REGIONAL BLOCK UNDERTAKEN OUTSIDE THE THEATRE ENVIRONMENT

SIGN IN
To be completed by the individual conducting the procedure prior to scrubbing

☐ Confirm all individuals have introduced themselves.
☐ Confirm patient identity.

☐ Confirm and record block to be performed:
☐ Explanation of potential side-effects given.
☐ Block site confirmed and marked with a ‘B’.

Check consent: ☐ Verbal  ☐ Written
☐ Unable, document best interest decision.

☐ Baseline observations recorded.
☐ Intravenous access secured if appropriate for block.

Confirm operator appropriately:
☐ Trained  ☐ OR  ☐ Supervised by:

Is the patient on any anticoagulant/antiplatelet drugs?
☐ No  ☐ Yes, specify:

Confirm blood results if applicable.
Platelets:  PT:  APTT:

Confirm:
☐ Absence of contra-indications to proposed block.
☐ All required equipment available.
☐ Monitoring appropriate to proposed block in place.
☐ Resuscitation equipment and intralipid present in the clinical vicinity if indicated by the proposed block.

TIME OUT
To be read out loud by the assistant before invasive part of procedure is commenced

Confirm:
☐ The operator is wearing sterile gloves after scrubbing, with additional protective clothing (e.g. gown, mask and hat) worn if appropriate for procedure.
☐ Block site cleaned with tinted Chloraprep 2%.
☐ Stop Before You Block sterile drape in place.
☐ Safe dose of local anaesthetic prepared.

SIGN OUT
To be completed by the operator before anyone leaves the procedural area

Confirm:
☐ Dressing placed over insertion site.
☐ Sharps disposed of safely by operator.
☐ Patient observed for immediate signs of local anaesthetic toxicity.
☐ Instructions given to record observations/pain scores for an appropriate duration dependent upon block performed.

STOP BEFORE YOU BLOCK.

A STOP moment must take place immediately before inserting the block needle. The operator and assistant must double-check:

☐ The block site marking.
☐ The site and side of the block.

NOTE: This step should be repeated for each block if more than one conducted on the same patient.

Confirm:
☐ Procedure/complications documented in patient notes.
☐ Further analgesia prescribed.
☐ Block entered into iNerve database (DMH only).
☐ Regional block prescription/pain monitoring chart started.

Note: If the regional block is ineffective do NOT repeat but offer alternative analgesia.

Signatures (print name)
Operator:  Date:
Assistant:  Time:
Supervisor:  Location:

AFFIX BAR CODED PATIENT LABEL HERE

CDDFT Local Safety Standard for Invasive Procedures v1 1-12-17 (review date December 2018)
This LocSSIP applies to all regional blocks undertaken outside the theatre environment (includes all wards and emergency departments) in CDDFT. All regional blocks undertaken in theatre are subject to use of the theatre WHO Surgical Safety Checklist.

**Must-do procedural steps**

1. To ensure compliance with best practice:
   a. CDDFT’s regional block procedural checklist must be used.
   b. The operator must dispose of all sharps before leaving the procedural area.

2. To eliminate the risk of ‘wrong site’ (NEVER EVENT), the operator must:
   a. Confirm the patient’s identity and take consent appropriate for the procedure.
   b. Confirm the correct side to be blocked following clinical/x-ray assessment involving the patient whenever possible.
   c. Mark the correct side for the block with a ‘B’ before scrubbing. A ‘B’ must be used to avoid confusion with surgical site marking.
   d. Use the STOP BEFORE YOU BLOCK drape.
   e. STOP BEFORE YOU BLOCK: A STOP moment must take place immediately before inserting the block needle. The operator and assistant must double-check: the block site marking and the site and side of the block. This check should involve the patient whenever possible.

3. To reduce the risk of procedure-related infections:
   a. The operator must ‘scrub’ and wear sterile gloves and the block insertion site must be cleaned with tinted 2% Chloraprep in 70% alcohol.
   b. Additional protective clothing must be worn that is appropriate to the procedure (e.g. gown, mask and hat if indicated).

4. To reduce the risk of arterial puncture and other sources of bleeding:
   a. Blood results must be checked and abnormalities in clotting corrected if indicated.

5. To reduce the risk of, and to ensure prompt treatment of, life-threatening complications:
   a. Local anaesthetic drugs must only be drawn up immediately prior to conducting the procedure and ‘open systems’ must never be used.
   b. Intravenous access must be secured and resuscitation equipment/drugs (including Intralipid) must be available in the clinical vicinity before commencing a block in which there is significant risk of ‘systemic’ side effects.

Associated guidelines:

- Procedure for the Insertion of Fascia Iliaca Block in Patients with Confirmed Fractured Neck of Femur in the Emergency Department (PROC/AEC/001).
- Fascia iliac block for analgesia in hip or proximal femoral fracture administered by non-medical practitioners (Clinical/POL/APS/008).
- AEC and Surgery Care Group Area LocSSIPs describing all NatSSIP principals which apply to this invasive procedure and checklist.