

PRE-PROCEDURE

Patient Details

Name and date of birth correct	Yes
Consent/H&P signed & in EMR	Yes
Confirm procedure with patient/ bail out/concurrent procedures	Yes
NIH stroke scale score	Yes

Pre-Procedure Checks

Allergies _____	None
Contrast nephropathy protocol	Yes NA
Antibiotic ordered	Yes
Pacemaker interrogated, settings confirmed	Yes NA
Access site identified	Yes
INR, creatinine, hemoglobin values	Yes
Crossmatch, units available, or in blood bank	Yes
Bed available	Yes

PROCEDURE AREA PRIOR TO
ACCESS/INCISION

**Whole Team Present – ALL STOP–
Prior to Anesthesia**

All staff introduced by name & role	Yes
Confirm patient name, DOB, procedure	Yes
Anesthesia/lines/pressures/drug plan	Yes
Allergies _____	None
Antibiotic, re-dosing	Yes
Bail out, transfusion trigger	Yes
Support devices available for high risk	Yes
Access site	Yes
Pacemaker plan	Yes NA
Device – size/type _____	
Cerebral protection	Yes NA
Valvuloplasty balloon size	Yes
Injector settings _____	
Potential complications	Yes
Vasc comp equipment available, sizes	Yes
Fire risk and intervention strategies	Yes

PROCEDURE AREA PRIOR TO
ACCESS/INCISION CONT.

**ABCD Check – Prior to
Access/Incision**

Allergies
Blood – hemoglobin, platelets
Clotting – INR
Dye – GFR, creatinine, contrast volume limits – Do not exceed 3x GFR

POST-PROCEDURE

Debrief

Contrast/radiation doses recorded	Yes
Access site concerns	Yes
Pacing plan	Yes
Rhythm	Yes
PVL	Yes
NIH stroke scale score	Yes
Adverse events	Yes
Antiplatelet/anticoagulant plan	Yes