

Safety Checklist for Outpatients

Patient label here

Date

Step 1 “SIGN-IN” TO BE UNDERTAKEN IN THE PROCEDURE ROOM	Name of practitioner leading “sign in” Name: Signature: Time:
Has the Patient confirmed their identity? <i>Please ask the patient “What is your name, date of birth and first line of address?”</i> <input type="checkbox"/> Yes	
Have you confirmed the Planned procedure with the Patient? <i>Please ask the patient “What are you having done today?”</i> <input type="checkbox"/> Yes	
The planned procedure is (please state): Side: Right / Left / Bilateral / Not applicable	
Have you checked the Consent form has been fully completed, signed and dated? <input type="checkbox"/> N/A <input type="checkbox"/> Yes	
Have you viewed the Surgical site mark and is it correctly located? (if applicable) <input type="checkbox"/> N/A <input type="checkbox"/> Yes	
<input type="checkbox"/> Allergies noted (Please specify): <input type="checkbox"/> No allergies known	
Any existing medical conditions:	
Any prescribed medication being taken:	

Step 2 “TIME OUT” TO BE UNDERTAKEN WITH THE NURSE PRACTITIONER AND CONSULTANT	Name of practitioner leading “time out” Signature: _____ Time: _____ Name: _____
When the Consultant and other team members are ready: <ul style="list-style-type: none"> • State the patient’s name, date of birth and first line of address <input type="checkbox"/> Yes • Ask the consultant to state the procedure they are performing <input type="checkbox"/> Yes • Do all team members involved in the procedure agree? <input type="checkbox"/> Yes 	
Step 3 “SIGN OUT” TO BE COMPLETED BEFORE THE PATIENT LEAVES THE PROCEDURE ROOM	Name of practitioner leading “sign out” Signature: _____ Time: _____ Name: _____
Has the Nurse practitioner confirmed that counts are correct for: <ul style="list-style-type: none"> • Swabs, Instruments and Sharps <input type="checkbox"/> Yes • Have you labelled all specimens (including patient name) and are they stored correctly? <input type="checkbox"/> Yes 	
<ul style="list-style-type: none"> • Has the Procedure Register been completed? <input type="checkbox"/> Yes • Has the charge sheet been completed? <input type="checkbox"/> Yes 	
Has an unexpected incident occurred during surgery that requires the Patient to be informed under the Duty of Candour? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes – specify action to be taken here: 	
Any concerns identified before discharge from outpatients department <input type="checkbox"/> Yes <input type="checkbox"/> No If ‘Yes’ state here: 	