

Fix Patient Label Here

WHO Safety Checklist SPH Neonatal Unit – LISA +/- Video Laryngoscope

Date:



SIGN IN - Before Procedure

Led by Clinician		
Have patient ID and procedure been confirmed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Indication for surfactant reviewed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Parents updated and aware of procedure (if appropriate)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
V/L cleaned and equipment ready including LISA catheter & ETCO2?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Individual roles identified?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Surfactant dose and expiry checked?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Surfactant drawn up in luer lock syringe with flexible connector?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Vapotherm ready and connected to baby?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Neopuff & suction checked with back-up ETT ready?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is baby warm? Consider blanket / transwarmer?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is the baby comfortable? Swaddle / sucrose / MEBM?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Has atropine or fentanyl been considered and prepared if required?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Name & Signature of Registered Practitioner:		



TIME OUT - Before Procedure

Led by Nurse		
Have all team members introduced themselves by name and role?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is appropriate monitoring on baby & functioning well?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Equipment (suction, neopuff, V/L, surfactant) double-checked & ready?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Plan for unexpected or critical event discussed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Post-procedure care plan discussed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Name & Signature of Registered Practitioner:		



SIGN OUT – After procedure

Led by Clinician		
Any equipment issues identified?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
V/L procedure recorded?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Any complications during or post-procedure?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Post procedure plans agreed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Documentation complete in patient's record?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Documentation complete on BadgerNet?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Surfactant	Exp:	LOT:
Debrief complete?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Total time taken for procedure :		

Name and signature of Registered Practitioner:
--