**Action card: SpRs**

**Critical points during the day for the SpRs in the labs**

**Start of the day**

07:30 am - The first day case patient (which should be the first patient on the list in each lab, each day) will be ready for consent by 07:30. Please be prompt to see the patient at 07:30 and consent them for their procedure. **Please also mark the side** (where appropriate for device implantation), **prescribe pre-medications including antibiotics**, **ensure a cannula is sited** on the appropriate side, and **check blood results**.

08:00: Team brief **promptly** in the control room of the appropriate lab

08:15: Don PPE, scrub

08:30: Start first case

**Case transition**

After the cases ends, the patient will not be allowed to leave the lab until the **report, EDL and all relevant prescriptions** are completed. *This is absolutely required to be completed at this stage.* The patient should have everything completed that will allow a nurse led discharge without involvement of another doctor if everything goes smoothly. This is as per the sign out sheet, but in general the tendency has been to ignore this and complete the report afterwards. This will no longer be allowed, as the patient will be going back to EJ to recover. In addition, the next patient will often need consenting / preparing after the case ends. These two tasks (report etc and consent) should be shared between the SpRs and the consultant in the lab, the consultants are aware of this (and have been asked to ensure they have MedChart access etc) and so hopefully this will not cause too much disruption.

**End of the day**

De-brief from the day - It will be very helpful for any areas where the system could be improved are highlighted here. There will be someone making notes and feeding back to the team who are developing this process.

**Check list for subsequent day and prepare IPs** for procedures following day. This includes:

1. Pre-medication prescribed on med chart (antibiotics etc)
2. Mark the operation site if appropriate
3. Ensure there is a cannula on the correct site
4. Consent the patient
5. Ensure the correct bloods results are available for the procedure
6. If they identify that the patient is not suitable for the procedure at this point – to contact the scheduling team
7. Communicate with nurse in charge that the above is completed.
8. Document on e-noting that the patient is listed for procedure next day
9. Makes note of the patients pacemaker ID / type of device, if applicable
10. Identify if the patient is COVID Swab Negative within the 48 hours prior to the procedure or not and communicate this to the cath lab commander.