**Printable Checklist: Patient Safety in the ED**

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| **Description** | **Yes (Tick)√** | **No (Tick) √** |
| 1. **Triage & Initial Assessment** |  |  |
| Verify patient identity (2 identifiers) |  |  |
| Assess red flag symptoms (e.g., chest pain, difficulty breathing, altered consciousness) |  |  |
| Document triage category clearly |  |  |
| 1. **Monitoring & Care** |  |  |
| Record vital signs at recommended intervals |  |  |
| Reassess patients in waiting areas |  |  |
| Escalate deterioration immediately |  |  |
| 1. **Communication & Handover** |  |  |
| Use SBAR during all handovers |  |  |
| Confirm understanding with receiver |  |  |
| Document handover in patient record |  |  |
| 1. **General Safety Practices** |  |  |
| Follow IPC measures (hand hygiene, PPE) |  |  |
| Ensure medication verification before administration |  |  |
| Report incidents and near-misses |  |  |

**📑 SOP: Standardized Handover Protocol (SBAR)**

**Purpose:** To ensure safe, structured, and consistent communication during patient handover in the ED.

**Scope:** Applies to all healthcare professionals in the ED during shift changes, patient transfers, and interdepartmental communication.

**Procedure:**

1. **Preparation:**
   * Gather all relevant patient information before handover.
   * Ensure patient records are updated.
2. **SBAR Communication:**
   * **S – Situation:** State patient name, age, reason for admission.
   * **B – Background:** Provide relevant history, diagnosis, and treatment so far.
   * **A – Assessment:** Share current condition, vital signs, and clinical concerns.
   * **R – Recommendation:** Suggest next steps, investigations, or monitoring.
3. **Verification:**
   * Receiving staff confirms understanding (read-back).
   * Document handover in patient notes.

**Compliance Monitoring:**

* Supervisors will audit random handovers weekly.
* Non-compliance to be reported and corrected through coaching.

**Review:**

* This SOP will be reviewed every 12 months or after a sentinel event.