

ENDOSCOPY SAFETY CHECKLIST



Affix patient ID label

Team Names

Yes

Patient ID

Yes

Correct procedure

Yes

Indication

Yes

Consent

Yes

Monitoring (IV access / O₂ sats)

Yes

Allergies

Yes No

Comorbidity

Yes No

Anticoagulants

Yes No

Correct screen on Endosoft

Yes

Correct Kit

Yes

Samples & Labelling

Yes

Correct report (Dx / Tx)

Yes

Follow-Up

Yes

Name (Dr / Nurse).....Date & Time.....Signature.....