



PALERMO 5-7 Ottobre  
**XXVIII** CONGRESSO  
NAZIONALE



# Proposta di una checklist in ALR a tutela dei pazienti e degli anestesisti

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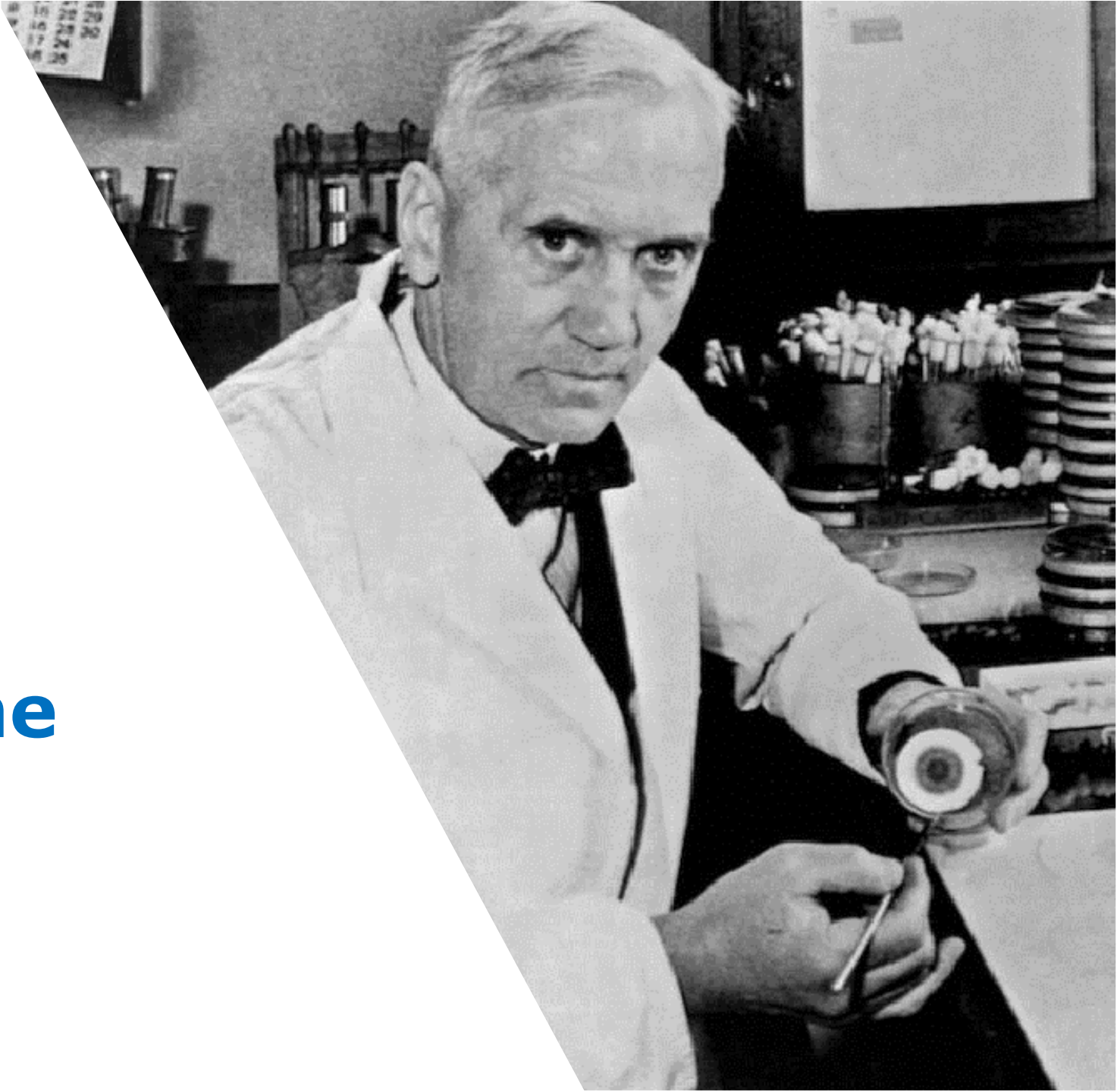
**Perché ci serve una checklist...**



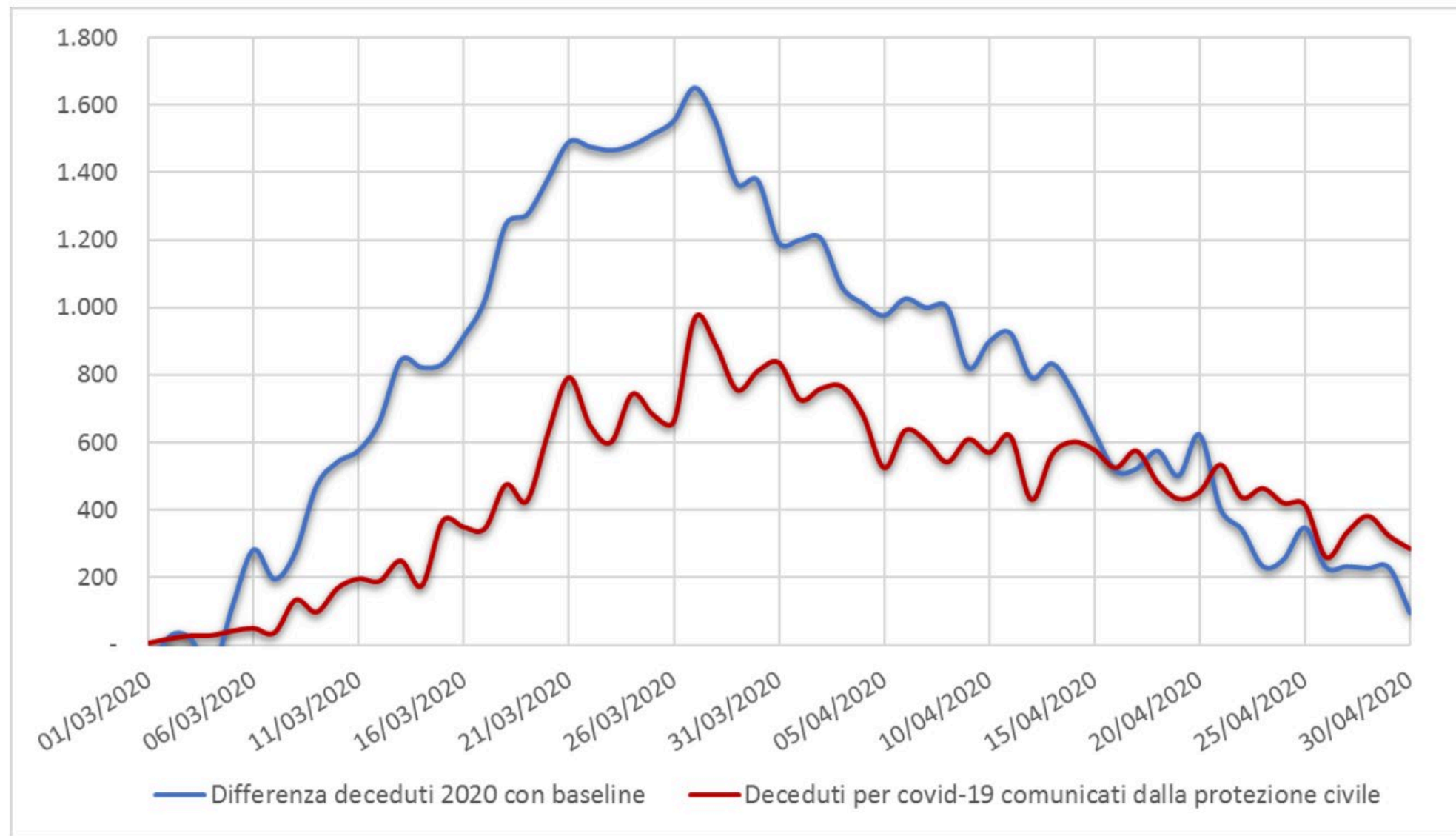


**IGNORANZA**

**Assenza comune  
di conoscenza**



# Italia: andamento giornaliero dei maggiori decessi rilevati rispetto alla media ponderata sullo stesso periodo nei 5 precedenti dal 01/03/2020







**NEGLIGENZA**

**Mancanza  
personale di  
conoscenza**





**FALLIBILITÀ**

**Capacità di errore insito  
nella stessa natura umana**









# The Universal Protocol

The Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery is part of the *National Patient Safety Goals*<sup>®</sup> chapter of the Joint Commission accreditation manual.

[View National Patient Safety Goals](#)



# National Patient Safety Goals

Each year we gather information about emerging patient safety issues from widely recognized experts and stakeholders. This information is the basis for our *National Patient Safety Goals*<sup>®</sup>, which we tailor for each specific program. It also informs our sentinel event alerts, standards and survey processes, performance measures, and educational materials.







# 2023 Hospital National Patient Safety Goals

## Identify patients correctly

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NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

## Improve staff communication

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NPSG.02.03.01

Get important test results to the right staff person on time.

## Use medicines safely

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NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.





# 2023 Hospital National Patient Safety Goals

## **Use alarms safely**

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

## **Prevent infection**

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning.

## **Identify patient safety risks**

NPSG.15.01.01

Reduce the risk for suicide.

## **Improve health care equity**

NPSG.16.01.01

Improving health care equity is a quality and patient safety priority. For example, health care disparities in the patient population are identified and a written plan describes ways to improve health care equity.

## **Prevent mistakes in surgery**

UP01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP01.02.01

Mark the correct place on the patient's body where the surgery is to be done.

UP01.03.01

Pause before the surgery to make sure that a mistake is not being made.



The Safe Anaesthesia Liaison Group (SALG)  
is a collaborative project to promote patient  
safety across the perioperative pathway



## Welcome to the Safe Anaesthesia Liaison Group

The Safe Anaesthesia Liaison Group (SALG) brings together interests of a number of organisations interested in the safety of patients undergoing anaesthesia across the UK. Members of the group are nominated by the organisations that they represent.



### Report a Patient Safety Incident - England & Wales

#### Report a patient safety incident (England & Wales)

This link will open to the NHS England website



### Report a Patient Safety Incident - Northern Ireland

#### Northern Ireland (adverse incident centre)

This link will open to a page that provides guidance on reporting adverse incidents to NIAIC



#### MHRA Yellow Card

Report suspected side effects to medicines, medical device incidents, defective or falsified (fake) products to ensure safe and effective use.



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# Editorial

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“Mock before you block”: an in-built action-check to prevent wrong-side anaesthetic nerve blocks

Anaesthesia 2017, 72, 143-155



## Table 2 Summary of steps to take to adopt the ‘Mock Before You Block’ in clinical practice.

- 1 Check and identify patient and site of surgery/block in anaesthetic room on arrival\*
- 2 Induce anaesthesia (or move to step 3 if performing block awake)
- 3 Position patient/limb, prepare block tray, prepare and clean skin, scrub for conducting block (in whichever suitable order)
- 4 Use sterile empty syringe† and state: *“Mock block: is it the correct site?”*‡
- 5 If assistant confirms, and this reconciles with anaesthetist opinion, proceed with true block§

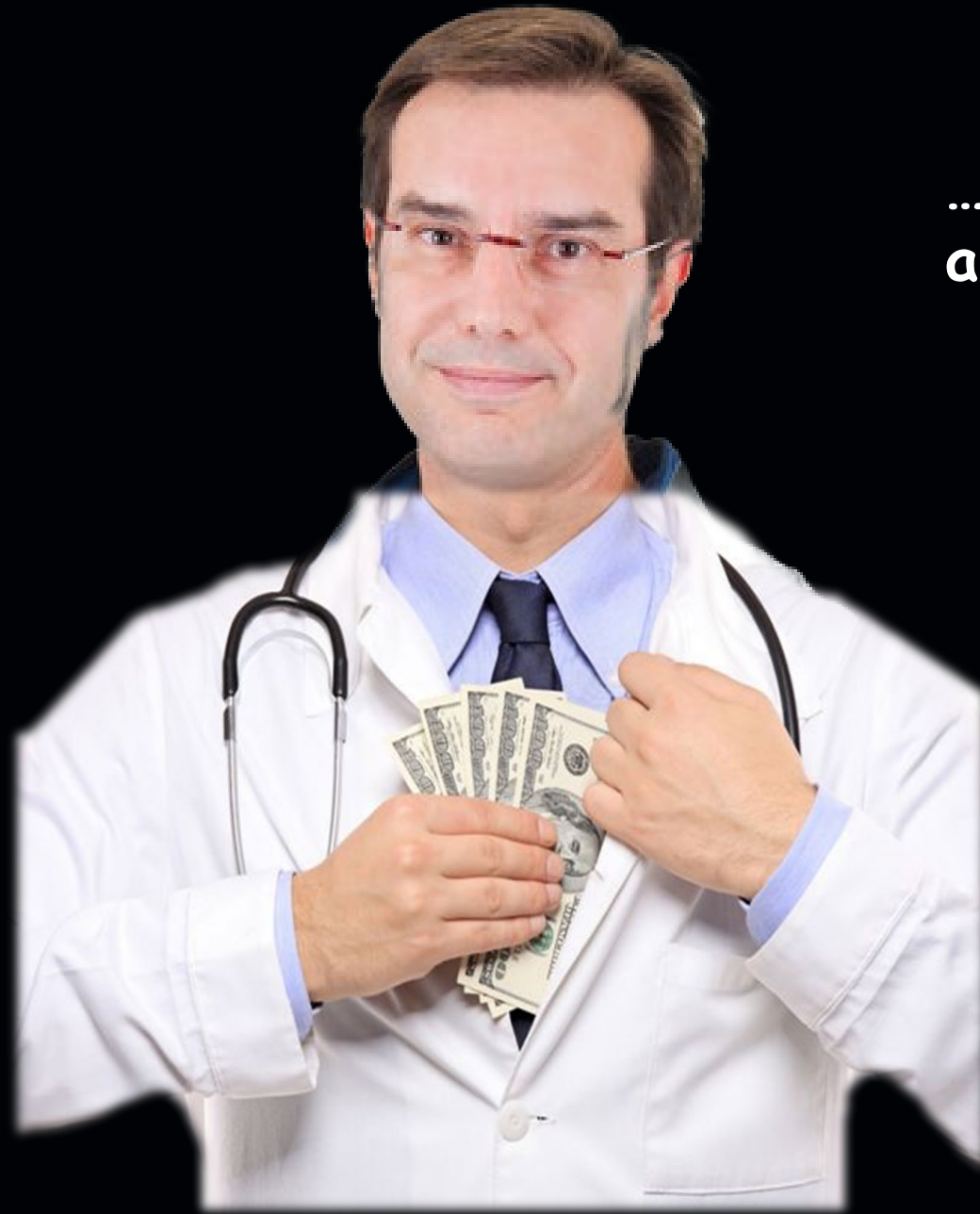
\*Some practitioners would perform Stop Before You Block at this stage.

†Alternatively can be used: a gloved finger; sterile ultrasound probe; sterile empty needle sheath; or the site can be signed with sterile marker pen or marked with a sterile label.

‡Note that this becomes, in effect, the Stop Before You Block moment.

§If the mock block is identified as on wrong side, then repeat procedure on correct side.





...e al nostro **POVERO**  
anestesista chi ci pensa ?





# Crash Butt: Protezione del Sedere







СХМ КСН 1977

 The Joint Commission

## The Universal Protocol

### Practice Advisory for the Prevention, Diagnosis, and Management of Infectious Complications Associated with Neuraxial Techniques

*An Updated Report by the American Society of Anesthesiologists Task Force on Infectious Complications Associated with Neuraxial Techniques and the American Society of Regional Anesthesia and Pain Medicine\**



American Society of  
**Anesthesiologists**

### Local Anesthetic Systemic Toxicity Checklist



*Eur J Anaesthesiol 2022; 39:100-132*

**EJA**  
PODCAST

**GUIDELINES**

**Regional anaesthesia in patients on antithrombotic drugs**  
Joint ESAIC/ESRA guidelines

# Standards for Basic Anesthetic Monitoring

**Developed By:** Committee on Standards and Practice Parameters (CSPP)

**Last Affirmed:** December 13, 2020 (last amended October 20, 2010) (original approval: October 21, 1986)

These standards apply to all anesthesia care although, in emergency circumstances, appropriate life support measures take precedence. These standards may be exceeded at any time based on the judgment of the responsible anesthesiologist. They are intended to encourage quality patient care, but observing them cannot guarantee any specific patient outcome. They are subject to revision from time to time, as warranted by the evolution of technology and practice. They apply to all general anesthetics, regional anesthetics and monitored anesthesia care. This set of

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# Recommendations for effective documentation in regional anesthesia: an expert panel Delphi consensus project

Ahmed HM, et al. *Reg Anesth Pain Med* 2022;**47**:301–308.

Patient information	Level of agreement
Patient name	Strong
Patient date of birth	Strong
Patient gender	Strong
Patient medical record number/hospital number	Strong
Patient weight	Strong
Patient height	Strong
Patient American Society of Anesthesiologists (ASA) physical status classification	Strong
Patient allergies	Strong

## Procedure preparation

Block performed by _____ (name)	Strong
Grade of block performer (e.g. consultant, fellow, resident, registrar)	Weak
Name of supervisor (if applicable)	Strong
Documentation of patient consent gained (as per local standards e.g. written, verbal)	Strong
Documentation of individual risks of procedure discussed (as per local standards)	Strong
Pre-anesthetic / block evaluation	Strong
Coagulation considered	Weak
Pre-procedure diagnosis (post-operative pain management / surgical diagnosis)	Strong
Timeout / World Health Organisation (WHO) checklist	Weak
Stop moment performed	Strong
Intravenous access	Strong
Regional anesthesia procedure name	Strong
Patient position during regional anesthesia procedure	Strong
Monitors applied	Strong
Baseline vital signs	Strong
Pre-medication (type and quantity of sedation)	Strong
Level of sedation (no sedation / light sedation / deep sedation / general anesthesia)	Strong



# Recommendations for effective documentation in regional anesthesia: an expert panel Delphi consensus project

Ahmed HM, et al. *Reg Anesth Pain Med* 2022;**47**:301–308.

## Procedure performance

Time and date of regional anesthesia procedure	Strong
Aseptic agent used	Strong
Aseptic technique used as per local policy	Strong
Skin infiltration with local anesthetic	Strong
Needle design: tip, manufacturer, length, gauge	Strong
Local anesthetic used for regional anesthesia technique (concentration and volume)	Strong
Epinephrine dose if used (concentration)	Strong
Adjunct used (e.g. bicarbonate, clonidine etc.)	Strong

## Specific for peripheral nerve block performance

Side of block	Strong
Technique of needle localization (ultrasound / nerve stimulator / landmark)	Strong
No Evoked Motor Response (EMR) <_____mA (when applicable i.e. when nerve stimulator used)	Strong
Minimum current and current duration (if nerve stimulator used)	Strong
Absence of blood on aspiration	Strong
Catheter depth at the skin	Strong
Absence of pain / paresthesia during injection	Strong
Complications	Strong



## Recommendations for effective documentation in regional anesthesia: an expert panel Delphi consensus project

Ahmed HM, *et al.* *Reg Anesth Pain Med* 2022;**47**:301–308.

### Specific for neuraxial procedure performance

Technique (approach used eg, median/paramedian)	Strong
Vertebral level of needle insertion	Strong
Technique used: loss of resistance to saline/air for epidural insertion	Strong
No of attempts	Strong
Epidural needle depth at loss of resistance	Strong
Catheter depth at the skin	Strong
Note on aspiration and action taken	Strong
Epidural test dose (if applicable)	Strong
Absence of pain/paresthesia during injection	Strong
Dermatomal level of spinal of epidural block achieved (if assessed)	Strong
Complications	Strong
Postprocedure	
Patient vital signs after the procedure	Strong
Postprocedure instructions (as per local standards)	Strong



A.  
INFO  
PAZIENTE

B.  
PREPARAZIONE  
PROCEDURA

C.  
ESECUZIONE  
PROCEDURA

D.  
BLOCCO  
PERIFERICO

E.  
BLOCCO  
CENTRALE

F.  
POST  
PROCEDURA



## A. INFO PAZIENTE

ANAGRAFICA

Identità confermata  
da almeno due fattori

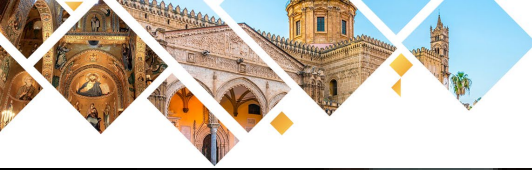
A1. Cognome e Nome  
A2. Data di Nascita

CLINICA

A3. Allergie....  
A4. Stato coagulativo

KIDNEY FAILURE  
FEVER  
COUGH  
LOW  
ABD. PA





## B. PREPARAZIONE PROCEDURA

- B1. Esecutore del blocco
- B2. Tutor, ove presente
- B3. Consenso informato
- B4. Verifica disponibilità Kit emergenza LAST

- B5. Verifica intervento programmato
- B6. Verifica Lateralità
- B7. ALR pianificata
- B8. Monitoraggio Parametri Vitali (ECG, SpO2, NiBP)
- B9. Accesso vascolare







1

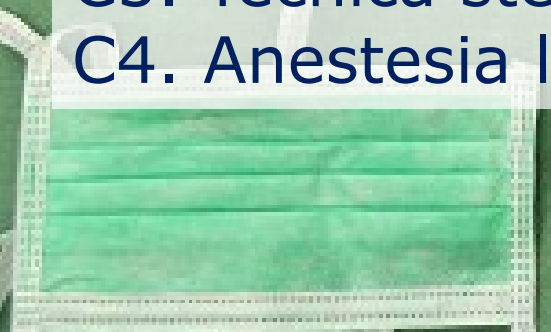
# C. ESECUZIONE PROCEDURA

C1. Data e Ora

C2. Disinfezione (indicazione agente)

C3. Tecnica sterile secondo procedure aziendali

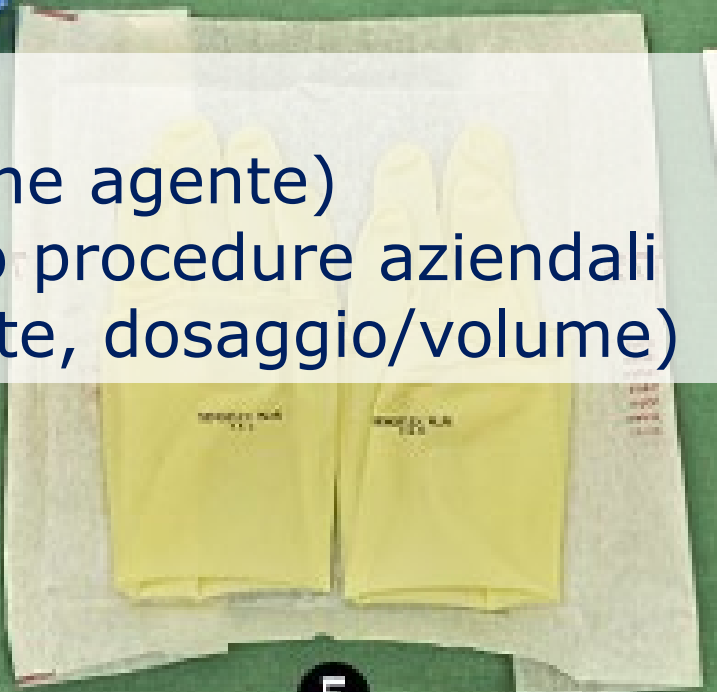
C4. Anestesia locale (agente, dosaggio/volume)



2



3



5



4

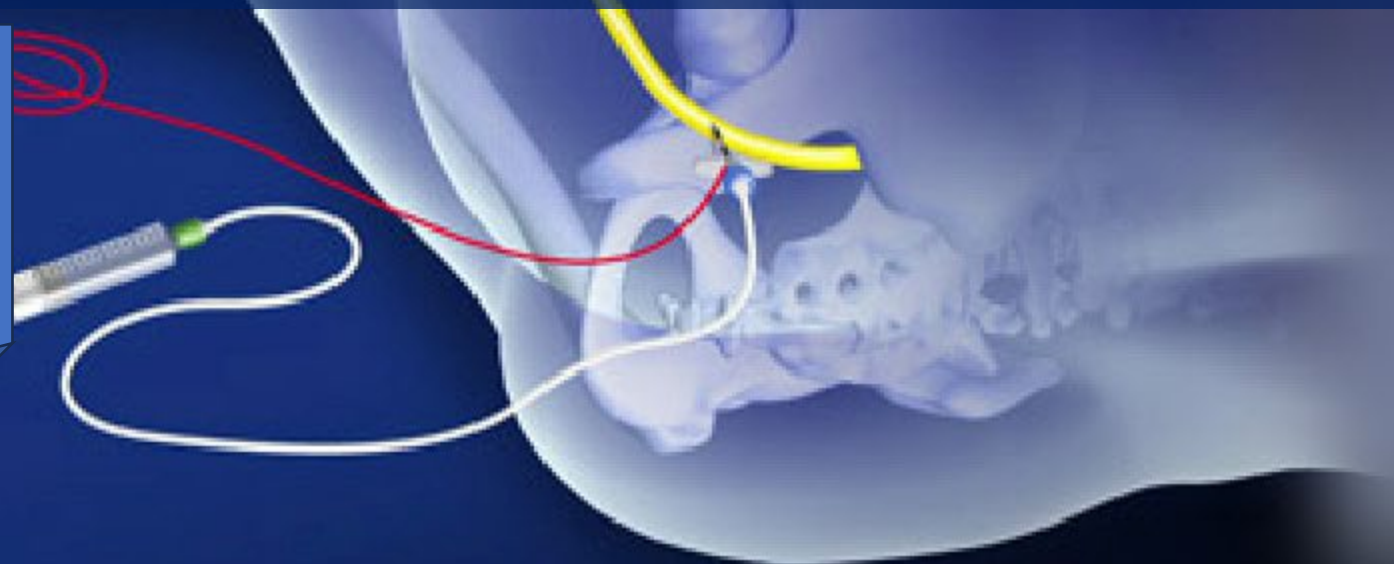


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- D1. Tipo di blocco eseguito
- D2. Tecnica di localizzazione: *Landmark*, *Eco* (tipo di sonda),  
*ENS* (mA di scomparsa motoria)
- D3. Miscela AL utilizzato ( $\pm$ adiuvanti)
- D4. Visualizzazione diffusione AL
- D5. Dolore/Parestesia durante iniezione
- D6. Lunghezza catetere inserito (ove applicabile)
- D7. Complicanze

**D.**  
**BLOCCO**  
**PERIFERICO**





- E1. Tipo di blocco eseguito  
(*Spinale, Epidurale, Combinata* - single shot o continua)
- E2. Posizione paziente (seduta, laterale, altro)
- E3. Ecoassistenza/Ecoguida
- E4. Approccio (mediano, paramediano, altro...)
- E5. Interspazio
- E6. Ago (tipo, lunghezza, gauge)
- E7. Mandrino (liquido, gassoso)
- E8. Lunghezza catetere
- E9. Numero di tentativi

**E.  
BLOCCO  
CENTRALE**

- E10. Dose Test
- E11. Farmaco/i (dosaggio, volume totale)
- E12. Complicanze







- F1. Verifica estensione blocco
- F2. Istruzioni post-procedura secondo protocolli aziendali
- F3. Complicanze



**F.**  
**POST**  
**PROCEDURA**



XXVIII CONGRESSO NAZIONALE

**A. INFO PAZIENTE**

Identità confermata da almeno due fattori

ANAGRAFICA

A1. Cognome e Nome  
A2. Data di Nascita

CLINICA

A3. Allergie  
A4. Stato coagulativo

KIDNEY FAILURE  
FEVER  
LOW  
COUGH  
ABD. PA

XXVIII CONGRESSO NAZIONALE

**B. PREPARAZIONE PROCEDURA**

B1. Esecutore del blocco  
B2. Tutor, ove presente  
B3. Consenso informato  
B4. Verifica disponibilità Kit emergenza LAST

B5. Verifica intervento programmato  
B6. Verifica Lateralità  
B7. ALR pianificata  
B8. Monitoraggio Parametri Vitali (ECG, SpO2, NiBP)  
B9. Accesso vascolare

XXVIII CONGRESSO NAZIONALE

**C. ESECUZIONE PROCEDURA**

C1. Data e Ora  
C2. Disinfezione (indicazione agente)  
C3. Tecnica sterile secondo procedure aziendali  
C4. Anestesia locale (agente, dosaggio/volume)

1  
2  
3  
4  
5  
6

XXVIII CONGRESSO NAZIONALE

**D. BLOCCO PERIFERICO**

D1. Tipo di blocco eseguito  
D2. Tecnica di localizzazione: *Landmark, Eco* (tipo di sonda), *ENS* (mA di scomparsa motoria)  
D3. Miscela AL utilizzato ( $\pm$ adiuvanti)  
D4. Visualizzazione diffusione AL  
D5. Dolore/Parestesia durante iniezione  
D6. Lunghezza catetere inserito (ove applicabile)  
D7. Complicanze

XXVIII CONGRESSO NAZIONALE

**E. BLOCCO CENTRALE**

E1. Tipo di blocco eseguito (*Spinale, Epidurale, Combinata* - single shot o continua)  
E2. Posizione paziente (seduta, laterale, altro)  
E3. Ecoassistenza/Ecoguida  
E4. Approccio (mediano, paramediano, altro...)  
E5. Interspazio  
E6. Ago (tipo, lunghezza, gauge)  
E7. Mandrino (liquido, gassoso)  
E8. Lunghezza catetere  
E9. Numero di tentativi

E10. Dose test  
E11. Farmacolo (dosaggio, volume totale)  
E12. Complicanze

XXVIII CONGRESSO NAZIONALE

**F. POST PROCEDURA**

F1. Verifica estensione blocco  
F2. Istruzioni post-procedura secondo protocolli aziendali  
F3. Complicanze



# THE DELPHI METHOD

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Structured process for collecting and distilling knowledge from a group of experts by means of a series of questionnaires interspersed with controlled opinion feedback.



# What to do



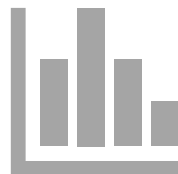
- Score each item on the checklist as “yes” (for inclusion in the list) or “no” (for exclusion)
- Provide any additional items felt relevant and needed to be included in the checklist
- Rate the importance of each item on the checklist on a 5-point Likert scale
  - 0 = extremely irrelevant,
  - 1 = irrelevant,
  - 2 = neutral,
  - 3 = important,
  - 4 = extremely important

# TIMELINE



**Novembre 2023**

Checklist inviata via mail a tutti gli iscritti ESRA Italia e feedback



**Febbraio 2024**

Analisi dei dati e preparazione di una bozza riassuntiva



**Marzo 2024**

Approvazione del Consiglio Direttivo ESRA Italia





European Society of  
Regional Anaesthesia  
& Pain Therapy

**ESRA ITALIA**

ESRA Italian Chapter

**XXIX**

~~XXVIII~~

**CONGRESSO  
NAZIONALE**

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