

WHO Surgical Safety Checklist

FOR USE WITH ULTRASOUND GUIDED PROCEDURES INCLUDING FNA AND BIOPSIES



Royal Cornwall Hospitals
NHS Trust

SIGN IN (To be read out loud)

Before start of intervention

All team members verbally confirm:

What is the patient's name ?

Yes

What procedure, site and position are planned?

Yes

Has essential imaging been reviewed?

Yes

Does the patient have any known allergy?

Yes No N/A

Is the patient anticoagulated?

Yes No N/A

Are there any critical or unexpected steps you want your team to know about?

Yes N/A

Is the required equipment available and in date?

Yes



SIGN OUT (To be read out loud)

Before any team member leaves the clinical area

Registered Practitioner/HCA verbally confirms with the team:

Have the specimens been correctly labelled (including the patients name)?

Are the details on the specimen request card correct?

Have any equipment problems been identified that need to be addressed?

Confirmation that this WHO checklist has been entirely completed

Name:

Signature:

Procedure:

Date & time:

Name:

Signature of
Clinical Imaging Assistant:

Name:

Signature of
Radiologist/Sonographer:

Patient details

Last name:

First name:

Date of birth:

NHS Number:

Sex (Please tick): Male Female

*If the NHS Number is not immediately available, a temporary number should be used until it is

PLEASE ATTACH MAXIMS LABEL HERE WITH CORRECT PATIENT
DETAILS INCLUDING PROCEDURE AND LOCATION

Confirm MAXIMS label matches details in middle column

Yes

Has the probe been disinfected using Trophon?

Yes Probe: Cycle: Trophon:

PLEASE SCAN AND ATTACH TO PATIENTS CRIS RECORD