

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

AFFIX PATIENT LABEL

PROCEDURAL CHECKLIST

For image guided breast procedures including:

- Stereotactic and ultrasound guided core biopsies and VAB procedures.
- Stereotactic and ultrasound guided localisations by isotope or wire.

Proposed procedure:

Core biopsy <input type="checkbox"/>	VAB <input type="checkbox"/>	Localisation <input type="checkbox"/>	Marker insertion <input type="checkbox"/>
Ultrasound <input type="checkbox"/>	Stereotactic <input type="checkbox"/>	MRI <input type="checkbox"/>	

Pre:

- Check patient ID (according to current Trust policy)
- Allergies: Y / N Detail:
- Clotting: Aspirin / Warfarin / Clopidogrel
Known bleeding diathesis: Y / N
INR / APTT / Platelets - Result: Date:
- Reviewed all relevant documentation and imaging
- Check procedure and side of biopsy / localisation: Right / Left
- Verbal consent

Per:

- Local anaesthetic used: mls of

Post:

- Specimen in pot:
Check labelling - form and pot - patient ID, site, side
- Clip inserted: Y / N
- Number of clips
- Shape
- Clip marker images: Y / N Comments:
- Results appointment

Responsible Imager / Clinician to sign

Signed: Date:

Name (PRINT): Job title:

Modified checklist adapted from WHO surgical safety checklist for radiological interventions