Prep, Stop, Block: observation audit

Stop Before You Block. An independent observer watches the block and completes one row per block.

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Observer (grade) _____ Hospital site _____ Audit period _____

THE THREE STEPS BEING OBSERVED

PREP	STOP	BLOCK
Sign-in done. Patient positioned, site scanned and cleaned, drugs drawn up. The assistant holds the tray with the block needle and syringe.	Blocker: "I've completed my prep, let's Stop Before You Block." Assistant replies. Both look at the surgical site mark and say the side; the assistant checks it against the consent form (and with the patient if awake).	The assistant hands the tray back only after the side is confirmed. The block is performed immediately. Any delay or distraction: restart from Stop.

OBSERVATIONS: Y = YES, N = NO, NA = NOT APPLICABLE

#	Date	Location (BR / AR / Th / ED / ward)	Block and side	Blocker grade	Site mark visible	Assistant held tray during prep	Stop said aloud	Both checked mark	Consent form checked	Patient asked (if awake)	Needle in straight after	Delay or distraction	If so, Stop repeated	Second block: Stop repeated
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2														
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NOTES ON ANY BLOCK WHERE THE PROCESS BROKE DOWN

Prep, Stop, Block: observation audit: notes and standards

How to use the sheet, suggested standards and references.

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HOW TO RUN THE AUDIT

- The observer is not part of the team doing the block and does not prompt. Trainees, operating department practitioners and anaesthesia associates can all observe.
- Watch from sign-in until the needle is in. Complete the row straight afterwards.
- Location codes: BR block room, AR anaesthetic room, Th theatre, ED emergency department. Include blocks in the block room, anaesthetic room, theatre, emergency department and wards. Aim for at least 30 blocks across different days and operators.
- For a second block on the same patient, or after repositioning, a new stop moment is expected.
- Feed back the results to the whole theatre team, not only anaesthetists.

STANDARDS

Standard	Target
A stop moment is carried out immediately before needle insertion	100%
Blocker and assistant both view the surgical site mark and confirm the side aloud	100%
The side is reconciled with the consent form	100%
The tray is handed back only after the side is confirmed	100%
The stop moment is repeated after any delay, distraction, repositioning or for a second block	100%
Wrong-side blocks (Never Event)	0

BACKGROUND

- Wrong-side block is a Never Event in the UK and its incidence did not fall after the original 2011 campaign. The 2021 national standard operating procedure breaks the process into Prep, Stop and Block, with the assistant holding the tray as a physical barrier until the side is confirmed.[1]
- Separate guidance covers blocks close to the midline.[2]
- The template procedure, poster and training video are published by the Safe Anaesthesia Liaison Group (salg.ac.uk) and RA-UK.

REFERENCES

1. Haslam N, Bedforth N, Pandit JJ. 'Prep, stop, block': refreshing 'stop before you block' with new national guidance. Anaesthesia 2022; 77: 372-5. https://doi.org/10.1111/anae.15647
2. Hussien E, Chuter E, Haslam N. New Prep, Stop, Block guidance for blocks close to the midline. Anaesth Rep 2022; 10: e12186. https://doi.org/10.1002/anr3.12186