

STANDARD OPERATING PROCEDURE (SOP)	Issue date: September 2019	
Trust Reference Number. C61/2019	Revision date: October 2023	
University Hospitals of Leicester 	Review date: October 2026	
Glenfield Hospital (GH), Leicester General Hospital (LGH), Leicester Royal Infirmary (LRI)	Page 1 of 14	Version: 2

Percutaneous Peritoneal Dialysis Catheter Standard Operating Procedure UHL Nephrology (LocSSIPs)

Change Description <input type="checkbox"/> Change in format	Reason for Change x Trust requirement
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APPROVERS	POSITION	NAME
Person Responsible for Procedure:	Consultant Nephrologists	Dr Osasuyi Iyasere Dr Yahya Makkeyah Dr Jorge Jesus Silva
SOP Owner:	Head of Service (Nephrology)	Dr Jorge Jesus Silva
Sub-group Lead:	Head of Service (Nephrology)	Dr Jorge Jesus Silva

Appendices in this document:

- Appendix 1: UHL Safer Surgery Percutaneous Peritoneal Dialysis Catheter Insertion Checklist**
- Appendix 2 : Patient Information Leaflet for Procedure** Available at: [Home \(leicestershospitals.nhs.uk\)](http://leicestershospitals.nhs.uk)
- Appendix 3 : UHL Percutaneous Peritoneal Dialysis Catheter Insertion Team Brief and Debrief Checklist**

Introduction and Background:

This Local Safety Standards for Invasive Procedures (LocSSIPs) covers peritoneal dialysis catheter insertions (PDI) done percutaneously by nephrologists in UHL. This may be done using the Seldinger technique. The Seldinger approach involves ultrasound guided peritoneal entry and the use of a guidewire for catheter insertion. It has been adopted more recently due to CoVID-19, to avoid aerosol generation.

The procedure can either be a day case (patients cared for on ward 30 at GGH) or inpatient.

Cases unsuitable for percutaneous insertion

Patients unwilling to have the procedure under local anaesthetic and sedation.

Title: Percutaneous peritoneal dialysis catheter insertion Standard Operating Procedure UHL Nephrology (LocSSIPs)

Authors: Dr Osasuyi Iyasere - Consultant Nephrologist

Approved by: RRCV Quality & Safety Meeting 2023

Review: 17/10/2026

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STANDARD OPERATING PROCEDURE (SOP)	Issue date: September 2019	
Trust Reference Number. C61/2019	Revision date: October 2023	
University Hospitals of Leicester 	Review date: October 2026	
Glenfield Hospital (GH), Leicester General Hospital (LGH), Leicester Royal Infirmary (LRI)	Page 2 of 14	Version: 2

Patients with contraindications to sedation.
Patients with midline laparotomy scars
Patients with skin to peritoneum depth of >7cm

Cases unsuitable for Day Case catheter insertion

Patients deemed to have a high bleeding risk
Patients with no responsible adult to return home to.

Cases unsuitable for percutaneous catheter insertion must be referred to the transplant team for assessment and surgical placement of PD catheter.

Referrals will be made in writing to PDI consultant (Currently Drs Iyasere, Jesus-Silva and Makkeyah) for all day case procedures. In patient referrals can be made by verbal discussion or email. A day case surgical waiting list form will be completed for each patient.

Never Events:

Mis-selection of high strength midazolam during conscious sedation - A second registered practitioner will directly witness the preparation, administration and disposal of any residual doses. This is in line with the UHL Policy and Procedures for the Use of Controlled Drugs (CDs) on Wards, Departments and Theatres- B16/2009

Wrong site surgery – see Team Briefing section

List management and scheduling:

Prof Barratt’s secretary will be responsible for preparing the procedure lists and sending a letter to the patients for day case PDI advising them of the date of the procedure (which will usually be a Thursday morning) and asking them to telephone the Renal Planned Care hub (RPCH) to make an appointment at least a week before to attend for pre assessment.

The procedure list will be emailed to the procedure room staff, RPCH staff, ward managers for 27, 30 and 37 as well as the PDI consultants.

Patients who do not attend will be offered a second procedure date. Patients who do not attend the second time will have a letter or email sent to the referring consultant to notify them.

STANDARD OPERATING PROCEDURE (SOP)	Issue date: September 2019	
Trust Reference Number. C61/2019	Revision date: October 2023	
University Hospitals of Leicester 	Review date: October 2026	
Glenfield Hospital (GH), Leicester General Hospital (LGH), Leicester Royal Infirmary (LRI)	Page 3 of 14	Version: 2

Patient preparation:

The patients for day case PDI will attend for pre assessment at least a week before the procedure. This will be done using the daycase PD catheter insertion proforma.

The following information will be required prior to daycase admission for the procedure.

- Patient name
- ID number, NHS or S number
- Date of birth
- Gender
- Next of kin details
- Significant comorbidities including diabetes status and past surgical/anaesthetic history
- Allergies
- Infection risk assessment
- Site of post procedural care
- Medication history

The following bloods will be taken: Full blood count, PT & APTT, Renal profile, CRP and group and save. Results will be reviewed by PDI consultant, in the week prior to the procedure to confirm the PDI can be performed.

All patients will have nose swabs taken for carriage of Staphylococcus results forwarded to the Renal Home Care Team and all will commence mupirocin nasally and aquasept washes until PD catheter insertion.

The patient will be provided with a prescription for laxatives (Senna two tablets at night, Lactulose 10ml twice daily and 2 sachets of PicoLax) and asked to start these in preparation of commencing peritoneal dialysis. An enema may be required for urgent inpatient PD catheter insertions.

Patients will be provided with a patient information leaflet on PD catheter insertion summarising the procedure. Inpatients will have the same pre procedure investigations and treatment as well as receiving the same information leaflet.

Patients will be required to fast from midnight the night before the procedure. There is no requirement for IV fluids.

INR must be less than 1.2 and platelets greater than 100.

Perioperative glycaemic control and monitoring of diabetic patients will be managed in accordance with the UHL guideline for "Diabetic Patients Undergoing Surgery: B3/2013".

Anti-coagulation

Anticoagulants such as warfarin should be withheld prior to the procedure (refer to the UHL policy Anticoagulation management ("bridging") at the time of elective surgery and invasive procedures (adult): B30/2016).

The patients will all have been seen by a member of the renal home care team prior to the procedure.

STANDARD OPERATING PROCEDURE (SOP)	Issue date: September 2019	
Trust Reference Number. C61/2019	Revision date: October 2023	
University Hospitals of Leicester 	Review date: October 2026	
Glenfield Hospital (GH), Leicester General Hospital (LGH), Leicester Royal Infirmary (LRI)	Page 4 of 14	Version: 2

On the morning of the procedure, the patient will attend ward 30 at GGH and will be admitted to the procedure bed. A patient identification band will be printed after patient identification in line with the UHL Patient Identification Band Policy B43/2007. An intravenous cannula will be inserted. Patients with disabilities will be supported based on their individual needs. These are assessed as part of the pre-assessment process in the renal planned care hub. A hoist or rotunda will be used to aid transfers where it is necessary to do so. Those with learning disabilities will be supported through the Preassessment, procedure and post procedure phase with input from the learning disabilities liaison team.

The patient will be consented by the consultant performing the procedure. The consent process will involve a step by step discussion of the procedural sequence, discussion about the most appropriate and convenient site for the catheter exit site as well the risks associated with the procedure, with opportunities to address any queries. The telephone interpreting service will be used to aid shared decision making and consent for those requiring it.

Risks to be quoted for the procedure:

- Local bleeding and haematoma formation (3.4%)
- Catheter related infection (2.6% cases)
- Bowel perforation (0.8% of cases)
- Sedation effects on BP and breathing

The patient will receive a pre-procedure dose of Teicoplanin 400mg intravenously or suitable alternative if allergic to Teicoplanin.

For urgent inpatient PD catheter insertions, follow the UHL policy – “Preparing inpatients for urgent start peritoneal dialysis catheter insertion”.

Workforce – staffing requirements:

The procedure requires the following team (at the minimum) to be present throughout the procedure.


- PDI consultant
- Assistant experienced in the procedure
- Suitably trained health professional to administer the sedation

Ward checklist, and ward to procedure room handover:

The patient will be collected by a member of the procedure room staff and asked to empty their bladder prior to entering the procedure room.

Procedural Verification of Site Marking:

The PD exit site will be marked on the day of the procedure and the appropriate sized catheter chosen, by the operating consultant.

STANDARD OPERATING PROCEDURE (SOP)	Issue date: September 2019	
Trust Reference Number. C61/2019	Revision date: October 2023	
University Hospitals of Leicester 	Review date: October 2026	
Glenfield Hospital (GH), Leicester General Hospital (LGH), Leicester Royal Infirmary (LRI)	Page 5 of 14	Version: 2

Team Safety Briefing:

The team safety briefing will be performed by the staff involved in the procedure before the start of each procedure session, in the procedure room, where the order of the procedure list will be confirmed and any special patient considerations will be highlighted.

A safety briefing checklist will be completed as is included in the daycase PDI proforma.

Sign In:

On entering the procedure room staff will complete the first part of the procedure checklist. This will usually be completed by either the assistant or the NA.

Time Out:

This will take place prior to starting the procedure using the second part of the procedure checklist.

Performing the procedure:

Percutaneous PD catheter insertion

Setting up in procedures room

Equipment required

- PDI sterile pack: to include:
 - Drapes; scissors; scalpel holder
 - Artery forceps; 6" Debaquey forceps
- PD catheter percutaneous insertion pack which includes
 - 18G echogenic introducer needle
 - 12F and 14F dilators, 18Fr Split sheath dilator
 - Guide wire, implanter and Tunneler
- Pink non-alcoholic chlorhexidine for skin prep, razor
- Lidocaine with 2% adrenaline, sterile gel
- Ultrasound probe cover
- PD catheter, titanium plug & cap
- Curved cutting 2 O undyed vicryl suture
- Ultrasound machine with abdominal USS probe
- 1 litre bag of normal saline X 2; IV giving set

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Trust Reference Number. C61/2019	Revision date: October 2023	
University Hospitals of Leicester 	Review date: October 2026	
Glenfield Hospital (GH), Leicester General Hospital (LGH), Leicester Royal Infirmary (LRI)	Page 6 of 14	Version: 2

- Guidewire

The operator and assistant will perform a surgical scrub, and wear the following - Gown, gloves, theatre cap and surgical mask, eye protection. This procedure would be deferred in COVID positive patients. In the rare case that it is not possible to do so, the PPE will be adjusted in line the UHL COVID-19 policy and it will be undertaken in a side room.

The procedure is performed under conscious sedation using morphine and midazolam according to the UHL policies - "Safety and Sedation of Patients Undergoing Diagnostic and Therapeutic Procedures" and "Policy and Procedures for the Use of Controlled Drugs (CDs) on Wards, Departments and Theatres- B16/2009".

Monitoring:

The following monitoring will take place during the procedure.

- O2 Sats - continuously
- ECG - continuously
- Blood Pressure – every five minutes
- Pulse rate - continuously
- Respiratory rate - continuously
- Conscious level – every five minutes
- Temperature – prior to starting
- Capillary Blood Glucose (CBG) prior to starting
 - if the procedure takes longer than anticipated, CBGs will be monitored in accordance with UHL diabetes guidelines (B3/2013)

Prosthesis verification:

The PD catheter pack will be checked prior to opening for correct size and then the catheter will be checked again prior to insertion.

Prevention of retained Foreign Objects:

The PDI insertion packs will contain a list of contents which will be checked by 2 members of staff at the start and end of the procedure.
No swabs are used internally but these will also be checked in a similar manner.
All equipment is checked each time it is used.

Radiography:

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Trust Reference Number. C61/2019	Revision date: October 2023	
University Hospitals of Leicester 	Review date: October 2026	
Glenfield Hospital (GH), Leicester General Hospital (LGH), Leicester Royal Infirmary (LRI)	Page 7 of 14	Version: 2

Real time Ultrasound may be used as an adjunct to confirm entry into the peritoneal entry.
Abdominal X ray may be requested post procedure, if there are drainage concerns.

Sign Out:

The final part of the procedure checklist will be completed before the patient leaves the procedure room.
The procedure note will be completed by the consultant who has performed the procedure and documented in the patients record, using the day case PDI proforma.

Handover:

After completion of the procedure the patient will be returned to the ward or designated recovery area and handed over to the staff. Any specific instructions will be documented in the Medical notes.

Team Debrief:

A team debrief will happen after each PD list
It will take place in the procedure room and all the team involved in the procedure will be present.
The debrief will include a review of each procedure and a debriefing checklist will be completed for each procedure. (See attached)

The checklist will include

- A record of any equipment problems/malfunctions
- A record of any procedural problems
- A record of any sedation issues
- A list of any actions required along with who will be responsible for dealing with the required actions.

The checklists will be filed in the procedure room, along with the procedure log. They will be used for audit purposes which will in turn inform improvements

Post-procedural aftercare:

On return from procedure room, the patient will have a full set of observations taken (Temp, BP, PR, oxygen saturation and conscious level) and these will repeated every 15 minutes for 1 hour, every 30 minutes for 2 hours and then 4 hourly thereafter until discharge for day cases or until post procedure review for inpatients.

The patient will be allowed to sit up immediately if they wish and get out of bed after 4 hours bed rest.

Patients will have simple analgesia prescribed on their chart on a PRN basis for post-procedure analgesia if required.

Patients will be observed for 6 hours before being allowed home (if day case) after review the PDI

STANDARD OPERATING PROCEDURE (SOP)	Issue date: September 2019	
Trust Reference Number. C61/2019	Revision date: October 2023	
University Hospitals of Leicester 	Review date: October 2026	
Glenfield Hospital (GH), Leicester General Hospital (LGH), Leicester Royal Infirmary (LRI)	Page 8 of 14	Version: 2

consultant or renal registrar.

If there are any problems during the post-procedure period nursing staff should immediately inform the PDI consultant or the Renal Specialist Registrar on call for that day.

Discharge:

All patients will be reviewed 6 hours post-procedure by the PDI consultant or renal registrar. If there are no problems day case patients will be discharged home in the care of a responsible adult.

If required a prescription for simple analgesia will be provided.

The patient will be provided with a post-PD catheter insertion information leaflet which will give information on catheter exit site care and the dates for their exit site review and training date and a sedation advice leaflet.

The PDI consultant will confirm that the patient has a suitable outpatient review date and that the relevant renal community teams have been informed.

The PDI consultant will update the medication list on the renal database (currently PROTON) and generate a discharge summary/TTO for the referring Consultant Nephrologist and GP, detailing the insertion date, plan for follow up and the need to continue laxatives regularly.

Governance and Audit:

Safety incidents will comprise equipment malfunction, the need for sedation reversal agents (flumazenil or naloxone), the need for atropine or the requirement of admission following a planned day case procedure.

The Datix system will be used to report any safety incidents. Datix reports will be reviewed on a monthly basis at the renal mortality and morbidity meeting and outcomes documented in the meetings minutes.

All PD catheter insertions performed by Nephrologists and Transplant Surgeons will be audited annually.

The following outcomes will be audited:

Incidence of:	viscus perforation
	significant procedural haemorrhage
	exit site infection
	PD catheter leaks
	peritonitis episodes
	PD catheter malposition and primary failure
	30 day mortality
	Use of flumazenil
	Use of naloxone
	Sustained drop in O2 sats <90%

[To submit monthly Safe Surgery Audit and WHOBARS assessment as per Safe Surgery Quality Assurance & Accreditation programme.](#)


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University Hospitals of Leicester 	Review date: October 2026	
Glenfield Hospital (GH), Leicester General Hospital (LGH), Leicester Royal Infirmary (LRI)	Page 9 of 14	Version: 2

Training:

All staff who insert PD tubes percutaneously must:

- a. Be taught by a registered health care professional who is experienced in the insertion of the device and has been assessed as competent themselves
- b. Have completed a period of supervised practice, the time span of which will be agreed by the assessor but to be completed within 6 months
- c. Successfully complete a final competency based assessment by an appropriately trained assessor
- d. Maintain records of the competency assessment as to provide evidence if required
- e. Successfully completed mandatory Aseptic Non-touch Technique training on HELM
- f. Maintain knowledge and skills and provide evidence of this as agreed with line manager as part of the annual appraisal process

Staff new to the Trust who have been trained elsewhere must:

- a. Provide evidence of the training and assessment programme they have successfully completed
- b. Comply with the relevant Trust policies and undertake additional training relating to equipment and documentation as required
- c. Undertake a one off practical assessment by an appropriate assessor within own CMG/Ward/Unit

To be able to assess the knowledge and competencies of others, the assessor must:

- a. Be confident and competent in performing the skill
- b. Practice the skill regularly
- c. Have a sound knowledge of current policies and procedures
- d. Be identified by their line manager as an assessor
- e. Ideally be able to show evidence of Continuing Professional Development relating to the skill

All other new staff involved in the procedure will be required to have training appropriate for their role, read the SOP and have the opportunity to discuss with Dr Iyasere before signing a copy of the document which will be held by Jane Gilbert, Prof. Barratt's secretary.

Documentation:

The procedure will be documented in the patient notes and on the renal database (currently PROTON). The safety checklist will be filed in the patient notes

References to other standards, alerts and procedures:

National Safety Standards for Invasive Procedures, NHS England 2015:

<https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/09/natssips-safety-standards.pdf>

UHL Safer Surgery Policy: B40/2010

UHL Policy and Procedures for the Use of Controlled Drugs (CDs) on Wards, Departments and Theatres-

STANDARD OPERATING PROCEDURE (SOP)	Issue date: September 2019	
Trust Reference Number. C61/2019	Revision date: October 2023	
University Hospitals of Leicester 	Review date: October 2026	
Glenfield Hospital (GH), Leicester General Hospital (LGH), Leicester Royal Infirmary (LRI)	Page 10 of 14	Version: 2

<p>B16/2009 UHL Sedation Policy: Safety and Sedation of Patients Undergoing Diagnostic and Therapeutic Procedures B10/2005 UHL Consent to Treatment or Examination Policy A16/2002 UHL Delegated Consent Policy B10/2013 UHL Patient Identification Band Policy B43/2007 UHL Guideline: Anticoagulation management (“bridging”) at the time of elective surgery and invasive procedures (adult) B30/2016 UHL Guideline: Management of adult patients with diabetes undergoing elective surgery and procedures B3/2013 Shared decision making for doctors: Decision making and consent (gmc-uk.org) COVID and PPE: UHL PPE for Transmission Based Precautions - A Visual Guide COVID and PPE: UHL PPE for Aerosol Generating Procedures (AGPs) - A Visual Guide</p>
END


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STANDARD OPERATING PROCEDURE (SOP)	Issue date: September 2019	
Trust Reference Number. C15/2020	Revision date: October 2023	
University Hospitals of Leicester 	Review date: October 2026	
GH, LGH, LRI	Page 11 of 14	Version: 2.0

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Patient ID Label or write name and number

Hospital No.: _____


Name: _____

Address: _____

D.O.B.: _____ Sex: _____

Telephone No. 1: _____


Telephone No. 2: _____




Safer Surgery Checklist

Percutaneous Peritoneal Dialysis Catheter Insertion

Nephrology Department





Date: _____

Time: _____


Location: _____

SIGN IN	TIME OUT	SIGN OUT
On arrival of patient in procedure room, with all team members present	Immediately before skin incision or commencement of procedure	After counts Before patient or team members leave room
Team introduce themselves by name and role <input type="checkbox"/>	Confirm identity checks completed Yes <input type="checkbox"/> No <input type="checkbox"/>	Procedure correctly performed and recorded Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirm patient's details with patient against wristband, consent form and theatre list (name, DOB & hospital number) <input type="checkbox"/>	Equipment check Yes <input type="checkbox"/> No <input type="checkbox"/>	Swab, equipment and instrument count correct Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirm valid written consent/ digital consent Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Exit site identified Yes <input type="checkbox"/> No <input type="checkbox"/>	Sharps disposed of safely Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirm valid verbal consent Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Glycaemic control Yes <input type="checkbox"/> No <input type="checkbox"/>	any equipment Issues? Yes <input type="checkbox"/> No <input type="checkbox"/>
Patient Information Leaflet Provided Yes <input type="checkbox"/> No <input type="checkbox"/>	Hair removed with clippers Yes <input type="checkbox"/> No <input type="checkbox"/>	Key concerns for recovery and post-operative management discussed Yes <input type="checkbox"/> No <input type="checkbox"/>
Known allergy: Yes <input type="checkbox"/> No <input type="checkbox"/>	Preprocedure ultrasound completed Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cannula Yes <input type="checkbox"/> No <input type="checkbox"/>		
Antibiotics given Yes <input type="checkbox"/> No <input type="checkbox"/>		
Bladder emptied Yes <input type="checkbox"/> No <input type="checkbox"/>		
Monitoring equipment attached and working Yes <input type="checkbox"/> No <input type="checkbox"/>		
ECG Yes <input type="checkbox"/> No <input type="checkbox"/>		
BP Yes <input type="checkbox"/> No <input type="checkbox"/>		
Pulse oximetry Yes <input type="checkbox"/> No <input type="checkbox"/>		
Read out by: (PRINT)	Read out by: (PRINT)	Read out by: (PRINT)
Signed: _____ Date: _____	Signed: _____ Date: _____	Signed: _____ Date: _____

03214308 KR


Percutaneous Peritoneal Dialysis Catheter Insertion Standard Operating Procedure UHL Nephrology (LocSSIPs)
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STANDARD OPERATING PROCEDURE (SOP)	Issue date: September 2019
Trust Reference Number. C15/2020	Revision date: October 2023
University Hospitals of Leicester 	Review date: October 2026
GH, LGH, LRI	Page 12 of 14 Version: 2.0

Appendix 2: Patient Information Leaflet for *Procedure* Available at: [Home \(leicestershospitals.nhs.uk\)](http://leicestershospitals.nhs.uk)

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STANDARD OPERATING PROCEDURE (SOP)	Issue date: September 2019	
Trust Reference Number. C15/2020	Revision date: October 2023	
University Hospitals of Leicester 	Review date: October 2026	
GH, LGH, LRI	Page 13 of 14	Version: 2.0


Appendix 3: UHL Percutaneous Peritoneal Dialysis Catheter Insertion Team Brief and Debrief Checklist




Team Brief Checklist

Percutaneous Peritoneal Dialysis Catheter Insertion

Nephrology Department





University Hospitals of Leicester
NHS Trust

Procedure Room Site: _____

Operator: _____

Date: _____

Time started: _____

This checklist **MUST** be filed in the PDI Procedure Brief folder

1. TEAM BRIEF

At the beginning of the list to discuss all cases, led by the theatre team leader	All team members have introduced themselves by name & role <input type="checkbox"/>	Are the patients where the list says they are <input type="checkbox"/>
	Issues resolved from last debrief <input type="checkbox"/>	Any latex allergies <input type="checkbox"/>
	Any outstanding investigations <input type="checkbox"/>	Confirm list order <input type="checkbox"/>

List N.	S No.	Patient's Name	D.O.B.	Operation	Ward	Operating Surgeon
1						
2						
3						
4						
5						
6						
7						


TEAM DEBRIEF:

Post op debrief performed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Team name:	Designation:
Any issues arising that need to be addressed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Time:	Date:
If 'Yes', is Debrief Action Log complete (see reverse)	Yes <input type="checkbox"/> No <input type="checkbox"/>		

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STANDARD OPERATING PROCEDURE (SOP)	Issue date: September 2019	
Trust Reference Number. C15/2020	Revision date: October 2023	
University Hospitals of Leicester 	Review date: October 2026	
GH, LGH, LRI	Page 14 of 14	Version: 2.0



Team Debrief Checklist
Percutaneous Peritoneal Dialysis Catheter Insertion
Nephrology Department



Date: _____

This checklist **MUST** be filed in the PDI Procedure Debrief folder

Issue noted	Action Required	Responsible Person	Due Date	Comments
Equipment problems Yes <input type="checkbox"/> No <input type="checkbox"/> Details:				
Sedation Yes <input type="checkbox"/> No <input type="checkbox"/> Details:				
Procedural Issues Yes <input type="checkbox"/> No <input type="checkbox"/> Details:				

Team Signature: _____	Designation: _____
Print name: _____	Time: _____ Date: _____

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