

Sign Out

Sign out is a specific set of checks which: supports safe completion of the invasive procedure, including relevant documentation; starts the process of safe and efficient handover of care; and identifies patient, equipment, staff or process concerns that need addressing.

Standards

- All patients must undergo Sign Out using a checklist: all patients who have had procedures under general, regional, or local anaesthesia, or under sedation, must undergo Sign Out. Specialty-specific and minor procedure checklists are available and should be used where appropriate.
- All team members should still be present: as a minimum, this must include the operator, the operator's assistant, the anaesthetist (if applicable) and the member of staff who will be handing over to the post-procedure team (if different).
- Any team member can lead, but the operator carries responsibility: they should ensure the whole team is listening and participating. This will usually require that the team stop all other tasks and face the Sign Out lead.
 - Sign Out should occur once the count is complete, but before the patient leaves the theatre or procedure room and prior to handover to post procedure care team
- Safety checks should include the following:
 - Confirmation of the exact name of the procedure, site and side; this may have been altered or expanded
 - Estimated blood loss if relevant
 - Explicitly checking that specimens are labelled correctly and in the correct container
 - Confirmation of a correct count including instruments, swabs, throat packs and sharps. All items must be confirmed to be intact
 - Confirmation of any intentionally retained items (if appropriate)
 - Implant check if applicable
 - Key procedural / surgical and anaesthetic plans for recovery and postprocedural management including level of care and any patient-specific concerns
 - Equipment or process problems for inclusion in the Debrief
 - Confirmation that VTE risk assessment is completed and actioned
 - IV lines are flushed, and unnecessary extensions removed in preparation to handover to recovery. Timing may depend on procedure and the situation
 - The patient is still wearing identity bands when appropriate
- Sign Out should also include the following where appropriate:
 - Drain and clamp instructions
 - Responsibility assigned for talking to the patient and / or family
 - Others to be decided locally as appropriate
- Sign Out should not end until all steps to prevent retained foreign objects are complete. Sign Out should stop and wait for reconciliation tasks to be done.
- Notes should be completed as soon as feasible.
- Organisations should consider how the Sign Out can support safe and efficient processes for early discharge of suitable patients such as prescription of take-home medication, completion of discharge letters or criteria for discharge.
- Please see the 'Performance Indicators NatSSIPs'.