The European Society
of Regional Anaesthesia
& Pain Therapy
ESRA ITALIA

ESRA ITALIAN CHAPTER

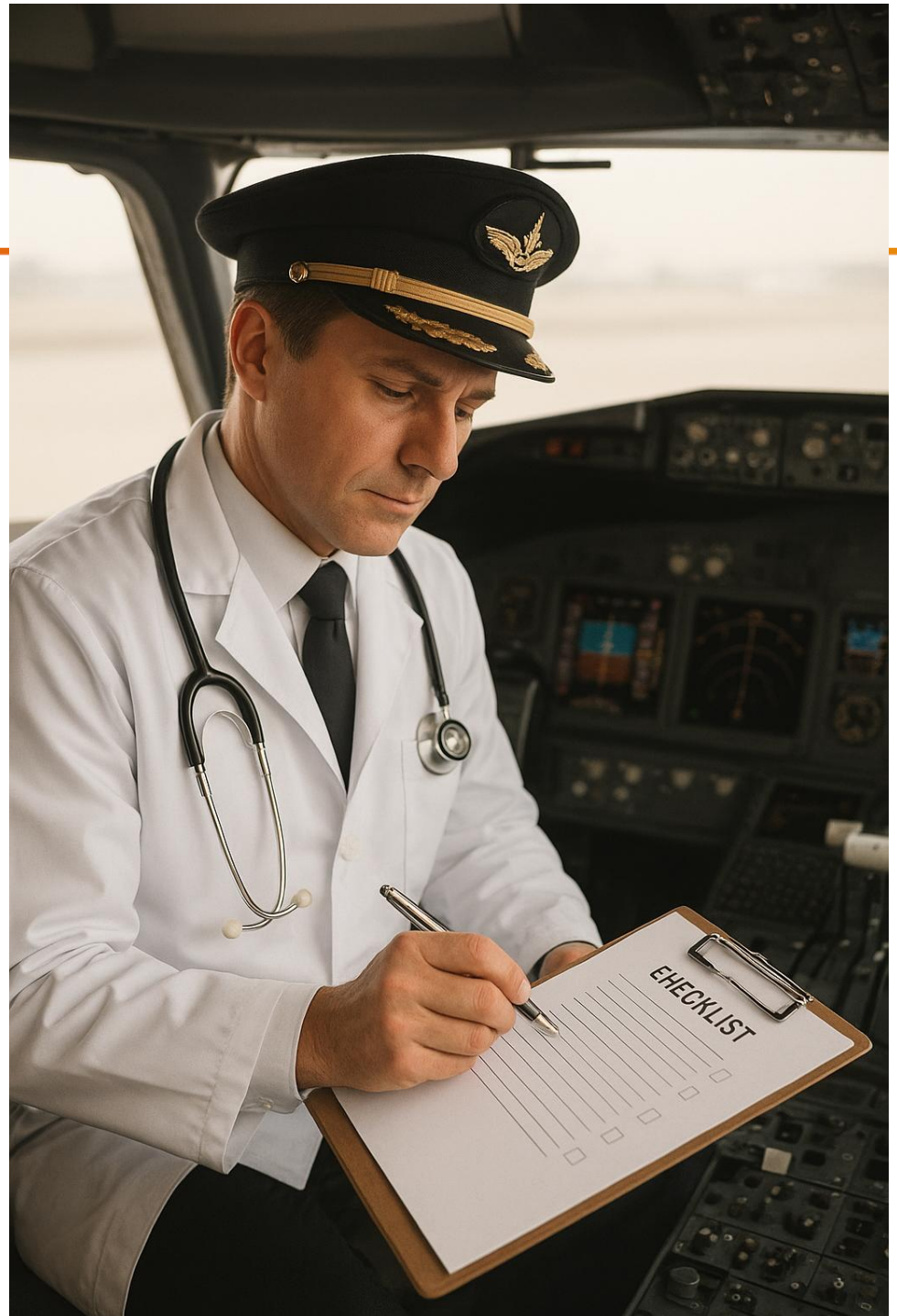
30° NATIONAL MEETING

13-15 NOV 2025

NAPOLI
HOTEL RAMADA

Presidents:
Giuseppe Servillo, Fabrizio Fattorini

MZ EVENTS



ESRA ITALIAN CHAPTER | 30° NATIONAL MEETING
13-15 NOV 2025, NAPOLI

Checklists in ALR: clinical applications

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Perché ci serve una checklist...

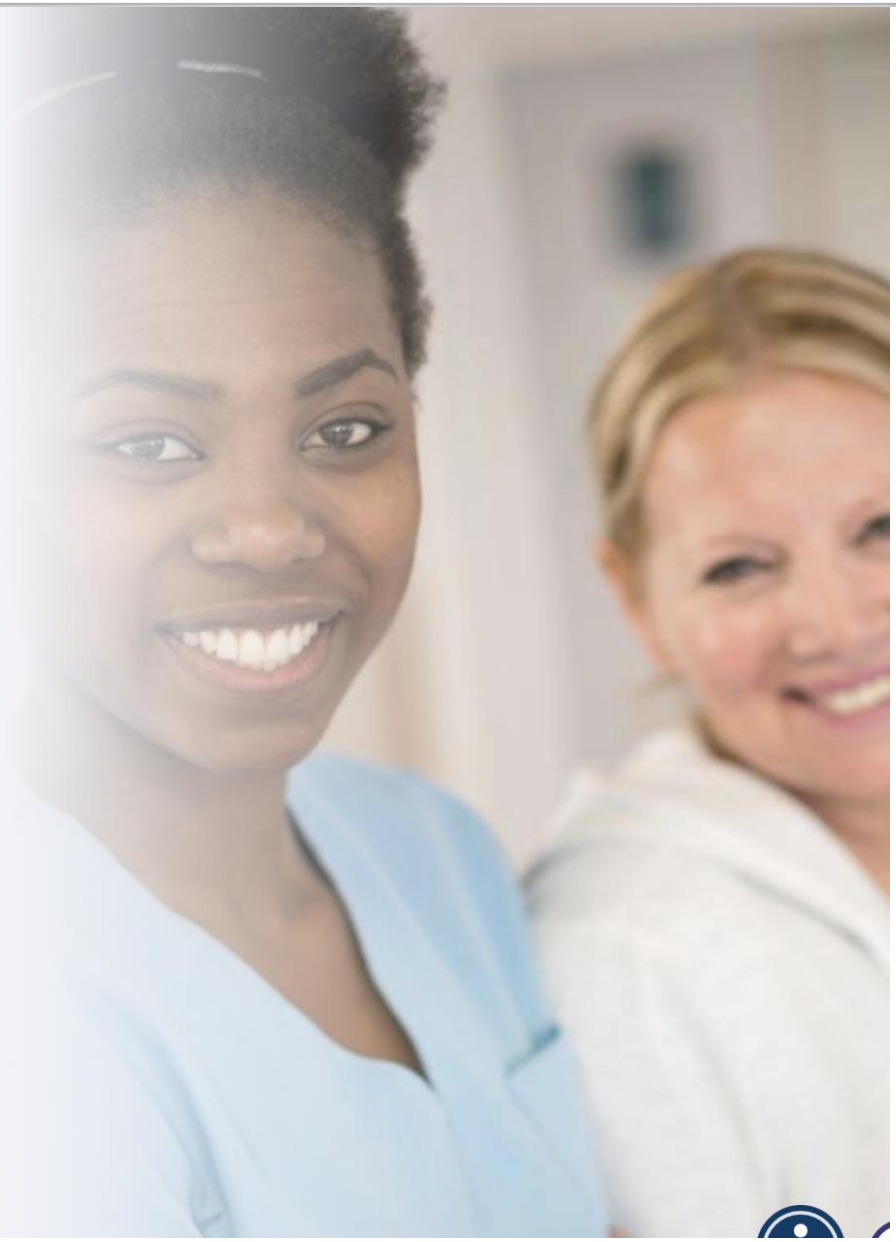
The Universal Protocol

The Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery is part of the *National Patient Safety Goals*® chapter of the Joint Commission accreditation manual.

View National Patient Safety Goals

National Patient Safety Goals

Each year we gather information about emerging patient safety issues from widely recognized experts and stakeholders. This information is the basis for our *National Patient Safety Goals*®, which we tailor for each specific program. It also informs our sentinel event alerts, standards and survey processes, performance measures, and educational materials.



2023 Hospital National Patient Safety Goals

Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

2023 Hospital National Patient Safety Goals

Use alarms safely

NPSG.06.01.01 — Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

NPSG.07.01.01 — Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning.

Identify patient safety risks

NPSG.15.01.01 — Reduce the risk for suicide.

Improve health care equity

NPSG.16.01.01 — Improving health care equity is a quality and patient safety priority. For example, health care disparities in the patient population are identified and a written plan describes ways to improve health care equity.

Prevent mistakes in surgery

UP.01.01.01 — Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01 — Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01 — Pause before the surgery to make sure that a mistake is not being made.

SAFE ANAESTHESIA LIAISON GROUP

The Safe Anaesthesia Liaison Group (SALG) is a collaborative project to promote patient safety across the perioperative pathway

RCoA Royal College of Anaesthetists

Association of Anaesthetists

NHS

Welcome to the Safe Anaesthesia Liaison Group

The Safe Anaesthesia Liaison Group (SALG) brings together interests of a number of organisations interested in the safety of patients undergoing anaesthesia across the UK. Members of the group are nominated by the organisations that they represent.

Report a patient safety incident (England & Wales)

This link will open to the NHS England website

Northern Ireland (adverse incident centre)

This link will open to a page that provides guidance on reporting adverse incidents to NIAIC

MHRA Yellow Card

Report suspected side effects to medicines, medical device incidents, defective or falsified (fake) products to ensure safe and effective use.

STOP Before You Block

QR link to full SOP

PREPARATION

Drugs & Equipment

Ultrasound Scan

Position patient & clean site

Restart

STOP

JUST BEFORE YOU BLOCK

Blocker: *'I've completed my prep, let's Stop Before You Block'*

Assistant: '*OK, let's Stop Before You Block*'

BOTH: Check mark & consent (check with patient)

If any delay to immediate block!

BLOCK

Immediately perform nerve block

RA-UK Regional Anaesthesia United Kingdom

Nottingham University Hospitals NHS Trust

SAFE Anaesthesia Liaison Group

Editorial

''Mock before you block'': an in-built action-check to prevent wrong-side anaesthetic nerve blocks

Anaesthesia 2017, 72, 143–155

Table 2 Summary of steps to take to adopt the 'Mock Before You Block' in clinical practice.

1 Check and identify patient and site of surgery/block in anaesthetic room on arrival*
2 Induce anaesthesia (or move to step 3 if performing block awake)
3 Position patient/limb, prepare block tray, prepare and clean skin, scrub for conducting block (in whichever suitable order)
4 Use sterile empty syringe† and state: "*Mock block: is it the correct site?*"‡
5 If assistant confirms, and this reconciles with anaesthetist opinion, proceed with true block§

*Some practitioners would perform Stop Before You Block at this stage.
†Alternatively can be used: a gloved finger; sterile ultrasound probe; sterile empty needle sheath; or the site can be signed with sterile marker pen or marked with a sterile label.
‡Note that this becomes, in effect, the Stop Before You Block moment.
§If the mock block is identified as on wrong side, then repeat procedure on correct side.


CHECK LIST

The Joint Commission
The Universal Protocol

Practice Advisory for the Prevention, Diagnosis, and Management of Infectious Complications Associated with Neuraxial Techniques

*An Updated Report by the American Society of Anesthesiologists Task Force on Infectious Complications Associated with Neuraxial Techniques and the American Society of Regional Anesthesia and Pain Medicine**

American Society of Anesthesiologists

Local Anesthetic Systemic Toxicity Checklist
ASRA

Eur J Anaesthesiol 2022; 39:100–132

EJA PODCAST
GUIDELINES

Regional anaesthesia in patients on antithrombotic drugs
Joint ESAIC/ESRA guidelines

Standards for Basic Anesthetic Monitoring

Developed By: *Committee on Standards and Practice Parameters (CSPP)*
Last Affirmed: *December 13, 2020 (last amended October 20, 2010) (original approval: October 21, 1986)*

These standards apply to all anesthesia care although, in emergency circumstances, appropriate life support measures take precedence. These standards may be exceeded at any time based on the judgment of the responsible anesthesiologist. They are intended to encourage quality patient care, but observing them cannot guarantee any specific patient outcome. They are subject to revision from time to time, as warranted by the evolution of technology and practice. They apply to all general anesthetics, regional anesthetics and monitored anesthesia care. This set of

Recommendations for effective documentation in regional anesthesia: an expert panel Delphi consensus project

Ahmed HM, *et al*. *Reg Anesth Pain Med* 2022;**47**:301–308.

Patient information	Level of agreement
Patient name	Strong
Patient date of birth	Strong
Patient gender	Strong
Patient medical record number/hospital number	Strong
Patient weight	Strong
Patient height	Strong
Patient American Society of Anesthesiologists (ASA) physical status classification	Strong
Patient allergies	Strong

Procedure preparation	
Block performed by _____ (name)	Strong
Grade of block performer (e.g. consultant, fellow, resident, registrar)	Weak
Name of supervisor (if applicable)	Strong
Documentation of patient consent gained (as per local standards e.g. written, verbal)	Strong
Documentation of individual risks of procedure discussed (as per local standards)	Strong
Pre-anesthetic / block evaluation	Strong
Coagulation considered	Weak
Pre-procedure diagnosis (post-operative pain management / surgical diagnosis)	Strong
Timeout / World Health Organisation (WHO) checklist	Weak
Stop moment performed	Strong
Intravenous access	Strong
Regional anesthesia procedure name	Strong
Patient position during regional anesthesia procedure	Strong
Monitors applied	Strong
Baseline vital signs	Strong
Pre-medication (type and quantity of sedation)	Strong
Level of sedation (no sedation / light sedation / deep sedation / general anesthesia)	Strong

Recommendations for effective documentation in regional anesthesia: an expert panel Delphi consensus project

Ahmed HM, *et al*. *Reg Anesth Pain Med* 2022;**47**:301–308.

Procedure performance	
Time and date of regional anesthesia procedure	Strong
Aseptic agent used	Strong
Aseptic technique used as per local policy	Strong
Skin infiltration with local anesthetic	Strong
Needle design: tip, manufacturer, length, gauge	Strong
Local anesthetic used for regional anesthesia technique (concentration and volume)	Strong
Epinephrine dose if used (concentration)	Strong
Adjunct used (e.g. bicarbonate, clonidine etc.)	Strong

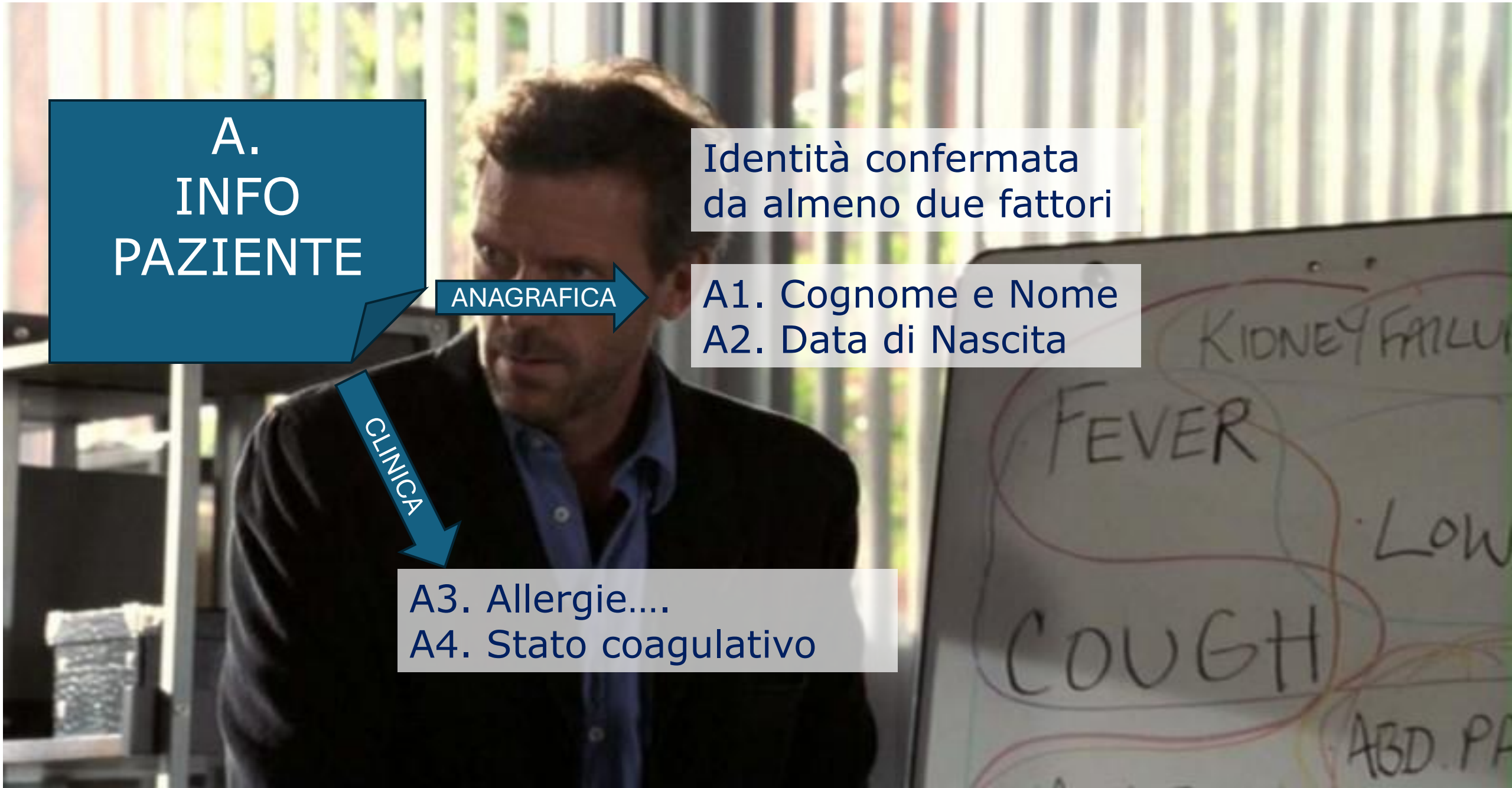
Specific for peripheral nerve block performance	
Side of block	Strong
Technique of needle localization (ultrasound / nerve stimulator / landmark)	Strong
No Evoked Motor Response (EMR) <_____mA (when applicable i.e. when nerve stimulator used)	Strong
Minimum current and current duration (if nerve stimulator used)	Strong
Absence of blood on aspiration	Strong
Catheter depth at the skin	Strong
Absence of pain / paresthesia during injection	Strong
Complications	Strong

Recommendations for effective documentation in regional anesthesia: an expert panel Delphi consensus project

Ahmed HM, *et al*. *Reg Anesth Pain Med* 2022;**47**:301–308.

Specific for neuraxial procedure performance	
Technique (approach used eg, median/paramedian)	Strong
Vertebral level of needle insertion	Strong
Technique used: loss of resistance to saline/air for epidural insertion	Strong
No of attempts	Strong
Epidural needle depth at loss of resistance	Strong
Catheter depth at the skin	Strong
Note on aspiration and action taken	Strong
Epidural test dose (if applicable)	Strong
Absence of pain/paresthesia during injection	Strong
Dermatomal level of spinal of epidural block achieved (if assessed)	Strong
Complications	Strong
Postprocedure	
Patient vital signs after the procedure	Strong
Postprocedure instructions (as per local standards)	Strong


A.
INFO
PAZIENTE
B.
PREPARAZIONE
PROCEDURA
C.
ESECUZIONE
PROCEDURA
D.
BLOCCO
PERIFERICO
E.
BLOCCO
CENTRALE
F.
POST
PROCEDURA



A. INFO PAZIENTE

Identità confermata da almeno due fattori

ANAGRAFICA

A1. Cognome e Nome
A2. Data di Nascita

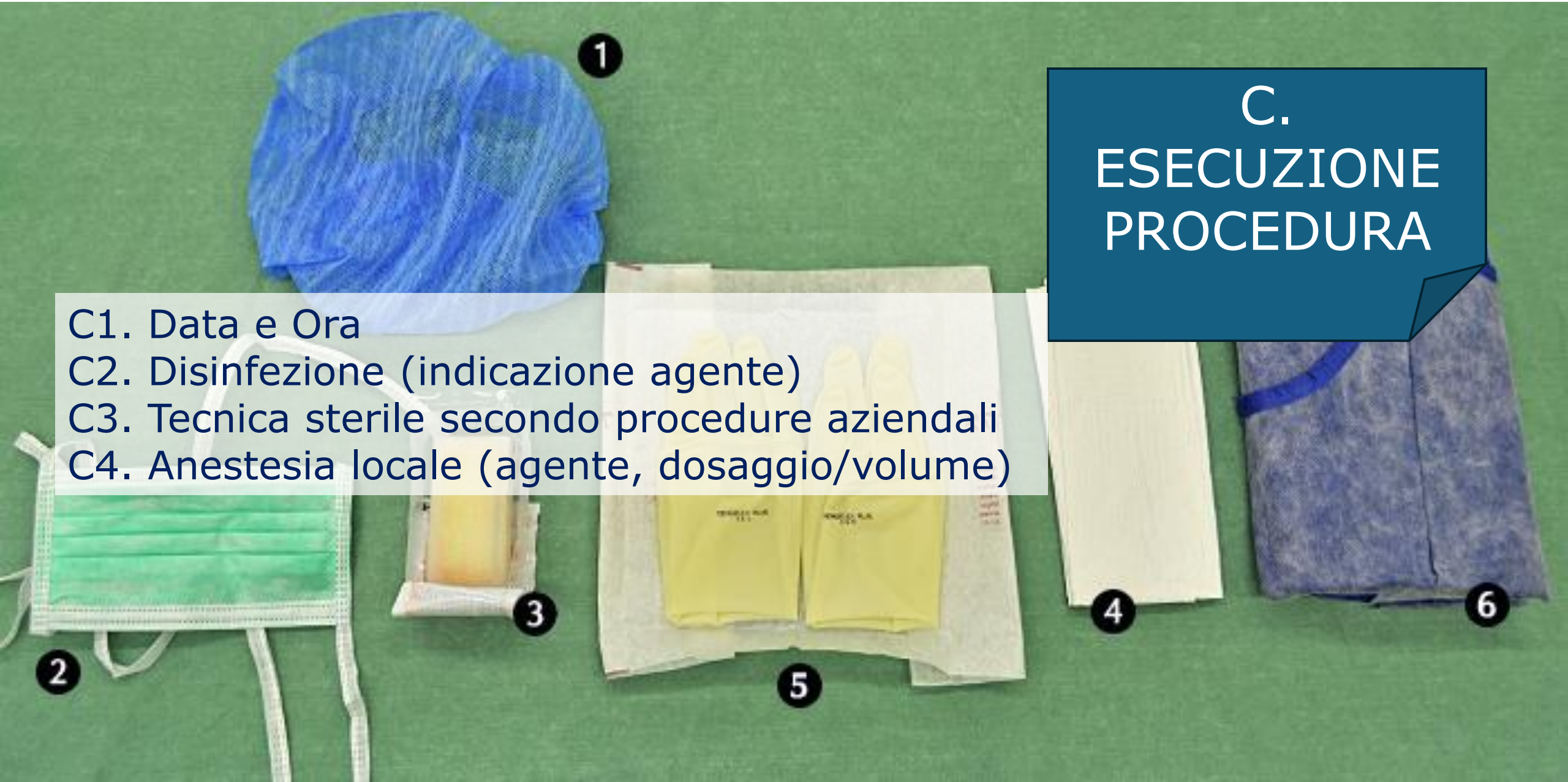
CLINICA

A3. Allergie….
A4. Stato coagulativo

B. PREPARAZIONE PROCEDURA

B1. Esecutore del blocco
B2. Tutor, ove presente
B3. Consenso informato
B4. Verifica disponibilità Kit emergenza LAST

B5. Verifica intervento programmato
B6. Verifica Lateralità
B7. ALR pianificata
B8. Monitoraggio Parametri Vitali (ECG, SpO2, NiBP)
B9. Accesso vascolare

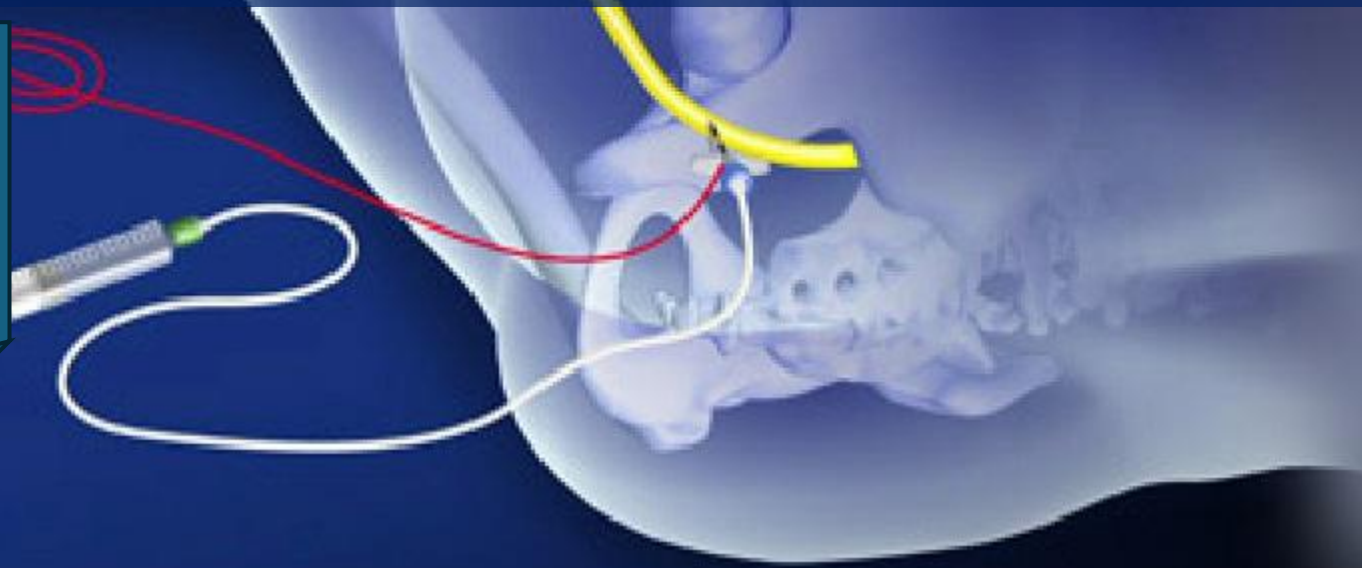


C. ESECUZIONE PROCEDURA

C1. Data e Ora
C2. Disinfezione (indicazione agente)
C3. Tecnica sterile secondo procedure aziendali
C4. Anestesia locale (agente, dosaggio/volume)

D1. Tipo di blocco eseguito
D2. Tecnica di localizzazione: *Landmark*, *Eco* (tipo di sonda), *ENS* (mA di scomparsa motoria)
D3. Miscela AL utilizzato (±adiuvanti)
D4. Visualizzazione diffusione AL
D5. Dolore/Parestesia durante iniezione
D6. Lunghezza catetere inserito (ove applicabile)
D7. Complicanze

D. BLOCCO PERIFERICO



E1. Tipo di blocco eseguito
(*Spinale*, *Epidurale*, *Combinata* - single shot o continua)
E2. Posizione paziente (seduta, laterale, altro)
E3. Ecoassistenza/Ecoguida
E4. Approccio (mediano, paramediano, altro…)
E5. Interspazio
E6. Ago (tipo, lunghezza, gauge)
E7. Mandrino (liquido, gassoso)
E8. Lunghezza catetere
E9. Numero di tentativi

E. BLOCCO CENTRALE

E10. Dose Test
E11. Farmaco/i (dosaggio, volume totale)
E12. Complicanze

F1. Verifica estensione blocco
F2. Istruzioni post-procedura secondo protocolli aziendali
F3. Complicanze

F. POST PROCEDURA

Linee guida per ottenere validità di contenuto

Per la generazione iniziale degli item considerare il parere della popolazione target e degli esperti

Impiegare più giudici per la validità di contenuto e quantificare i giudizi utilizzando procedure quantitative

Riportare i risultati della validazione di contenuto quando si pubblica un nuovo strumento di valutazione

Per la generazione iniziale degli item considerare il parere della popolazione target e degli esperti

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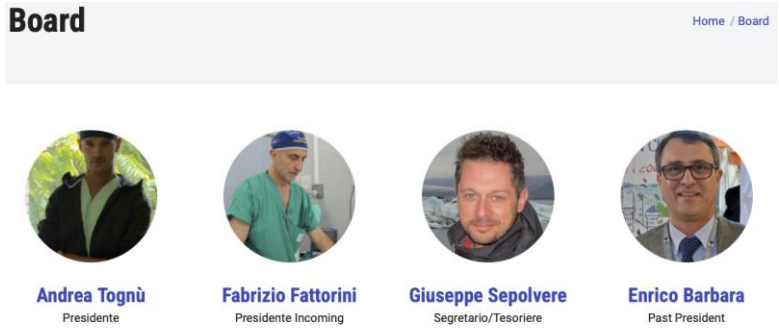

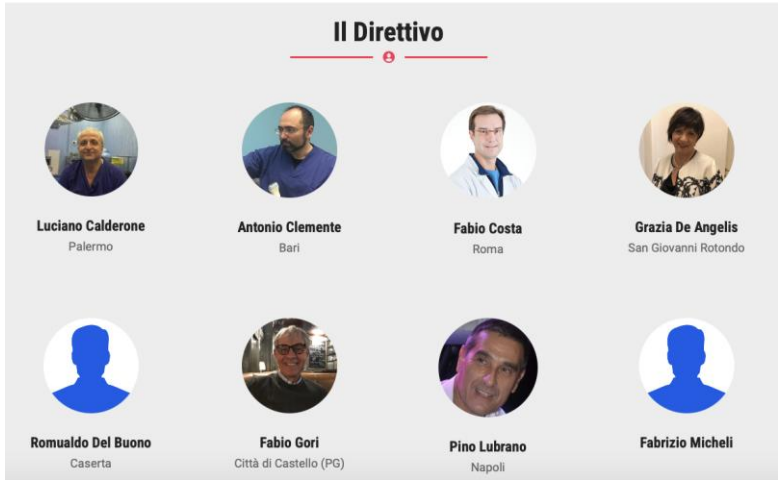

Delphi Consensus x Check List ALR

Invia

Domande | Risposte 16 | Impostazioni

ESRA

ITALIAN CHAPTER

Portale Italiano di Anestesia Loco Regionale e Terapia del Dolore

Sezione 1 di 8

CHECK LIST ALR

Ricordo che la checklist serve SIA come promemoria di dover eseguire quell'azione SIA come attestazione medico-legale di averla eseguita. Alcuni items possono essere ripetitivi con la cartella clinica, si è tentato di ridurre quelli qui necessari al minimo indispensabile.
La checklist è suddivisa in Sezioni. Per ogni sezione ci saranno degli items su cui sei invitato ad indicare la tua opinione su una scala di 5 punti (1. Fortemente in Disaccordo; 2. in Disaccordo; 3. Neutrale; 4. in Accordo; 5. Fortemente in Accordo). Alla fine della sessione ci sarà la possibilità di indicare se ci sono items che vorrete proporre all'interno della stessa.

Linee guida per ottenere validità di contenuto

Per la generazione iniziale degli item considerare il parere della popolazione target e degli esperti

Impiegare più giudici per la validità di contenuto e quantificare i giudizi utilizzando procedure quantitative

Riportare i risultati della validazione di contenuto quando si pubblica un nuovo strumento di valutazione

Linee guida per ottenere validità di contenuto

Riportare i risultati della validazione di contenuto quando si pubblica un nuovo strumento di valutazione

Content Validity Ratio (CVR)

a. l'item che riceve la valutazione massima da parte di più di metà dei giudici possiede un certo grado di validità di contenuto
b. maggiore è la proporzione di giudici oltre il 50% che assegnano valutazione massima all'item, maggiore è la validità di contenuto dell'item

$$CVR = \frac{n_{max} - \frac{N}{2}}{\frac{N}{2}}$$

N. giudici	*CVR critico*	*N. giudici*	*CVR critico*
5	,99	13	,54
6	,99	14	,51
7	,99	15	,49
8	,75	20	,42
9	,78	25	,37
10	,62	30	,33
11	,59	35	,31
12	,56	40	,29

https://calculator.academy/content-validity-ratio-calculator/

CVR value ranges from -1 to 1.

A positive CVR indicates that more than half of the experts agree on the essentiality of the item. The closer the CVR is to 1, the stronger the agreement among the experts that the item is essential.

CVR of 0 or negative

suggests that the item does not have sufficient agreement to be considered essential and may need to be revised or removed.

One limitation of using the CVR is that it relies heavily on the judgment of experts, which can introduce subjectivity into the evaluation process.

Content Validity Index (CVI)

the mean of the CVR values for all items

CVI > 70 or 80 is preferred

CVI: 30.875 / 39 = 0.79

A. INFORMAZIONI PAZIENTE

A1 VERIFICATI COGNOME, NOME E DATA DI NASCITA
A3 VALUTATE ALLERGIE
A4 VALUTATO STATO COAGULATIVO

B. PREPARAZIONE PROCEDURA

B1 INDIVIDUATO ESECUTORE DEL BLOCCO E SEGNALATO TUTOR (OVE PRESENTE)
B2 VERIFICATO CONSENSO INFORMATO
B3 VERIFICATA DISPONIBILITÀ KIT EMERGENZA
B4 VERIFICATO INTERVENTO PROGRAMMATO E LATERALITÀ
B5 DICHIARATA ALR PIANIFICATA
B6 VERIFICATO MONITORAGGIO PARAMETRI VITALI
B7 VERIFICATA PRESENZA ACCESSO VASCOLARE

C. ESECUZIONE PROCEDURA

C1 SEGNALATA DATA E ORA
C2 INDICATO AGENTE PER DISINFEZIONE
C3 APPLICATA TECNICA STERILE (secondo procedure aziendali)
C4 INDICATA ANESTESIA LOCALE (agente, dosaggio, volume)

D. BLOCCO PERIFERICO

D1 INDICATO TIPO DI BLOCCO ESEGUITO
D2 INDICARE TIPO, CALIBRO E LINGHEZZA DELL'AGO
D3 INDICATA TECNICA DI LOCALIZZAZIONE:
Landmark, Eco (tipo di sonda), ENS (mA di scomparsa motoria)
D4 INDICATA MISCELA AL (dosi, volumi ±adiuvanti)
D5 INDICATA SE VISUALIZZAZIONE DIFFUSIONE AL
D6 INDICATO SE DOLORE/PARESTESIA DURANTE INIEZIONE
D7 INDICATA LUNGHEZZA CATETERE INSERITO (ove applicabile)
D8 SEGNALATE EVENTUALI COMPLICANZE

E. BLOCCO CENTRALE

E1 INDICATO TIPO DI BLOCCO ESEGUITO:
Spinale, Epidurale, Combinata - single shot o continua
E2 INDICATA POSIZIONE PAZIENTE (seduta, laterale, altro)
E3 SEGNALATA SE ECOASSISTENZA/ECOGUIDA
E4 INDICATO APPROCCIO (mediano, paramediano, altro…)
E5 INDICATO INTERSPAZIO
E6 INDICATO AGO (tipo, lunghezza, gauge) SEGNALATO TIPO DI MANDRINO (liquido, gassoso)
E7 INDICATA LUNGHEZZA CATETERE INSERITO (ove applicabile)
E8 SEGNALATO NUMERO DI TENTATIVI
E09 INDICATA SE DOSE TEST E FARMACO USATO
E10 INDICATO FARMACO/I (dosaggio, volume totale)
E11 SEGNALATE EVENTUALI COMPLICANZE

F. POST-PROCEDURA

F1 VERIFICATA ENSTENSIONE BLOCCO
F2 SEGNALATE EVENTUALI COMPLICANZE
F3 RILASCIATE ISTRUZIONI POST-PROCEDURA SECONDO PROTOCOLLI AZIENDALI

A Case Scenario

A baseline scenario was simulated using conservative and realistic assumptions for a tertiary university hospital:

Parameter	Value	Description
Annual number of RA procedures (N)	1,000	Average yearly case volume
Staff cost	€3/min	Anesthetist + nurse combined
Net time saved	2 min	Average per-procedure efficiency gain
Baseline complication rate	4%	Pre-checklist reference
Relative reduction with the checklist	30%	Based on literature on perioperative safety tools
Average cost per complication	€800	Direct and indirect cost (treatment, delay, admission)
Checklist running cost	€0.50	Time/paper/IT resources
Training and implementation cost	€2,000	One-time institutional investment

The model estimated that standardizing preparation and execution steps saves an average of approximately €6 in staff time for each procedure. Additionally, the expected reduction in complication-related costs is around €9.60 per case. Improved documentation and medico-legal traceability contribute an extra benefit of about €5 per procedure. In total, this results in an estimated net saving of about €14 for each regional anesthesia procedure. For an institution handling 1,000 procedures per year, this translates to an annual benefit of approximately €14,000. A sensitivity

Educational Sessions

Checklist
Facilitators

Audits &
Feedback cycles

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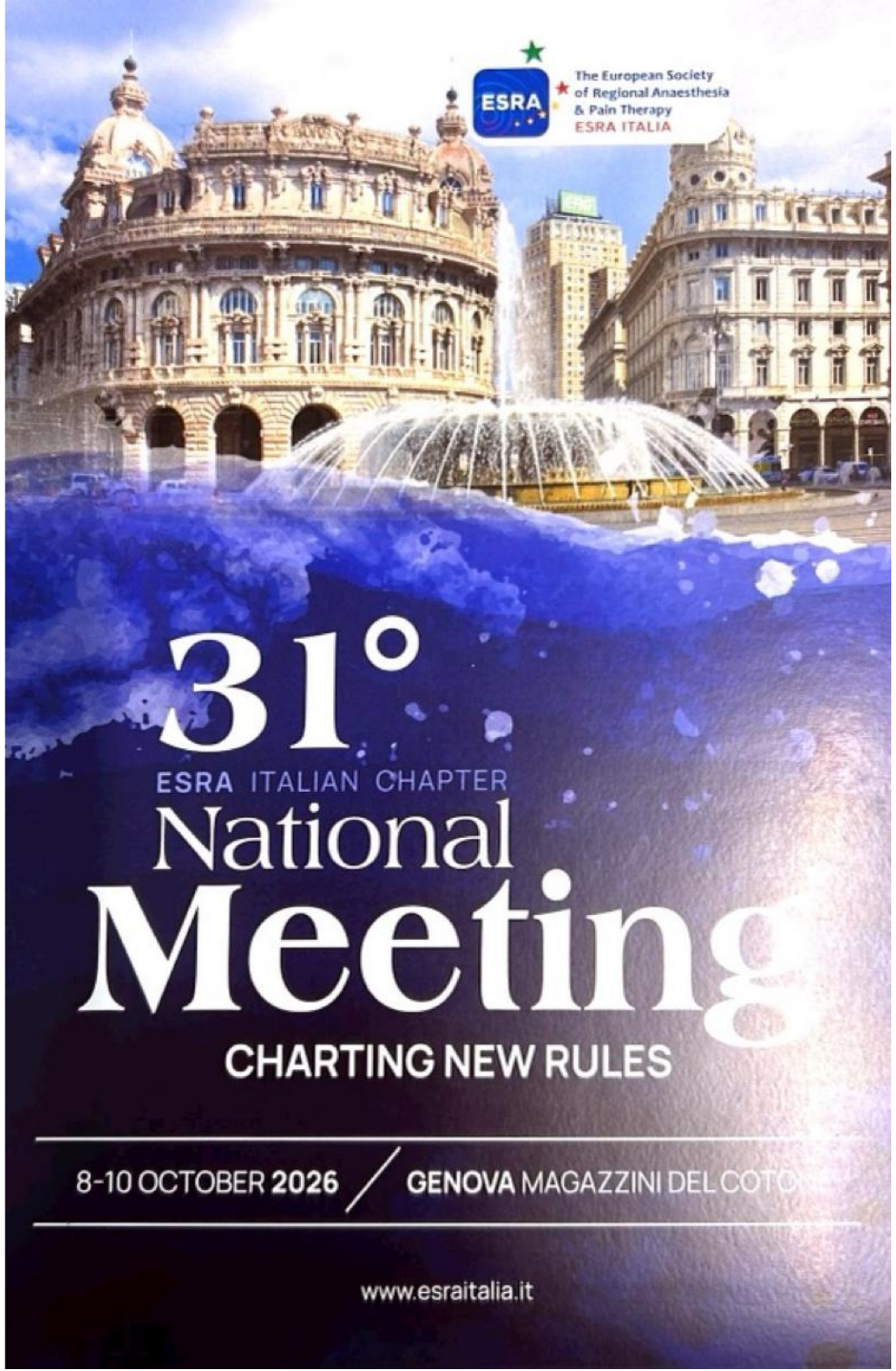

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