|  |  |  |
| --- | --- | --- |
| **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.