|  |  |  |  |
| --- | --- | --- | --- |
| **SIGN IN**  ***To be completed by the individual***  ***conducting the procedure prior to scrubbing*** | **TIME OUT**  ***To be read out loud by the assistant before***  ***invasive part of procedure is commenced*** | **SIGN OUT**  ***To be read out loud by the assistant before***  ***anyone leaves the procedural area*** | |
| 🞎 **Confirm all individuals have introduced themselves.**  🞎 **Confirm patient identity, procedure and site.** | 🞎 **Confirm procedure site is marked or identified.** | **Confirm:**  🞎 Sharps disposed.  🞎 All instruments and swabs accounted for.  🞎 Procedural note and aftercare instructions completed.  🞎 All drains documented.  🞎 All specimens labelled and recorded.  🞎 Portable CXR requested (to be done recovery area)  🞎Ward informed of requirements for thoracic suction. | |
| **Record procedure to be performed:**  **🞎LEFT**  **🞎RIGHT**  🞎THORACOSCOPY  🞎TALC |  |
| **Written consent:**  🞎 Yes 🞎 Unable, document best interest decision | **Confirm:**  🞎 Most recent CT displayed on monitor  🞎Camera and monitoring equipment are compatible and working  🞎Operator and assistants are wearing appropriate PPE  🞎 Operator and assistant are wearing sterile gown and gloves after scrubbing (plus hat and mask).  🞎 Patient is positioned on operating table with marked-side upper most and pillows under head and beneath patient across mid-riff  🞎 Skin cleaned r Povidone.  🞎 Sterile drapes in place.  🞎Suction carousel working |
| **Does the patient have a known allergy?**  🞎 No 🞎 Yes, specify: | **Intravenous cannula flushed?**  🞎 Yes | |
| **Confirm operator appropriately:**  🞎 Trained **OR** 🞎 Supervised by: | **Complications?**  🞎 No 🞎 Yes, describe: | |
| **Confirm staff present (and number):**  🞎 Trained assistant(s):  🞎 Operating Theatre Specialists(s):  🞎 Registered nurse(s): |
| **Is the patient on any anticoagulant/antiplatelet?**  🞎 No 🞎 Yes, specify:  🞎 Number of days stopped: | **Confirm planned steps (operator to state out loud):**  🞎 Lidocaine-1% plain for skin anaesthesia  🞎 Sedation: Fentanyl and midazolam  🞎 IV Antibiotics (sometimes)  🞎 Insertion of trochar and cannula :  🞎 Removal of fluid (30 ml for the lab)  🞎 Inspection and biopsies  🞎 Talc pleurodesis  🞎Insertion and fixation of 24 F chest drain with UW seal  (2-0 silk large Clear view dressings) |
| **Confirm relevant recent blood results (date):**  Platelets: INR  Potassium: Urea: Creatinine: | **Any equipment issues?**  🞎 No 🞎 Yes – complete Safeguard *if appropriate* and describe: | |
| **Discuss any additional steps or equipment for the case:**  🞎 No 🞎 Yes, specify: | **Using and available for emergencies (tick all that apply):**  🞎 26 F drain  🞎 IV tranexamic acid 🞎 1:10,000 adrenaline  🞎 Contact details of duty anaesthetist |
| **Is it safe to proceed with the procedure?**  🞎 Yes  🞎 No - cancel patient, complete Safeguard *if appropriate.* |
| **AFFIX BAR CODED**  **PATIENT LABEL HERE** | **Signature and printed name**  Operator: Date:  Assistant: Time:  Clinical Supervisor (if present): Location: | |  |

**Must-do procedural steps**

1. To ensure compliance with best practice:
   1. The above procedural checklist **must** be used.
   2. The *operator* and theatre staff should be familiar with the Medical Thoracoscopy SOP.
2. To eliminate the risk of ‘wrong site’ **(NEVER EVENT):**

Operator **must** confirm patient identity, procedure, site and consent.

1. To reduce the risk of bleeding:

Blood results **must** be checked and abnormalities in clotting corrected if indicated.

1. To ensure that residual sedative drugs do not remain in the cannula following the procedure:

Any cannula used during the procedure **must** be flushed before the patient leaves the procedural area.