

## Appendix 2 Examples of Pre Injection Check Lists

PLEASE NOTE – these are simply to show examples from various services using ultrasound guided injections and opinion will vary between services

### Example 1

Department of \_\_\_\_\_ – Steroid injection check list.

Patient sticker		Date	
		Consultant/Referring Clinician	
		Area involved	
Diagnosis:		Practitioner Signature Designation & Registration number	
<b>Contra-indications present</b>		<b>Cautions</b>	
Presence of local or systemic infection or patient requiring antibiotics	Y/N	Diabetes – warn about raised BS	Y/N
		Bleeding disorders	Y/N
Hypersensitivity to corticosteroids or LA	Y/N	Pregnancy or breastfeeding	Y/N
Anticoagulant therapy – Warfarin - with INR greater than 3 or not done within the last week	Y/N	Patient has had or is having live vaccine within 2 weeks.	Y/N
Presence of any broken skin/ulceration	Y/N	Patient is due for elective surgery within 2 weeks	Y/N
Presence of a prosthesis in affected joints	Y/N	Patient is due joint replacement in the affected joint within 3 months	Y/N
Evidence of previous infected joint within last 12 months	Y/N	Anticoagulant therapy with NOACs or DOACs – local guidelines apply	Y/N
<b>Explanation – potential side-effects explained</b>			
Infection	Y/N	Atrophy of skin/subcutaneous fat	Y/N
Anaphylactic reaction	Y/N	Raised blood sugar in diabetes	Y/N
Facial flushing	Y/N	Local skin discolouration	Y/N
Post injection flare/neuritis	Y/N	Tendon rupture	Y/N

Verbal consent from the patient Y/N

Arthritis Research (Local Steroid Injection) Information given Y/N

Technique					
Aseptic technique	Y/N	Confidence level	1 Poor	2 Good	3 Excellent
Injection/aspiration completed. If no give reason	Y/N	Aspiration amount			
Drugs used					
Steroid			Local anaesthetic		
Name		Name			
Batch no		Batch no			
Expiry date		Expiry date			
Dose		Dose			
Steroid			Local anaesthetic		
Name		Name			
Batch no		Batch no			
Expiry date		Expiry date			
Dose		Dose			

**Example 2**

**Ultrasound Guided Injection Checklist**

Section 1 - Patient details / clinical information						
Patient name:	DOB:	Date				
NHS number:		Consultant				
Injection site / Area involved and diagnosis				Practitioner		
Has the patient read the injection information leaflet?			Yes	No	Person assisting / checking drugs:	
Section 2 - Sign In (to be read aloud)					Yes	No
Have all team members introduced themselves by name and role?						
Verbal confirmation for team members of patient name						
Verbal confirmation for team members of what procedure and site are planned						
Has all essential imaging been reviewed?						
Has the patient's drugs chart / medication been reviewed?						
Are the emergency equipment checks complete? (pressure of O2, suction, anaphylaxis/crash box, emergency giving set)?						
Are there any equipment or staffing concerns?						
Section 3 - Contraindications			Yes	No	Yes	No
Is the patient fit and well today					Unstable cardiac problems	
3 injections into the same joint in the last 1 yr					Patient taking new oral anticoagulants	
Haemarthrosis within joint being injected					Patient taking antiplatelets	
Fracture within joint being injected					Cardiac pacemaker	
Artificial joint					Artificial heart valve	
Instability of joint					Due to have surgery in the next 3/12	
Taking oral steroids					Poorly controlled diabetes	
Any condition causing immunosuppression					Pregnancy or breastfeeding	
Recent contact with shingles/chicken pox					Personal history of TB	
Section 4 - Cautions			Yes	No	Yes	No
Warfarin or Aspirin					Rheumatological condition	
Mother currently breast feeding					Needle phobia	
Diabetes					Any allergies, if so what:	
Hypertension						
Section 5 - Explanation - possible risks and side effects from steroid injections						
Allergic reaction		Infections		Tendon rupture/weak tissue		Anaphylaxis
Post injection flare up of pain		Altered diabetic control		Fascial flushing/Dizziness		Skin changes
Visual disturbance		Fainting		Bruising/Haematoma		Uterine Bleeding
Section 6 - Drugs Used						
	Steroid	Steroid	Local anaesthetic		Skin cleaning solution	
Name of drug	<b>Depomedrone</b>	<b>Kenalog</b>	<b>Lidocaine or Chirocaine</b>		<b>Chloraprep</b>	
Batch No						
Expiry date						
Dose						
Section 7 - Post Procedure					Yes	No
Patient was asked to remain in the department for 30 mins following injection						
Patient given Trust information sheet re injection therapy						
Any immediate complications following the procedure						
If yes please give details:						

**Statement of health professional ( to be filled in by health professional with appropriate knowledge of proposed procedure as specified in consent policy:** I have explained the procedure to the patient, verbally checked / clarified possible contraindications/cautions, explained the intended benefits and possible serious or frequently risks. **I am assured that the person giving consent has capacity to undertake this decision**

Signature of health professional \_\_\_\_\_

**Statement of patient:** I confirm I have received and read the local steroid injection leaflet (PIL3087) and have had the benefits and risks of the procedure explained to me

Signature of patient \_\_\_\_\_