**WHO Surgical Safety Check List**

**Breast Ultrasound and Mammographic Interventional Procedures**

Patient Details Label

**Sign In: RDA**

|  |  |  |
| --- | --- | --- |
| Confirm name and date of birth |  |  |
| Team members introduced |  |  |
| Confirm correct name on monitors |  |  |
| Sign | Nnnnnameame: |  |

**Sign in: Radiologist/Sonographer**

|  |  |  |
| --- | --- | --- |
| Essential imaging reviewed |  |  |
| Confirm procedure |  |  |
| Required equipment available and in date |  |  |
| Allergies checked |  |  |
| Bleeding risk factors checked |  |  |
| Sign |  |  |

**Sign Out: Radiologist/Sonographer**

|  |  |  |
| --- | --- | --- |
| Aftercare advice given |  |  |
| Specimens correctly labelled and forms completed |  |  |
| Invasive equipment accounted for |  |  |
| Sign |  |  |

**Drugs Given: Radiologist/Sonographer**

|  |  |  |  |
| --- | --- | --- | --- |
| Lignocaine 1% | Quantity | Lot No. | Expiry |
|  |  |  |

**Tristel Wipe Traceability Check**

|  |  |  |  |
| --- | --- | --- | --- |
| Ultrasound probe used |  |  |  |
| Precleaning wipe |  |  |  |
| Lot no. |  | Expiry |  |
| Sporicidal Wipe |  |  |  |
| Traceability Label |  |  |  |
| Rinse Wipe |  |  |  |
| Lot No: |  | Expiry |  |
| Sign |  | Name |  |
| NAME |  |  |  |