flushed before the patient leaves the procedural area.

Associated guidelines:

- The Royal College of Radiologists *Standards for providing a 24-hour interventional radiology service*. London 2008. Ref: BFCR(08)13
- The Royal College of Radiologists *Guidelines for nursing care in interventional radiology*. . London 2008. Ref: BFCR(14)7
- https://improvement.nhs.uk/uploads/documents/NHSI_Patient_Safety_Alert_-_Restricted_use_of_open_systems.pdf
- <https://improvement.nhs.uk/uploads/documents/never-evnts-pol-framwrk.pdf>
- Clinical Specialist Services Area LocSSIP describing all NatSSIP principals which apply to this invasive procedure and checklist.
- Radiology Department Standard Operating Procedure Regarding the Use of Open Gallipots within a Sterile Field (R Briggs 6-6-17).

CDDFT Local Safety Standard for Invasive Procedures v1 5-12-17 (review date December 2018)