**At the Beginning**

|  |
| --- |
| **PATIENT LABEL** |

|  |  |
| --- | --- |
| Has patient’s identity been confirmed using the three point ID check? | **□** |
| Have all team members been introduced? | **□** |

|  |
| --- |
| **RDA Sign Off** |
| **Name** |  |
| **Sign** |  |
| **Date** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Achieve 14G x 9**

|  |  |
| --- | --- |
| **Lot No.** |  |
| **Expiry** |  |

**OR****Probe/Wire/Needle Label** |
| **Marker Label** |

**Radiologist/Sonographer Checks**

|  |  |
| --- | --- |
| **CHECK** | **YES** |
| Request available | **□** |
| Patient confirmed | **□** |
| Essential imaging reviewed | **□** |
| Allergies checked | **□** |
| Anticoagulant/bleeding risk factors checked | **□** |
| Equipment in date | **□** |
| Safe to proceed | **□** |

|  |  |  |
| --- | --- | --- |
|  | **Lidocaine 1%** | **Xylocaine 1%** |
| **Quantity** |  |  |
| **Lot No.** |  |  |
| **Expiry** |  |  |

**At the End**

|  |  |
| --- | --- |
| **CHECK** | **YES** |
| Specimen labelled | □ |
| Lab forms completed | □ |
| Aftercare given | □ |
| Follow up given | □ |

|  |
| --- |
| **Radiologist Sign Off** |
| **Name** |  |
| **Sign** |  |
| **Date** |  |

**Tristel Cleaning Log**

|  |
| --- |
| **Pre-Cleaning Wipe □** |
| **Lot No.** |  |
| **Use by Date** |  |
| **Sporicidal Wipe □** |
| **Traceability Label** |
| **Rinse Wipe □** |
| **Lot No.** |  |
| **Use by Date** |  |