


Tooth extraction/restoration or biopsy/excision of intraoral lesion

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 which team member will manage sharps. <input type="checkbox"/> Confirm patient identity and procedure.	<input type="checkbox"/> Confirm operator, assistant and patient (if possible) are wearing eye protection. <input type="checkbox"/> Confirm instrument, pack and swab count completed.	<input type="checkbox"/> Confirm instrument, pack and swab count performed by assistant and correct.		
Take or confirm consent: <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Unable, document best interest decision		<input type="checkbox"/> Confirm all sharps have been disposed of safely.		
Does the patient have a known allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:		Intravenous cannula flushed? <input type="checkbox"/> N/A <input type="checkbox"/> Yes		
Has there been any change to patient's medical status or drug therapy since procedure booked? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:	Treatment plan re-confirmed: <input type="checkbox"/> Confirm correct teeth/site of lesion with visual aid <i>and</i> consent form. Teeth to be extracted/restored counted out loud: <input type="checkbox"/> N/A <input type="checkbox"/> Yes	Confirm: Pathology pot labelled with patient details? <input type="checkbox"/> N/A <input type="checkbox"/> Yes Pathology pot labelling corresponds to information on pathology form? <input type="checkbox"/> N/A <input type="checkbox"/> Yes Pathology register completed? <input type="checkbox"/> N/A <input type="checkbox"/> Yes		
Confirm patient has eaten if appropriate for procedure: <input type="checkbox"/> N/A <input type="checkbox"/> Yes			AFFIX PATIENT LABEL HERE	
Confirm recent blood results (if required): Platelets: INR:				
Confirm operator appropriately: <input type="checkbox"/> Trained OR <input type="checkbox"/> Supervised AND <input type="checkbox"/> Trained assistant present				
Confirm: <input type="checkbox"/> All essential equipment available for procedure. <input type="checkbox"/> Teeth/lesion charted on visual aid and visible to operator.	NOTE: If only 2 members of staff are present and both are scrubbed, performance of the TIME OUT steps must still occur verbally prior to the commencement of the procedure but the boxes can be retrospectively ticked during the SIGN OUT .			
Confirm radiographs displayed, correct way round and correspond to treatment plan? <input type="checkbox"/> N/A <input type="checkbox"/> Yes				
Signature for SIGN IN (Operator) : Name and position:	Signature for TIME OUT/SIGN OUT (Assistant) : Name and position:	Date: Time: Location:	Specialty Documents 	

Tooth extraction/restoration or biopsy/excision of intraoral lesion

This **LocSSIP** applies to all tooth extractions/restorations and biopsy/excision of intra-oral lesions undertaken outside the theatre environment with or without local anaesthesia and/or sedation. It applies to procedures conducted in both out-patient and community settings.

Must-do procedural steps

1. To ensure compliance with best practice:
 - a. CDDFT's extraction/restoration of a tooth, biopsy/excision of intra-oral lesion procedural checklist **must** be used.
 - b. The individuals present **must** establish who is responsible for the disposal of sharps.
 - c. All sharps **must** be disposed of before anyone leaves the procedural area.
2. To ensure there has been no change to the patient's medical or drug history that may impact upon the safety of the procedure:
 - a. The patient, parent or carer **must** be questioned as to whether there have been any changes since they were booked for the procedure.
3. To confirm that all essential equipment is available:
 - a. The presence of all equipment (e.g. glucometer, drill, diathermy, pulse oximeter, blood pressure measuring device, specimen pot) **must** be confirmed before the procedure is commenced.
4. To ensure the operator, assistant and patient are protected:
 - a. The operator, assistant and patient (if possible) **must** wear eye protection.
5. To prevent the extraction/restoration of a wrong tooth or biopsy/excision of the wrong lesion (**A NEVER EVENT**):
 - a. The teeth to be extracted/restored or the site of the intra-oral lesion **must** be clearly displayed using a visual aid (e.g. whiteboard, laminated sheet, bib or equivalent) in the clinical area.
 - b. The visual aid being utilised **must** be clearly visible to the operator at all times during the procedure.
 - c. Radiographs (if available and current) relating to the procedure **must** be displayed and confirmed to be the correct orientation.
 - d. Immediately prior to extraction/restoration, teeth **must** be audibly 'counted out' and confirmed with the visual aid *and* consent form.
 - e. Verbal or other distractions **must** be minimised at the point of 'count out' *and* tooth extraction to ensure complete focus on the task.
6. 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: Surgery Care Group Area LocSSIP describing all NatSSIP principals which apply to this invasive procedure and checklist.