

Pt ID label

## Bone Marrow Biopsy - Procedure Safety Checklist

<b>Date:</b>		circle when completed
<b>Sign in</b> Outside room	Positively identify patient (PPID) and apply wristband.	Yes
<b>Time Out</b> To be completed in room	Has patient been positively identified by staff in room (PPID, wristband and expected on list)?	Yes
	Does patient have any known allergies? If so what?: _____	Yes/No
	Does the patient normally take any anticoagulants or antiplatelet therapy? Details: _____ When stopped: _____	Yes/No
	If a sedated procedure is planned, has patient fasted for 6 hrs	Yes/No/NA
	Has consent been discussed and signed by both patient and Healthcare professional?	Yes
	Has Patient been questioned re Entonox Contraindications?	Yes
	If work up biopsy pre Bone marrow transplant, does patient have lung function test later today? (indication for trying to avoid Entonox use)	Yes/No/NA
<b>Sign out</b> Post Procedure	Has Dressing been checked pre leaving room?	Yes
	Has patient been informed when to restart anticoagulant/antiplatelet therapy if appropriate?	Yes/No/NA
	Has Trials nurse been contacted for collection?	Yes/NA
	Has Operator written and signed procedure note?	Yes
	Has assisting Nurse completed discharge and written patient care note?	Yes
	Have prescribed drugs been signed off?	Yes/NA
	If appropriate, as the cannula been removed?	Yes/NA/No