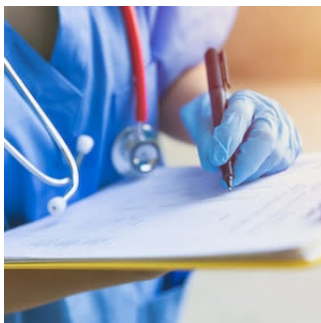


Checklists in the Intensive Care Unit



Checklists are cognitive aids that ensure task completion, enhance adherence to best practices, and prevent errors. In the complex environment of the ICU, checklists have been adopted to improve leadership, team performance, and patient outcomes. While research over the past two decades supports the efficacy of specific ICU checklists, the diverse nature of checklist items, implementation methods, and outcomes measured makes deciding their use complex.

Despite the considerable volume of existing studies, there hasn't been a review that encompasses the broader role of checklists, their implementation and validation, and the recommended clinical context for their use in the ICU. This review aims to map the current literature, focusing on the types of checklists in use, their application, the process of checklist development and implementation, and the associated outcomes. The goal is to provide insights that can guide future research in the field of intensive care checklists.

The researchers systematically searched databases such as MEDLINE (Ovid), Embase, Scopus, and Google Scholar, along with a grey literature search. The initial screening involved reviewing abstracts of identified studies, and relevant articles underwent a detailed full-text review. The references of studies were also screened for any additional utility. The information extracted included details about study characteristics, study design, the intervention involving checklists, and the outcomes studied.

The researchers identified 2,046 studies through their search, and after initial analysis, 167 studies were selected for further examination. The checklists mentioned in these studies were categorised into different types, including rounding checklists, delirium screening checklists, transfer and handover checklists, central line-associated bloodstream infection (CLABSI) prevention checklists, airway management checklists, and others. Among the 72 clinically significant outcomes reported, 65 were positive, five were negative, and two were mixed. Regarding process of care outcomes, out of 122 reported, 114 were positive, and eight were negative.

Checklists are widely employed in the ICU and are often featured in clinical guidelines. Delirium screening checklists and rounding checklists have demonstrated effective implementation and validation in the existing literature. The outcomes, both clinical and related to the process of care, associated with checklist use are predominantly positive. The suggestion for future research emphasises the need to establish clinical guidelines for various types of checklists in the ICU and to develop processes for ongoing modifications and improvements based on post-intervention data.

Source: [Critical Care](#)

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