

# WHO Procedural Safety Checklist SPH Neonatal Unit – Lumbar Puncture

Fix Patient Label Here

Date:



## SIGN IN - Before skin penetration

Led by Clinician		
Has patient ID been confirmed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Confirm procedure, have contraindications been considered?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Parents aware of procedure?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Pre procedural analgesia considered- topical cream/oral Sucrose etc?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Pre-procedural blood sugar level obtained?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Equipment gathered and set up? (Procedure should be performed under full aseptic technique).	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Sample pots labelled and ready?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Ensured bleep has been handed over ?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Name & Signature of Registered Practitioner:		



## TIME OUT - Before skin penetration

Led by Nurse		
Have all team members introduced themselves by name and role?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Patient monitoring on and functioning?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Baby positioned appropriately/optimally by experienced practitioner?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Oral sucrose or MEBM available as analgesia?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Extra steps discussed? Additional samples, opening pressure measurement?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Appropriate skin preparation applied and allowed to dry for 30 seconds?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Name & Signature of Registered Practitioner:		



## SIGN OUT – After procedure

Led by Clinician		
Stylet replaced prior to removal of needle?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Opsite spray applied to LP site and dressing applied?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Lab contacted regarding samples?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Any post procedural complications or issues?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Post-procedural care plan agreed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Appropriate disposal of sharps?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Documentation complete in Patient's record?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Parents updated?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
What are the key concerns for recovery and further management?		None <input type="checkbox"/>

Name and signature of Registered Practitioner: