



Queensland
Government

Stop Before You Block Checklist

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Date: / /

PREP

- Verify patient ID and allergies
- Verify site and side with patient and procedural consent
- Mark the block site

Prepare equipment required and position patient

STOP

With assistant prior to inserting block needle:

- Verify site and side with procedural consent
- Verify site marked

BLOCK

Immediately perform the block (if any interruptions, start again)

Anaesthetist (print name):

Designation:

Signature:

Assistant (print name):

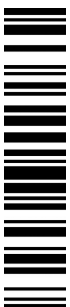
Designation:

Signature:

Sterility Validation Labels (if applicable)

DO NOT WRITE IN THIS BINDING MARGIN

v1.00 - 06/2024
WINC Code: 1NY43870



SW1258

Available from Winc
- Code 1NY43870

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