

Subacromial Space Injection		
Category	Clinical Checklist Steps to Complete	Assessment Checklist Check errors performed or needed correction to avoid
Confirm Indication	<ol style="list-style-type: none"> 1. Subacromial bursitis 2. Rotator cuff impingement 3. Rotator cuff tendinosis 4. Adhesive Capsulitis 	<input type="checkbox"/> Unable to identify a valid indication. <input type="checkbox"/> Proposed indication not supported by proper historical or exam features.
Contra-indications	<ol style="list-style-type: none"> 1. Hardware in the joint 2. Infection in joint or overlying skin 3. Periarticular fracture, injury, or instability 4. Potential for shoulder surgery in 3mo. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to confirm absence of contraindications (*multiple points possible)
Obtain Consent	Explain & and confirm patient's understanding: <ol style="list-style-type: none"> 1. Procedural process 2. Risks & techniques to mitigate them 3. Potential benefits 4. Risks of not performing and alternatives. 	<input type="checkbox"/> Did not obtain consent <input type="checkbox"/> Uses complicated terminology <input type="checkbox"/> Fails to provide all 4 steps of the consent process
Supplies	See below for full list	<input type="checkbox"/> Fails to obtain all necessary supplies before starting
Positioning	<ol style="list-style-type: none"> 1. Sitting upright with shoulder exposed 2. Hands interlaced on lap with relaxed shoulder 	<input type="checkbox"/> Fails to position patient with exposed and relaxed shoulder in the same position for landmark identification and the procedures
Identify Entry Site	Identify the inferior aspect of where the scapular spine meets the lateral acromion. Mark the needle insertion point, 1-2cm inferior to that posterior-lateral angle of the acromion.	<input type="checkbox"/> Mis-identified inferior margin of scapular spine = 1 <input type="checkbox"/> Mis-identified lateral edge of acromion =1 <input type="checkbox"/> Mis-identified an appropriate insertion point 1-2cm inferior to posterior-lateral angle
	Verification of entry site by preceptor	<input type="checkbox"/> Does not ask for verification
Draw-up solutions	<ol style="list-style-type: none"> 1. Clean each vial with 1 alcohol swab 2. Using the larger needle aspirate 1-4 cc of lidocaine, then 1cc of triamcinolone or methylprednisolone 	<input type="checkbox"/> Fails to clean top of vial <input type="checkbox"/> Uses incorrect needle <input type="checkbox"/> Fails to aspirate most of steroid <input type="checkbox"/> Fails to recap and remove needle safely
Timeout	Confirm name, DOB, Procedure, Location, Allergies	<input type="checkbox"/> Fails to perform
Sterile Prep	Scrub chlorhexidine over insertion site >30 seconds, or apply providone-iodine around insertion site and allow to dry	<input type="checkbox"/> Does not sufficiently sterilize the site <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contaminate site (*multiple points possible)
	Maintain sterile site with no touch technique	
Needle Insertion	Insert quickly through the skin under acromion toward AC joint (slightly superior and medial) to a depth of 2-4cm.	<input type="checkbox"/> Concern for instability of grip <input type="checkbox"/> Advances needle in incorrect direction <input type="checkbox"/> insertion depth less than 2cm or more than 4 cm
	Aspiration prior to injection of medication	<input type="checkbox"/> Fails to attempt aspiration prior to injection
	If difficulty advancing, then partially withdraw the needle close to the skin surface and redirect.	<input type="checkbox"/> Pivots fully inserted needle rather than withdrawing and redirecting
Extraction	Obtain hemostasis and apply band aid	

Supplies	
Marker	18-22g needle (for drawing up)
Lidocaine 1% (4cc)	21-25g 1.5" needle (for injection)
Triamcinolone or Methylprednisolone 40mg/mL (1cc)	5-10cc syringe
Alcohol swab	2x2 gauze
Chlorhexidine or providone-iodine swab	Band-aid
	Ethyl chloride spray (optional)