


BONE MARROW ASPIRATION/TREPHINE CHECKLIST

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 and procedure.	<input type="checkbox"/> Confirm the operator is wearing sterile gloves.	Confirm: <input type="checkbox"/> Sharps disposed of by operator. <input type="checkbox"/> Analgesia discussed. <input type="checkbox"/> Haemostasis secured.	
Written consent: <input type="checkbox"/> Yes <input type="checkbox"/> Unable, document best interest decision	Skin cleaned with Chloraprep? <input type="checkbox"/> Yes <input type="checkbox"/> No, give reason:		
Does the patient have a known allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:	<input type="checkbox"/> Confirm sterile towels in place.	Complications? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:	
Confirm operator appropriately: <input type="checkbox"/> Trained OR <input type="checkbox"/> Supervised by:	Confirm lidocaine infiltrated: <input type="checkbox"/> 1% <input type="checkbox"/> 2% Volume:	Intravenous cannula flushed? <input type="checkbox"/> N/A <input type="checkbox"/> Yes	
Is the patient on any anticoagulant/antiplatelet? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: <input type="checkbox"/> Number of days stopped:	Samples taken: <input type="checkbox"/> Aspirate <input type="checkbox"/> Trepphine <input type="checkbox"/> NEHODS	<input type="checkbox"/> Follow up appointment arranged. <input type="checkbox"/> Patient/carer has contact telephone number in case of queries.	
AFFIX BAR CODED PATIENT LABEL HERE	Signatures (print name) Operator: _____ Date: _____ Assistant: _____ Time: _____ Supervisor: _____ Location: _____		Specialty Documents 

BONE MARROW ASPIRATION/TREPHINE CHECKLIST

This **LocSSIP** applies to all bone marrow aspiration and trephine biopsy procedures conducted on day units, wards and critical care.

Must-do procedural steps

1. To ensure compliance with best practice:
 - a. CDDFT's bone marrow aspiration/trephine 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 and consent.
 - b. Indication for procedure **must** be checked.

3. To reduce the risk of bleeding:
 - a. Anticoagulant and antiplatelet medication **must** be reviewed, and may be discontinued before the procedure IF the operator feels this is necessary.
 - b. Haemostasis **must** be secured before the patient leaves the procedural area.

4. To reduce the risk of procedure related infections:
 - a. The insertion site **must** be cleaned with 2% Chloraprep in 70% alcohol.
 - b. Sterile drapes **must** be used.
 - c. The operator **must** wash hands and wear sterile gloves.

5. To reduce the risks associated with sedation:
 - a. This should only be offered if the patient is unable to tolerate the procedure with local anaesthetic alone (refer to Trust sedation guidelines).

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: Acute and Emergency Care Area LocSSIP describing all NatSSIP principals which apply to this invasive procedure and checklist.