

SIGN IN (to be read out loud)

Before giving anaesthetic (local or general)
Have all team member introduced themselves by name and role? <input type="checkbox"/> Yes
All team members verbally confirm: <input type="checkbox"/> What is the patient's name? <input type="checkbox"/> What procedure, site and position are planned?
Has the patient confirmed his/her identity, procedure and consent? <input type="checkbox"/> Yes
Has essential imaging been reviewed? <input type="checkbox"/> Yes
Have the indications for the pacemaker been confirmed? <input type="checkbox"/> Yes
Are all IRMER requirements met? <input type="checkbox"/> Yes
Has the side of the procedure / handedness of patient been confirmed? <input type="checkbox"/> Yes
Is all likely equipment available, in date and in the room? <input type="checkbox"/> Yes
Does the patient have a known allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have anticoagulants / clotting status and renal function been checked? <input type="checkbox"/> Yes
Has appropriate MRSA/MSSA screening and treatment taken place? <input type="checkbox"/> Yes
Has antibiotic prophylaxis been given? <input type="checkbox"/> Yes
Has hair removal been undertaken appropriately and the area cleaned? <input type="checkbox"/> Yes
If an ICD is being implanted are the defibrillator pads attached? <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Is a temporary wire required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any critical or unexpected steps you want the team to know about? <input type="checkbox"/> Yes <input type="checkbox"/> No

ONLY IF GENERAL ANAESTHETIC IS GIVEN

TIME OUT (to be read out loud)

Before start of intervention (for example needle to skin)
Anaesthetist: <input type="checkbox"/> Is the anaesthetic machine check complete?
Does the patient have a difficult airway/aspiration risk? <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Other <input type="checkbox"/> Are there any patient-specific concerns? <input type="checkbox"/> What is the patient's ASA grade? <input type="checkbox"/> What monitoring equipment and other specific levels of support are required, for example blood?
Registered practitioner/HCA: <input type="checkbox"/> Are there any equipment issues or concerns?

SIGN OUT (to be read out loud)

Before any member of the team leaves the operating room
Lead nurse verbally confirms with the team: <input type="checkbox"/> Has the name and side of the procedure been recorded? <input type="checkbox"/> Have all pieces of invasive equipment used been accounted for and has screening been undertaken to ensure no equipment has been retained? <input type="checkbox"/> Have any implanted devices been recorded? <input type="checkbox"/> Have any specimens been labelled (including with patient's name)? <input type="checkbox"/> Have any equipment problems been identified that need to be addressed?
Cardiologist, Anaesthetist if appropriate and Registered Practitioner: <input type="checkbox"/> Have the instructions for post procedural care for this patient been agreed?

PATIENT DETAILS	
Last name:	
First name:	
Date of birth:	
NHS Number*:	
Procedure:	
*If the NHS Number is not immediately available, a temporary number should be used until it is	

The checklist is for pacemaker-related interventions ONLY

All members must be in the room when it is completed

This modified checklist must NOT be used for other surgical procedures