

Title: Safety Surgery and Checklist: Also Needed in Interventional Pain Medicine

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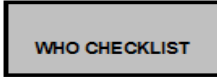
Keywords: Safety and Pain, Preventing Complications, Safety Surgery and Pain.
 Institutional Ethics is not applicable.

Objectives: With the purpose of minimizing risk for this technique, promoting a culture of safety, increasing outcome assurance by documenting data relevant for the life of the patient, an ad-hoc *Checklist* model is proposed for Interventional Pain Medicine, taking into account that:

- 1) These are outpatient techniques;
- 2) Patients have a risk profile (elderly in many cases, co-morbidities, multiple drug administration, depression and
- 3) There are technique-specific risks (spinal cord perfusion, brain stem, CSF, nerves, pneumothorax, hemorrhages)



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| FULL NAME: | _____ - HMO/ MEMBER NO. _____ |
| MEDICAL RECORD: | _____ |
| PROCEDURE: | _____ |



BEFORE INDUCTION OF ANESTHETIC SEDATION Prepare the patient as a team "PRE-Procedure"

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| <p><input type="checkbox"/> PATIENT / TEAM HAVE CONFIRMED:</p> <ul style="list-style-type: none"> - Identity - Pain location - Informed consent signed - Preoperative fasting - Suspend - Continue with medication - Platelet suppressive, Anticoagulant, Diabetes, Hypertension, Opioids, Sedatives <p><input type="checkbox"/> BODY SITE MARK / NOT APPLICABLE</p> <p><input type="checkbox"/> ANESTHESIA SAFETY CHECK:</p> <ul style="list-style-type: none"> - Machine and ventilator check - Pulse oximeter on patient and functioning <p><input type="checkbox"/> SURGICAL SAFETY CHECK:</p> <ul style="list-style-type: none"> - X-Rays protection check - Electrical protection check <p><input type="checkbox"/> DOES PATIENT HAVE?</p> <p>ALLERGIES: ATB - Latex - Analgesics - LA- Antiseptics- Iodine</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES Other: _____</p> <p>-DIFFICULT AIRWAY / DENTAL PROSTHESIS / ASPIRATION RISK?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES, and Equipment / Assistance available</p> <p>-INFECTIOUS DISEASES? VIH-AIDS - HEPATITIS C.B IMMUNITY PROBLEMS</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES Other: _____</p> <p>-DIFFICULTY TO BE IN THE POSITIONS REQUIRED FOR PROCEDURE?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES, and decubitus protectors and positioners available</p> <p>- DIFFICULTY TO MOVE AND BE SECURED TO THE TABLE? PARAPLEGIA - MONOPLÉGIA -FUNCTIONAL -IMPAIRMENT- DYSTONIA</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES ... (underline condition)</p> <p>- RISK OF AUTONOMIC REFLEXES?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES, and Airway access available Applicable / Required IV Medication</p> <p>- PACEMAKER? CARDIOVERTER.?</p> <p>- RELEVANT METALLIC MATERIAL?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> |
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BEFORE STARTING PAIN PROCEDURE Assist the patient as a team "IN procedure"

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| <p><input type="checkbox"/> CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE.</p> <p><input type="checkbox"/> PAIN EXPERT, ANESTHESIOLOGIST, TECHNICAL STAFF, ASSISTANT CONFIRM VERBALLY:</p> <ul style="list-style-type: none"> - Patient's name - Site of procedure - Scheduled procedure - X-Rays protection actions - Electrical protection actions <p><input type="checkbox"/> HAS IV ANTIBIOTIC PROPHYLAXIS AND PREEMPTIVE ANALGESICS BEEN ADMINISTERED AT THE PREVIOUS STEP?</p> <p><input type="checkbox"/> ANTICIPATED CRITICAL EVENTS</p> <p><input type="checkbox"/> PAIN EXPERT CHECKS: what the critical or non-routine steps are, how long procedure will take</p> <p>IS PATIENT REQUIRED TO BE AWAKE IN SPECIFIC STEPS?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES, When: _____</p> <p>IS TEAM REQUIRED TO BE ALERT FOR SPECIFIC PATIENT RESPONSES?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES, Autonomic: Bradycardia; tickling; Pain; Other: _____</p> <p><input type="checkbox"/> ANESTHESIOLOGIST CHECKS: Are there any patient specific concerns?</p> <p><input type="checkbox"/> NURSING TEAM CHECKS: Has sterility (including indicator results) been confirmed? Are required supplies in place? Are there instruments / equipment issues or concerns?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE</p> <p><input type="checkbox"/> IS ESSENTIAL DIAGNOSTIC IMAGING DISPLAYED?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE</p> |
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BEFORE PATIENT LEAVES ROOM PROCEDURES Assess the outcome to discharge as a team "POST Procedure"

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| <p><input type="checkbox"/> TEAM VERBALLY CONFIRMS</p> <p><input type="checkbox"/> NAME OF PROCEDURE COMPLETED</p> <p><input type="checkbox"/> NEEDLE, GAUZE AND INSTRUMENT COUNT CORRECT</p> <p><input type="checkbox"/> BIOLOGICAL MATERIAL IDENTIFICATION (IF APPLICABLE) AND MANAGEMENT</p> <p><input type="checkbox"/> WHETHER THERE IS ANY MATERIAL OR EQUIPMENT PROBLEM TO BE ADDRESSED</p> <p><input type="checkbox"/> INTERVENTIONALIST AND ANESTHESIOLOGIST WRITE ON THE MEDICAL RECORD ANY CONCERN ON PROBLEMS OF RECOVERY AND MANAGEMENT ABOUT:</p> <p><input type="checkbox"/> ALDRETE KROULIK SCORE OR EVALUATE: VENTILATION - CIRCULATION - AWARENESS - DISABILITY</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES OTHER: _____</p> <p><input type="checkbox"/> TEAM TO FACILITATE PATIENT TRANSFER TO PACU</p> <p><input type="checkbox"/> ANY NEED TO RESUME ANY MEDICAL INTERVENTION SUSPENDED THROUGHOUT THE PROCEDURE</p> <p><input type="checkbox"/> POST-OP ANALGESICS PLAN INDICATIONS AND OTHER INDICATIONS FOR DISCHARGE</p> <p><input type="checkbox"/> HAS PATIENT A GOOD TOLERANCE TO CHANGES IN DECUBITUS (POSTURAL HYPOTENSION)?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p><input type="checkbox"/> HAS PATIENT A GOOD FLUID TOLERANCE</p> <p><input type="checkbox"/> CAN PATIENT DRESS HIM / HERSELF ALONE / WITH ASSISTANCE</p> <p><input type="checkbox"/> CAN PATIENT STAND UP AND GO TO THE BATHROOM ALONE / WITH ASSISTANCE</p> <p><input type="checkbox"/> CAN PATIENT STAND UP WITHOUT HIPOGLYCEMIA OR DIZZINESS OR MOTOR BLOCKADE</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES OTHER: _____</p> <p><input type="checkbox"/> HOSPITAL DISCHARGE TIME - WRITTEN AND SPOKEN FOLLOW-UP INDICATIONS - PRESCRIPTIONS - CERTIFICATES</p> |
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|---------------------------|-------|
| Date and Place | _____ |
| Signed and Stamped | _____ |

Method: We have developed an ad-hoc *Checklist* model for interventional pain medicine, based on research in Medline, OVID and WHO bulletins on: a) Safe Surgery, b) WHO's Quality Concepts and Checklist, c) Outpatient Procedures, d) Pain Procedures and Safety. Also based on the Template Checklist found in www.safesurg.org

Results: Table 1 shows the Checklist proposed, without cases. The proposal includes the 3 original points in times the steps based on safety criteria proposed by WHO must be fulfilled, 1) identify and prepare the patient, 2) assist during the specific pain procedure and 3) assess the outcome to discharge as a team.

Conclusions: A Checklist was created for Interventional Pain Medicine that may be improved but must be used, taking into account specificities as pointed out. Safety in anesthesiology and in any type of interventional technique should prioritize this type of strategy, focused on Safe Surgery, considering supporting evidence on morbidity, mortality and preventing complications. In fact, WHO's World Alliance for Patient Safety had already put forward for users an Adaptation Guide for specific cases. This prompted ad-hoc Checklists for outpatient procedures (JP Garrahan National Children's Hospital - Argentina, Kirkland's and District Hospital's Checklists for Endoscopies and Cataract Procedures (Canada), Oregon Hospital Association's Checklist (USA), among others, were gradually added to WHO's Safe Surgery webpage.