|  |  |
| --- | --- |
| Patient Name | <Full Name> |
| Patient ID1 (CR Number) | <Patient Id 1> |
| Date of Birth | <Date of Birth> |

|  |  |  |
| --- | --- | --- |
| Diagnosis: <Diagnosis> | | |
| Radiation Oncologist: <Primary Care Physician - Name and Phone (Default)> | | |
|  | | |
| **Brief – All team members in the procedure room with patient alert.** | | |
|  |  | All team members will introduce themselves by name and role |
|  |  | Patient ID confirmed by 2 methods (e.g. D.O.B.) |
|  |  | Allergies |
|  |  | Site and Treatment : |
|  |  | Level of Sedation confirmed (RSS) using Ramsey’s Sedation Score (RSS) |
|  |  | Assignment of an ASA classification |
|  |  | Any antibiotics required: Yes  / No |
|  |  | Lab results as required |
|  |  | Consent completed |
|  |  | Equipment QA completed |
| **Timeout – Immediately prior to treatment, all members collectively confirmed.** | | |
|  |  | Patient |
|  |  | Site and treatment |
|  |  | Treatment plan |
|  |  | Frequency of vitals monitoring, RSS and oxygen saturation assessment |
|  |  | Review of C-arm images |
|  |  | Any Questions or concerns. |
| **Debrief – Post procedure, prior to patient leaving area.** | | |
|  |  | Team confirms procedure completed as planned |
|  |  | Count correct (See checklist) |
|  |  | Confirm frequency of vitals monitoring, RSS and oxygen saturation assessment |
|  |  | Equipment / supplies issues identified (Please specify): |

|  |  |  |
| --- | --- | --- |
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| --- | --- | --- |
|  |  | Report written in log re: equipment issue (Please specify): |

|  |  |  |
| --- | --- | --- |
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| --- | --- | --- |
|  |  | What could have been improved? (Please specify): |

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| --- | --- | --- |
|  |  |  |

**Comments:**