



CATHETER LABORATORY SAFETY CHECKLIST

PATIENT CHECKS

CHECKLIST

Patient details



Patient identity verbally confirmed & wristband checked? Yes

Clinical records available? Yes

Consent form completed? Yes

Bloods

Hb	PLT	INR	K ⁺	eGFR
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Patient weight? kg

IV access established & checked? Yes
Not required

Procedure explained? Yes

Known allergy? No
Yes

NOTES

Previous contrast reaction? No
Yes

NOTES

Pregnancy status checked? N/A (male sex or > 55 years)
Not pregnant - LMP history
Not pregnant - test done

NOTES

Yes
No



PRE-PROCEDURE CHECKS

SAFETY

PCI

Antiplatelet loading dose given? Yes
No
N/A

Contraindication to drug-eluting stents? Yes
No

NOTES

ACS: ECG changes? Yes
No

LOCATION

Previous CABG? Yes
No

GRAFT DETAILS

Previous imaging available? Yes
No

NOTES

Pacing / Device & Electrophysiology

Pacing dependent? Yes
No
N/A

Antibiotic prophylaxis given? Yes
No

Anticoagulation reviewed? Yes
No

NOTES

Any metal plates, pins, or joint replacements? Yes
No

NOTES

NOTES

Yes
No
N/A



TEAM BRIEF

CARDIOLOGY

Team members (& visitors) identified by name and role? Yes

Case & planned procedure outlined? Yes
No

NOTES

Specific risks or equipment requirements identified? Yes
No

NOTES

Bloods reviewed? Yes

IV access / operative sites identified? Yes

NOTES

Yes
No
N/A

POST-PROCEDURE CHECKS

Procedure documented on patient record? Yes

Equipment checks, sharps & swab count completed? Yes
No

Post-procedure handover to nursing team complete? Yes

Any equipment problems identified? Yes
No

NOTES

Implanted devices recorded? Yes
N/A

Checklist completed by Signed Date

TEAM MEMBERS

Consultant
Specialist Registrar
Scrub Nurse
Non-scrub Nurse
Cardiac Physiologist
Radiographer
Other
Other
Other

CARDIOLOGY



AIDE-MÉMOIRE FOR TEAM BRIEF

TIP BIG

Team present
Introductions by name and role
Procedure outlined, with specific risks & equipment requirements

Bloods reviewed
Intravenous and operative access sites reviewed
Group concerns?

Team brief completed on ___|___|___ at ___:___

NOTES

SAFETY



GENERAL ANAESTHETIC APPENDIX

Is the anaesthetic machine check complete?	Yes <input type="checkbox"/>	NOTES	Yes <input type="checkbox"/>
Is there a risk of difficult airway or aspiration?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
NOTES	No <input type="checkbox"/>		N/A <input type="checkbox"/>
What is the patient's ASA grade?	<input type="text"/>	NOTES	Yes <input type="checkbox"/>
Are there any patient-specific anaesthetic concerns?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
NOTES	No <input type="checkbox"/>		N/A <input type="checkbox"/>
Is the correct monitoring equipment available?	Yes <input type="checkbox"/>	NOTES	Yes <input type="checkbox"/>
			No <input type="checkbox"/>
			N/A <input type="checkbox"/>

CHECKLIST