# Appendix E. Endoscopy Checklist Template

Endoscopy Safety Checklist

Preprocedure Area/Procedure Room

#### **Before Patient Enters Room**

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| **Nurse, Anesthesia Professional, and Patient Review:**   * Patient identification (name and date of birth) * Procedure to be performed matches the consent * Known allergies * Patient height, weight, body mass index * History and physical |
| **Anesthesia Professional and Nurse Discuss:**   * Anesthesia safety check is completed * Type of anesthesia * Anticipated airway and aspiration risk * Patient-specific concerns |

***This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.***

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Endoscopy Safety Checklist

Procedure Room

#### **Before Procedure Begins**

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| --- |
| **Team Introductions**   * **Please state your name and role** |
| **Proceduralist Shares:**   * Any changes to the plan and possible difficulties * Necessary equipment/devices are available   **Anesthesia Professional Shares:**   * Anesthetic plan * Airway and other concerns   **Nursing Team Shares:**   * Any equipment issues * Other concerns   **Nursing Team Confirms:**   * All medications correct and labeled |
| * **Is everyone ready to perform the timeout?** |
| **The Team Performs The Timeout**   * Patient’s name * Procedure to be performed matches the consent form * Procedure site |
| **Proceduralist States:**   * “Does anybody have any concerns? If you see something that concerns you during this case, please speak up.” |

#### **Before Patient Leaves Room Debriefing**

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| --- |
| **Nurse Reviews With Team:**   * Name of the procedure performed * Identify/confirm patient restriction for diet or activity in recovery interval * Specimen labeling * Read back specimen labeling including patient’s name |
| **Team Discusses:**   * Equipment problems that need to be addressed * Key concerns for patient recovery and management * Whether anything can be done to make the next case safer or more efficient |

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