



WARD CHECKLIST

PATIENT PREPARATION

Patient details

AFFIX STICKER

Patient weight? kg

Procedure explained? Yes

Consent form completed? Yes
No

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

Last oral intake

Clear fluids ___|___|___ (day:month:year) at ___:___

Other ___|___|___ (day:month:year) at ___:___

NOTES Yes
No
N/A

Wristband/labels/records verbally crosschecked with patient? Yes

Does the patient have

Glasses or contact lenses? No
& left with patient Yes

Hearing aid? No
& left with patient Yes

Dentures? No
& left with patient Yes

Jewellery? No
taped / removed Yes

NOTES Yes
No
N/A

COMORBIDITIES

Diabetes? No
If yes, record BM in bloods box below Yes

Is O2 required? No
Yes
NOTES

Known infection risk? No
Yes
NOTES

MRSA swab Performed on ___|___|___ (day:month:year) Negative
Positive

NOTES Yes
No
N/A

DRUGS

Is the patient on

Oral anticoagulation? No
Yes

Drug _____
Last taken ___|___|___ (day:month:year) at ___:___

Clotting checked and recorded below? Yes
N/A

Metformin? No
Last taken ___|___|___ (day:month:year) at ___:___ Yes

NOTES Yes
No
N/A

PRIOR TO TRANSFER TO LAB

Baseline vital signs

HR BP Sats RR

IV access established & checked? Yes
NO (to be done in lab)
N/A

Patient shaved at expected access site(s)? Yes
N/A

Has sedative pre-medication been given? No
Yes

Drug _____ Dose _____ mg
Route PO IV Time given ___:___

NOTES Yes
No
N/A

BLOODS

Hb PLT INR K+ eGFR BM (if indicated)

Checklist completed by Signed Date ___|___|___



CATHETER LABORATORY CHECKLIST

PATIENT CHECKS

Patient identity verbally confirmed & wristband checked? Yes No

Clinical records available? Yes No
NOTES Yes
N/A

Consent form completed? Yes

IV access established & checked? Yes No
Not required NOTES Yes
No
N/A

PRE-PROCEDURE CHECKS

PCI

Antiplatelet loading dose given? Yes
No
N/A

Contraindication to drug-eluting stents? Yes
No

ACS: ECG changes? LOCATION Yes
No

Previous CABG? GRAFT DETAILS Yes
No

Previous imaging available? Yes
No

Pacing / Device & Electrophysiology

Pacing dependent? Yes
No
N/A

Antibiotic prophylaxis given? Yes
No

Anticoagulation reviewed? Yes
No

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

NOTES Yes
No
N/A

TEAM BRIEF

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

Bloods reviewed? Yes

Case & planned procedure outlined? Yes
No
NOTES

IV access / operative sites identified? Yes

Specific risks or equipment requirements identified? Yes
No
NOTES

NOTES Yes
No
N/A

POST-PROCEDURE CHECKS

Procedure documented on patient record? Yes

Equipment checks, sharps & swab count completed? Yes
No
NOTES Yes
No
N/A

Implanted devices recorded? Yes
N/A
NOTES Yes
No
N/A

Any equipment problems identified? Yes
No
NOTES Yes
No
N/A

Post-procedure handover to nursing team complete? Yes

Checklist completed by Signed Date ___|___|___

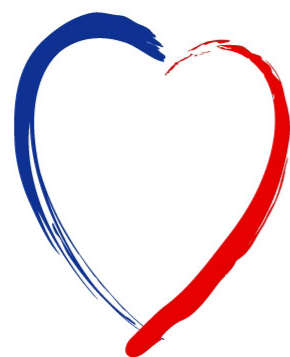
CHECKLIST



SAFETY



CARDIOLOGY



British Cardiovascular Society

Cardiac Catheterisation Laboratory Integrated Safety Checklist

CHECKLIST

SAFETY

CARDIOLOGY

TEAM MEMBERS

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

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

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"/>
	No <input type="checkbox"/>		N/A <input type="checkbox"/>
What is the patient's ASA grade?		NOTES	Yes <input type="checkbox"/>
Are there any patient-specific anaesthetic concerns?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
	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"/>

CARDIOLOGY



SAFETY



CHECKLIST