


# PACEMAKER/LOOP INSERTION 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"/> Medical notes and imaging reviewed.	<input type="checkbox"/> Confirm operators are wearing hat, gown, mask and sterile gloves after scrubbing.	<b>Confirm:</b> <input type="checkbox"/> Guidewire(s), sheaths, sharps removed and accounted for.
<b>Confirm procedure:</b> <input type="checkbox"/> DDDR <input type="checkbox"/> VVIR <input type="checkbox"/> Box change <input type="checkbox"/> Loop in <input type="checkbox"/> Loop out <input type="checkbox"/> Lead/box revision	<input type="checkbox"/> Confirm operators are wearing radiology badges.	<input type="checkbox"/> All swabs accounted for and disposed of safely. <input type="checkbox"/> All instruments accounted for and disposed of safely.
<input type="checkbox"/> Patient identity confirmed.	<b>Confirm:</b> <input type="checkbox"/> Skin cleaned with antiseptic. <input type="checkbox"/> Sterile drapes in place. <input type="checkbox"/> Sterile equipment in place. <input type="checkbox"/> Instrument count checked. <input type="checkbox"/> Swab count checked. <input type="checkbox"/> Monitoring in place ECG/BP. <input type="checkbox"/> All solutions labelled appropriately.	<b>Local antibiotic administered?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Check consent:</b> <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Unable, document best interest decision		<b>Haemostasis achieved with no additional measures?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Does the patient have a known allergy?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:		<b>Pressure dressing required?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Confirm recent blood results checked.		<b>Intra-procedural complications?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:
<b>Optimum insertion site selected:</b> <input type="checkbox"/> Right <input type="checkbox"/> Left		<b>Samples taken and labelled?</b> <input type="checkbox"/> N/A <input type="checkbox"/> Yes, specify:
<b>Antibiotic administered?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:	<input type="checkbox"/> All solutions labelled appropriately.	<b>Intravenous cannula flushed?</b> <input type="checkbox"/> N/A <input type="checkbox"/> Yes
<b>Confirm team credentials:</b> <input type="checkbox"/> Cardiologist <input type="checkbox"/> Registrar <input type="checkbox"/> Cathlab Nurse <input type="checkbox"/> Physiologist <input type="checkbox"/> Radiographer <input type="checkbox"/> HCA	<b>During the procedure:</b> <input type="checkbox"/> Confirm guidewire removed and intact.	<input type="checkbox"/> Confirm documentation/pathway initiated.
<input type="checkbox"/> Confirm all equipment available.		<b>Recovery procedure:</b> <input type="checkbox"/> Standard. <input type="checkbox"/> Extra measures, specify:
<b>AFFIX BAR CODED PATIENT LABEL HERE</b>	<b>Signatures (print name)</b> Operator: _____ Date: _____ Assistant: _____ Time: _____ Supervisor: _____ Location: _____	
		Specialty Documents 

# PACEMAKER/LOOP INSERTION CHECKLIST

This LocSSIP applies to all Pacemaker/Loop procedures undertaken in the CDDFT Cardiac Catheter labs.

## **Must-do procedural steps**

1. To ensure compliance with best practice:
  - a. CDDFT's Permanent Pacemaker/Loop insertion pathway and procedural checklist **must** be used.
  
2. To reduce the risk of bleeding:
  - a. Guidewires position **must** be confirmed with fluoroscopy and abnormalities in clotting corrected if indicated.
  - b. A fluoroscopy and/or contrast venogram **may** be used to visualise the vascular structures, needle, guidewire and catheter position.
  
3. To eliminate the risk of guidewire retention (**A NEVER EVENT**):
  - a. When the needle, dilatator or catheter 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 as indicated in the TIME OUT.
  
4. To reduce the risk of catheter-related infections:
  - a. The insertion site **must** be cleaned with betadine or 2% chloraprep in 70% alcohol.
  - b. The operator **must** fully 'scrub' and **must** be wearing a hat, gown, mask and sterile gloves throughout the procedure.
  - c. A Tegaderm CHG dressing **must** cover the pacing wire at the insertion site.
  
5. To reduce the risk of unrecognised cardiac arrhythmias:
  - a. Continuous ECG monitoring **must** be undertaken during insertion.
  
6. To reduce risk of injection of incorrect solution:
  - a. All solutions **must** be properly labelled and checked before administration.
  
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: Acute and Emergency Care Area LocSSIP describing all NatSSIP principals which apply to this invasive procedure and checklist.