Endoscopy & Interventional Radiology Safety Checklist



Registered Nurse

Confirm patient identity and procedure I have confirmed the following with the patient (state patient name, site, procedure, etc.) utilizing all relevant documentation, family and visitors, etc. Patient name Site, including site/side, if indicated Procedure to be performed Consent for procedure Complete nursing assessment and plan Confirm site is marked, if indicated Have all concerns or issues been addressed? Is the patient ready to leave the area? SIGN-IN CHECKLIST COMPLETE

Sign-In (prior to proceeding to procedural area) Anesthesia or Sedation Staff

Confirm patient identity and procedure
I have confirmed the following with the patient (state
patient name, site, procedure, etc.) utilizing all
relevant documentation, family and visitors, etc.
☐ Patient name
☐ Site, including site/side, if indicated
☐ Procedure to be performed
☐ Consent for anesthesia or sedation
Complete anesthesia or sedation assessment and plan
☐ Have all concerns or issues been addressed?
☐ Is the patient ready to leave the area?
SIGN-IN CHECKLIST COMPLETE

Proceduralist

Confirm patient identity and procedure
I have confirmed the following with the patient (state
patient name, site, procedure, etc.) utilizing all
relevant documentation, family and visitors, etc.
☐ Patient name
☐ Site, including site/side, if indicated
☐ Procedure to be performed
☐ Consent for surgery or procedure
☐ Consent and ASA for sedation, if indicated
Procedural site is marked, if indicated
☐ Site, including site/side, if indicated, is verified
by the patient, designee or family member
☐ Site marked with initials in indelible ink
Complete procedural assessment and plan
☐ Have all concerns or issues been addressed?
☐ Is the patient ready to leave the area?
SIGN-IN CHECKLIST COMPLETE

Based on the WHO Surgical Safety Checklist developed by: World Healt