**HOBIT Subject ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_**

**HOBIT Treatment Profile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class A / Class B HBO2 TX: \_\_\_\_\_\_ of 10**

**Operator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HBO RN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HBO MD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ICU RN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDY COOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* + Daily Startup Checklist completed (CHT)

**PRE – SAFETY PUASE CHECKS**

* + Pre-treatment Checklist completed (CHT)
	+ Critical Care Checklist completed (CHRN)
	+ Ventilator Checklist completed (RT)
	+ Patient identifiers (2) verified (CHRN)
	+ Bilat Myringotomies done (MD / CHT)
	+ Mitigation orders and Variances Completed (CHT)
	+ Treatment Logs and timers ready (CHT)

**CHRN or CHT to complete all items requiring mitigation procedures prior to hyperbaric treatment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Y** | **N** | **ITEM** | **Mitigations completed by (initial) and comments.**  |
|  |  | Jewelry, watches, or other metal objects |  |
|  |  | Dressings or bandages **not** pre-approved for HBO2 |  |
|  |  | Removable dentures plates or partials  |  |
|  |  | Transdermal medication patches |  |
|  |  | Implanted pacemaker, defibrillator, medication pumps, |  |
|  |  | Cosmetics (makeup, lipstick lip balm, etc.) |  |
|  |  | External Fixation Device(s) |  |
|  |  | Personal clothing of other items |  |
|  |  | See back of this page for additional items. |  |

**□** **ALL ITEMS CHECKED “Y” ABOVE**, have proper mitigation procedures completed and approved by chamber operator or HBO supervising MD. (CHT)

**□** Variance with equipment or procedures is cleared and documented by the CHT, Study Coor. and the Sup MD. (CHT)

**□** Ground strap is secured on patient and verified conductivity with patient to chamber chassis (CHT)

**□** Wiring, tubing, ground strap etc. are clear of door and ready for patient to be placed in chamber. (CHT)

**□** **All above documentation is cleared for treatment (CHT)**

**□** **Team discussion:** **□** Mitigation orders for any of the above items. **□** Any variances?

**□** **Operator: □** Verbalize TX Profile. **□** Ground strap tested on subject **□** Chamber & timers ready. **□** Concerns

**□** **HBO & ICU RN’s:** **□** Monitoring & IV’s ready. **□** Meds for TX and transport **□** Vital signs good **□** Concerns

**SAFETY PAUSE**

**□ RT: □** Verbalize Vent settings **□** Cuff NS **□** Alarms set **□** Circuit secure **□** Verbalize BS and suctioning **□** Concerns

**□ Study Coordinator: □** Agrees with Profile.  **□** Verbalize Post HBO2 Profile. **□** Concerns

**□** **Supervising MD: □** Approve TX Profile, **□** Bilat myringotomies done **□** Concerns **□** Patient cleared for treatment.

**□ Everyone please initial Safety Pause after treatment starts**

**Operator / Tech Initials: \_\_\_\_\_\_\_\_\_ HBO Nurse Initials: \_\_\_\_\_\_\_\_\_ Supervising MD Initials: \_\_\_\_\_\_\_\_\_**

**ICU RN Initials: \_\_\_\_\_\_\_\_\_ RT Initials: \_\_\_\_\_\_\_\_\_\_ Study Coordinator Initials: \_\_\_\_\_\_\_\_\_\_**

**SAFETY PAUSE INSTRUCTIONS**

1. It is suggested that the **Safety Pause** be conducted by the Chamber Operator.
2. The top half of the page (above the line) includes different team checklists and validations that need to be completed by the RN, the RT and the Chamber Operator prior to starting the Safety Pause.
3. The grayed check box is for items that are not normally allowed in the hyperbaric chamber and that have specific pre-approved mitigation orders that need to be completed for each item that is checked on this list. (Note: these items may vary per site.)
4. Any items without a pre-approved mitigation order needs to have the HBO Safety Director and the HBO supervising physician’s documented approval prior to allowing the subject to be treated in the chamber. This document should be kept and filed for future reference and review.
5. Mitigation orders will differ depending on the chamber Class. For example: items that are allowed, with approved mitigation orders, in a Class A chamber may not be allowed in a Class B chamber that is pressurized with 100% oxygen.
6. When all checks above line have been completed (Pre-Safety Pause Checks), the Safety Pause is called and team members who are directly involved will gather for a “Team discussion”. The chamber operator will address each check box as indicated and ending with the final clearance from the supervising HBO physician.
7. Each Safety Pause team member should initial the Safety Pause sometime after the treatment starts.