Statewide Anaesthesia and Perioperative Care Clinical Network

Stop before you Block Working Group

Communique – Stop before you Block

Purpose

This communique has been developed to raise awareness and promote Stop before you Block practice in Queensland public hospitals.

Issue

Inadvertent wrong-sided peripheral nerve blocks are uncommon but can have serious consequences including complications from the unnecessary block such as nerve injury and local anaesthetic toxicity. Hospital discharge may also be delayed due to reduced mobility or dexterity. A wrong-sided nerve block may lead the team to continue to wrong-site surgery[1].

Literature suggests common factors involved in wrong-sided blocks include time pressure, distraction, fatigue, cognitive overload, new personnel, bilateral pathology, lack of a visible surgical site mark and a time delay between the World Health Organisation (WHO), Surgical Safety Checklist sign-in (or equivalent) and performance of the nerve block. Other factors include turning the patient during which left and right sides can become confused and use of abbreviations on documentation[2].

Unambiguous documentation and clear processes to enhance communication are essential.

Stop before you Block

Deconstructing the performance of the block into three discreet steps: PREP – STOP – BLOCK, encourages a consistent approach to preventing future wrong-sided peripheral nerve blocks[3].

Performing a Stop before you Block

During the initial PREP phase, patient ID, allergies and site/side are confirmed with the patient and the procedural consent. The block site is marked, equipment prepared, and patient correctly positioned.

The STOP phase is a two-person step (Blocker and assistant) that takes place only after preparation is complete and immediately before needle insertion.

The use of standardised language supports patient safety through a 'shared mental model' approach[4] and ensures everyone is on the same page and aware of what is happening.

To support this approach, the Blocker should formally announce when they have completed the preparation and are ready to block. Suggested language: *"*I've completed my prep; let's Stop Before You Block*"*. The Assistant is required to clarify by confirming "Its time to 'Stop Before You Block'. The Blocker and Assistant together should then check the block side by viewing the surgical site mark and verbally confirming the correct side. The Assistant reconciles with the consent form. If the patient is awake and unsedated, they may also confirm the side is correct[3].

Once completed, the Blocker immediately performs the block. If there is any delay in the immediate performance of the block, the process should restart at the PREP phase.

Education

To promote patient safety and compliance with best practice, an animated video has been developed to support staff education (anaesthetists, anaesthetic assistants and perioperative nurses) and effective implementation. Please refer to the SWAPNet webpages (below) for relevant resources.

It is important to empower and educate the entire team about the value of 'Stop before you Block' practice, and in particular to provide assistants with the confidence to initiate a block time out.

Audit

Clinical audit and quality assurance are an important part of any healthcare organisation. Clinical audit provides the framework to improve the quality of patient care in a collaborative and systematic way. Through audit, we can identify emerging trends, which enables us to identify risks and implement actions before it becomes a bigger issue.

An audit tool has been developed to assist sites to monitor uptake and compliance.

Recommendations

1. Implement the Stop before you Block checklist in your facility as standard practice.
2. Provide education for staff to ensure they are comfortable with the approach / process. Resources are available on the SWAPNet web pages:

   Internet: (Anaesthesia and Perioperative | Clinical Excellence Queensland | Queensland Health) or

   Intranet: (Homepage | Statewide Anaesthesia and Perioperative Care Clinical Network (SWAPNET) | Statewide Clinical Networks (health.qld.gov.au).
3. Place Stop before you Block posters where they are clearly visible (A3 or A4) to serve as a reminder and promote best practice.
4. Implement auditing to monitor uptake and compliance.

References

1. NHS, Safe Anaesthesia Liaison Group, Stop Before You Block Campaign < SBYB-Supporting-Info.pdf (rcoa.ac.uk) >, Accessed 26 September 2023.
2. Australian and New Zealand College of Anaesthetists, Stop before you block guide < Overview - Safety & quality - Library guides at Australian and New Zealand College of Anaesthetists (ANZCA) Library >, Accessed 26 September 2023.
3. NHS, Royal College of Anaesthetists, Safe Anesthesia Liaison Group (2021), Stop Before You Block <SALG | Stop Before You Block>, Accessed 26 September 2023.
4. ACORN Journal of Perioperative Nursing (2019), Creating and applying shared mental models in operating room <Creating and applying shared mental models in the operating room (acorn.org.au)>, accessed 3 June 2024.