

LocSIPPS Safety Checklist for Pleural Procedures

Procedure type:

Date of procedure:

Arrival time:

Location performed:

Consultant:



Association of Respiratory
Nurse Specialists

Patient Identification Label

Step 1: Before giving any anaesthetic/prior to procedure (to be read out loud)	Step 2: Before the start of the procedure (to be read out loud)	Step 3: Post procedural checklist (to be read out loud)
<p>Clinician performing procedure:</p> <ul style="list-style-type: none"> ➤ Have all team members introduced themselves by name and role? Yes <input type="checkbox"/> No <input type="checkbox"/> ➤ Has the chest imaging been reviewed and the correct side been confirmed pre procedure? Yes <input type="checkbox"/> No <input type="checkbox"/> ➤ Have the patient's medication, clotting and other risk factors for bleeding been reviewed pre procedure? Yes <input type="checkbox"/> No <input type="checkbox"/> ➤ Has point of care thoracic ultrasound been performed to confirm presence of pleural fluid and the safest site identified pre procedure? Yes <input type="checkbox"/> No <input type="checkbox"/> ➤ Is all of the required equipment available and in date? Yes <input type="checkbox"/> No <input type="checkbox"/> ➤ Is IV access required? Yes <input type="checkbox"/> No <input type="checkbox"/> ➤ Is oxygen and suction available and working? Yes <input type="checkbox"/> No <input type="checkbox"/> 	<p>All team members verbally confirm:</p> <ul style="list-style-type: none"> ➤ State patients name, NHS number and DOB Yes <input type="checkbox"/> No <input type="checkbox"/> ➤ State the type and side of the planned pleural procedure Yes <input type="checkbox"/> No <input type="checkbox"/> ➤ Has a consent form been signed? Yes <input type="checkbox"/> No <input type="checkbox"/> ➤ Does the patient have a known allergy? Yes <input type="checkbox"/> No <input type="checkbox"/> ➤ Confirm if the is patient taking any anticoagulants and/or antiplatelets? Yes <input type="checkbox"/> No <input type="checkbox"/> ➤ Has appropriate monitoring been applied <ul style="list-style-type: none"> ○ Pulse oximetry for HR and SaO₂ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> ➤ Does the patient have any questions or concerns? Yes <input type="checkbox"/> No <input type="checkbox"/> 	<ul style="list-style-type: none"> ➤ Has a documented management plan been recorded in the patient's notes? Yes <input type="checkbox"/> No <input type="checkbox"/> ➤ Have all samples been labelled and checked as correct? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> ➤ Have any equipment problems been identified? Yes <input type="checkbox"/> No <input type="checkbox"/> ➤ Has the room been cleaned, used equipment disposed of and stock replenished ready for the next patient? Yes <input type="checkbox"/> No <input type="checkbox"/> ➤ Ensure continuous monitoring for the first 15 minutes post insertion and avoid transfers during this time. Yes <input type="checkbox"/> No <input type="checkbox"/> ➤ Transfer and hand over the patient to the nursing staff Yes <input type="checkbox"/> No <input type="checkbox"/> <hr/> <p>Practitioner performing procedure:</p> <p>Name: _____ Grade: _____ Signature: _____</p> <p>Supervisor: N/A <input type="checkbox"/></p> <p>Name: _____ Grade: _____ Signature: _____</p> <p>Nurse/ assistant:</p> <p>Name: _____ Grade: _____ Signature: _____</p>

1. World Health Organisation (WHO): Surgical Patient safety Checklist https://apps.who.int/iris/bitstream/handle/10665/44186/9789241598590_eng_Checklist.pdf;jsessionid=5D6A3C141F385E02549EFCD3641AA256?sequence=2
 2. World Health Organisation (WHO): Safety Checklist for radiological Interventions http://www.societyofanaesthetistsinradiology.org/wp-content/uploads/2016/09/1121_Radiology-surgery-Checklist_A4-1.pdf
 3. National Safety Standards for Invasive Procedures (NatSSIPs) https://improvement.nhs.uk/documents/5405/NatSSIPs_Final_updated_June_2019.pdf