TRANSESOPHAGEAL ECHO SAFETY CHECKLIST

Patient name:

Patient ID number:

Patient date of birth:

Date of procedure:

Time of procedure:

Principal operator:

Second operator:

Patient monitor (nurse):

Relevant medical history:

Current medication:

Blood glucose (if diabetic):

INR (if on warfarin):

Medication given during TEE:

Time												
Heart rate (bpm)												
Systolic BP (mmHg)												
Diastolic BP (mmHg)												
SaO_2 (%)												
FiO_2 (L/min)												

SIGN IN (BEFORE ENTERING PROCEDURE ROOM)

- ☐ Patient has confirmed identity
- ☐ Patient has confirmed procedure
- ☐ Patient has confirmed consent
- ☐ Patient has confirmed fasting for at least six hours
  (clear fluids permissible up to two hours before TEE)

Any absolute contraindications to TEE?[1]
- ☐ Yes (details .....)
- ☐ No

Any relative contraindications to TEE?[2]
- ☐ Yes (details .....)
- ☐ No

Does the patient have a known allergy?
- ☐ Yes (details .....)
- ☐ No

Is the patient on anticoagulants?
- ☐ Yes (details .....)
- ☐ No

- ☐ Intravenous access in place and functioning
- ☐ ECG on patient and functioning
- ☐ Pulse oximetry on patient and functioning
- ☐ Blood pressure monitoring on patient and functioning
- ☐ Sedation reversal agent available

TIME OUT (IN PROCEDURE ROOM)

- ☐ All team members confirmed name and role
- ☐ Sign-in checklist reviewed
- ☐ Verbally confirm patient identity
- ☐ Verbally confirm procedure

Principal operator confirms:

Any sedation concerns?
- ☐ Yes (details .....)
- ☐ No

Any patient concerns?
- ☐ Yes (details .....)
- ☐ No

Second operator confirms:

Any equipment concerns?
- ☐ Yes (details .....)
- ☐ No

Patient monitor (nurse) confirms:

Any equipment concerns?
- ☐ Yes (details .....)
- ☐ No

SIGN OUT (BEFORE LEAVING PROCEDURE ROOM)

- ☐ All TEE images stored
- ☐ Procedure documented in care records

Any procedural complications?
- ☐ Yes (details .....)
- ☐ No

Post-procedure observations satisfactory?
- ☐ Yes (details .....)
- ☐ No

Instructions to recovery room staff:

Any equipment problems?
- ☐ Yes (details .....)
- ☐ No

[1] Absolute contraindications:
- Esophageal stricture
- Esophageal tumor
- Esophageal diverticulum
- Esophageal perforation or laceration
- Perforated viscus
- Active upper gastrointestinal bleed

[2] Relative contraindications:
- Gastrointestinal
  - History of gastrointestinal surgery
  - History of dysphagia
  - Active esophagitis
  - Esophageal varices
  - Barrett's esophagus
  - Symptomatic hiatal hernia
  - Active peptic ulcer disease
  - Recent upper gastrointestinal bleed
- Restriction of neck mobility
  - Severe cervical arthritis
  - Atlantoaxial joint disease
- Clotting disorders
  - Coagulopathy
  - Thrombocytopenia
- History of radiation to neck and mediastinum

Checklist completed by:	Signature:	Date & time: