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 Education  
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**References:**

## Universal Protocol Time Out, 695.00.00

**Document Type:** Policy, Procedure

**SUPERSEDES:** 7/11, 3/10, 5/08, 7/06

### PURPOSE:

To identify a process to ensure the correct procedure is performed on the correct patient for all operative and invasive procedures. This process will include three major components: pre-operative verification process, site marking and time out.

### PRE-OPERATIVE/PROCEDURAL VERIFICATION PROCESS:

#### POLICY:

1. Verification of the correct patient, procedure and site will occur:
  - At the time surgery/procedure is scheduled
  - At the time of admission or entry into the hospital
  - Any time the responsibility for care of the patient is transferred to another caregiver
  - Before the patient leaves the pre-operative area or enters the procedure/operating room.
  - If possible, the patient will be awake and participate during this process.
2. Any discrepancies will be resolved before proceeding with the procedure.
3. Patients with a language barrier will have a qualified interpreter available to ensure accuracy of information in the verification process. Interpreter services will be documented in the medical record. (Refer to Policy 818: Interpreter Services)

### PROCEDURE:

1. The RN/technologist will identify the correct patient by using two patient identifiers and having the patient state their full name and birth date. Confirm name band reads the same information.
  - a. If the patient is a minor or not capable of confirming the information, a parent or legal guardian is permitted to confirm the information.
2. The RN/technologist will identify the correct procedure as stated by the patient and compared to the following documents:

- Consent for procedure/surgery with signatures, dated and timed
  - Physician orders
  - H & P/Progress notes/Consultations
  - Procedure schedule
3. If any discrepancies are noted, the physician will be notified. The physician will verify the correct procedure and site with documentation of correction in the medical record.
  4. A pre-procedure checklist will be completed for all procedures/surgeries to ensure that all of the relevant documents/equipment/devices (if applicable) are available.

## **SITE MARKING:**

### **POLICY:**

1. Site marking will be performed on all invasive/operative procedures that involve laterality, multiple structures (fingers and toes) or multiple levels (spinal surgery).
2. The procedure/operative site will be marked prior to the patient entering the procedure/operating room by the licensed independent practitioner who will be involved directly with, and present at the time of, performing the procedure.
3. Site marking will be performed prior to sedation.
4. Marking should be made with indelible ink and include the initials of the provider

### **PROCEDURE:**

1. A surgical marking pen will be used to identify the procedure site.
2. The patient will actively identify the correct body part to be marked for the procedure (ie pointing to the side/site).
3. The licensed independent practitioner, directly involved in the procedure, will mark the site on the skin with their initials.
4. The mark must be visible after the patient is prepped and draped. Non-operative sites will not be marked unless necessary for some other aspect of care.
5. Site marking will be documented in the patient's medical record.

### **Spinal Surgery:**

1. The general spinal region, not the specific vertebra, will be marked by the licensed independent practitioner in the pre-operative area.
2. Markings will be completed on the front of the region for anterior approach and back of the region for posterior approach.
3. In the operative procedure room, the interspace to be operated on will be precisely marked using the standard intraoperative radiographic marking technique.

### **Exemptions for Site Marking:**

1. Single organ procedures (cardiac surgeries, c-sections, hysterectomy, laparotomy, laparoscopy)

2. Invasive procedures for which the site for insertion is not predetermined (cardiac catheterization, central line placement)
3. Teeth. However, the operative tooth names must be included on the consent and in the plan and identified on the radiograph.
4. Infants for whom the mark may cause a permanent tattoo.
5. Procedures done through, or immediately adjacent to, a natural body orifice such as GI endoscopy, urology procedures, tonsillectomy, hemorrhoidectomy or procedures on the genitalia
6. Minor procedures such as venipuncture, peripheral intravenous line placement, insertion of nasogastric tube or foley catheter insertion.
7. Random biopsies where side is determined by a pre-procedural CT or ultrasound study immediately prior to the biopsy (such as renal biopsy)
8. If the practitioner performing the procedure remains with the patient continuously from the time the decision is made to do the procedure, consent is obtained from the patient and the procedure is performed. However, the site should be marked if the practitioner performing the procedure leaves the presence of the patient.
9. Emergency situation where the risk of taking the time to mark the site would cause more risk than benefit for the patient.
10. When a patient refuses site marking.

**Patient Refusal for Site Marking:**

The physician will be notified if the patient refuses to have the site marked. The Registered Nurse, technologist or physician will provide education on the importance of site marking to ensure the patient is making an informed decision. If the patient still refuses site marking, the physician will document patient's refusal in the medical record. The procedure does not need to be cancelled. A time out verification process is still required noting the refusal of the patient to have the site marked.

**TIME OUT:**

**POLICY:**

1. A Time Out will be completed in the procedure room immediately prior to the start of the procedure and initiated by the procedure or circulating nurse, with documentation in the patient's medical record.
2. There may be exceptions to this process in the event of life or limb threatened situation.
3. All persons present at the time of the timeout will be quiet and attentive to the process, answering as appropriate.
4. The time out which involves active communication will include the following elements:
  - Confirmation of the patient using two identifiers – name and date of birth and compare to name band
  - Identification of surgeon performing procedure
  - Consent verification by reading from consent exactly what procedure is anticipated
  - Allergies
  - Site marking is appropriate and visible

- Sterilized items are validated.
  - Other specialty issues may include:
    - Images/reports/DI images displayed and validated as correct patient's
    - When last Beta Blocker was taken
    - Proper implants are present, specific vendor is validated
    - SCDs/TEDs are applied and machine active
    - Warming devices are in place or available
    - Antibiotics are appropriate for procedure, were begun within an hour of incision, and charted
  - An opportunity to verbalize other concerns prior to beginning
  - Agreement that information is correct is confirmed
5. All elements and personnel involved with the time out will be documented in the patient's medical record.
  6. The surgery/procedure will not start until the time out process is completed.
  7. If a second procedure by a different surgeon is being performed, a second consent is required. An additional timeout just before that procedure begins is also required.

#### **REFERENCES:**

Joint Commission, Universal Protocol. <http://www.jointcommission.org/patient-safety/universal-protocol-2014>  
AORN Perioperative Standards and Recommended Practices Edition American Academy of Orthopaedic Surgeons, Advisory Statement Wrong Site Surgery, October 2003, [www.aaos.org](http://www.aaos.org)

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#### **Attachments:**

No Attachments