


# REGIONAL BLOCK UNDERTAKEN OUTSIDE THE THEATRE ENVIRONMENT

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 completed by the operator before anyone leaves the procedural area</i>	
<input type="checkbox"/> <b>Confirm all individuals have introduced themselves.</b> <input type="checkbox"/> <b>Confirm patient identity.</b>	<p><b>Confirm:</b></p> <input type="checkbox"/> The operator is wearing sterile gloves after scrubbing, with additional protective clothing (e.g. gown, mask and hat) worn if appropriate for procedure. <input type="checkbox"/> Block site cleaned with <i>tinted</i> Chloraprep 2%. <input type="checkbox"/> <b>Stop Before You Block</b> sterile drape in place. <input type="checkbox"/> Safe dose of local anaesthetic prepared.	<p><b>Confirm:</b></p> <input type="checkbox"/> Dressing placed over insertion site. <input type="checkbox"/> Sharps disposed of safely by operator. <input type="checkbox"/> Patient observed for immediate signs of local anaesthetic toxicity. <input type="checkbox"/> Instructions given to record observations/pain scores for an appropriate duration dependent upon block performed.	
<input type="checkbox"/> <b>Confirm and record block to be performed:</b>			
<input type="checkbox"/> <b>Explanation of potential side-effects given.</b> <input type="checkbox"/> <b>Block site confirmed and marked with a 'B'.</b>			
<b>Check consent:</b> <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Unable, document best interest decision.			
<input type="checkbox"/> <b>Baseline observations recorded.</b> <input type="checkbox"/> <b>Intravenous access secured if appropriate for block.</b>			
<b>Confirm operator appropriately:</b> <input type="checkbox"/> Trained <b>OR</b> <input type="checkbox"/> Supervised by:	<p><b>STOP BEFORE YOU BLOCK.</b></p> <p><b>A STOP moment must take place immediately before inserting the block needle. The operator and assistant must double-check:</b></p> <input type="checkbox"/> The block site marking. <input type="checkbox"/> The site and side of the block.  <p><b>NOTE: This step should be repeated for each block if more than one conducted on the same patient.</b></p>	<p><b>Confirm:</b></p> <input type="checkbox"/> Procedure/complications documented in patient notes. <input type="checkbox"/> Further analgesia prescribed. <input type="checkbox"/> Block entered into iNerve database (DMH only). <input type="checkbox"/> Regional block prescription/pain monitoring chart started. <p><b>Note: If the regional block is ineffective do NOT repeat but offer alternative analgesia.</b></p>	
<b>Is the patient on any anticoagulant/antiplatelet drugs?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:			
<b>Confirm blood results if applicable.</b> Platelets:      PT:      APTT:			
<p><b>Confirm:</b></p> <input type="checkbox"/> Absence of contra-indications to proposed block. <input type="checkbox"/> All required equipment available. <input type="checkbox"/> Monitoring appropriate to proposed block in place. <input type="checkbox"/> Resuscitation equipment and intralipid present in the clinical vicinity if indicated by the proposed block.			
<b>AFFIX BAR CODED PATIENT LABEL HERE</b>	<p><b>Signatures (print name)</b></p> Operator: _____ Assistant: _____ Supervisor: _____	<p>Date: _____            Time: _____            Location: _____</p>	Specialty Documents 

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This **LocSSIP** applies to all regional blocks undertaken outside the theatre environment (includes all wards and emergency departments) in CDDFT. All regional blocks undertaken in theatre are subject to use of the *theatre* WHO Surgical Safety Checklist.

## Must-do procedural steps

1. To ensure compliance with best practice:
  - a. CDDFT's regional block 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**), the operator **must**:
  - a. Confirm the patient's identity and take consent appropriate for the procedure.
  - b. Confirm the correct side to be blocked following clinical/x-ray assessment involving the patient whenever possible.
  - c. Mark the correct side for the block with a 'B' before scrubbing. A 'B' **must** be used to avoid confusion with surgical site marking.
  - d. Use the **STOP BEFORE YOU BLOCK** drape.
  - e. **STOP BEFORE YOU BLOCK**: A STOP moment **must** take place immediately before inserting the block needle. The operator and assistant **must** double-check: the block site marking and the site and side of the block. This check should involve the patient whenever possible.
  
3. To reduce the risk of procedure-related infections:
  - a. The operator **must** 'scrub' and wear sterile gloves and the block insertion site **must** be cleaned with *tinted* 2% Chloraprep in 70% alcohol.
  - b. Additional protective clothing **must** be worn that is appropriate to the procedure (e.g. gown, mask and hat if indicated).
  
4. To reduce the risk of arterial puncture and other sources of bleeding:
  - a. Blood results **must** be checked and abnormalities in clotting corrected if indicated.
  
5. To reduce the risk of, and to ensure prompt treatment of, life-threatening complications:
  - a. Local anaesthetic drugs **must** only be drawn up immediately prior to conducting the procedure and 'open systems' must **never** be used.
  - b. Intravenous access **must** be secured and resuscitation equipment/drugs (including Intralipid) **must** be available in the clinical vicinity before commencing a block in which there is significant risk of 'systemic' side effects.

Associated guidelines:

- Procedure for the Insertion of Fascia Iliaca Block in Patients with Confirmed Fractured Neck of Femur in the Emergency Department (PROC/AEC/001).
- Fascia iliac block for analgesia in hip or proximal femoral fracture administered by non-medical practitioners (Clinical/POL/APS/008).
- AEC and Surgery Care Group Area LocSSIPs describing all NatSSIP principals which apply to this invasive procedure and checklist.