Conduct a pre-procedure verification process

Address missing information or discrepancies before starting the procedure.

• Verify the correct procedure, for the correct patient, at the correct site.
• When possible, involve the patient in the verification process.
• Identify the items that must be available for the procedure.
• Use a standardized list to verify the availability of items for the procedure. (It is not necessary to document that the list was used for each patient.) At a minimum, these items include:
  □ relevant documentation
    Examples: history and physical, signed consent form, preanesthesia assessment
  □ labeled diagnostic and radiology test results that are properly displayed
    Examples: radiology images and scans, pathology reports, biopsy reports
  □ any required blood products, implants, devices, special equipment
• Match the items that are to be available in the procedure area to the patient.

Mark the procedure site

At a minimum, mark the site when there is more than one possible location for the procedure and when performing the procedure in a different location could harm the patient.

• The site does not need to be marked for bilateral structures.
  Examples: tonsils, ovaries
• For spinal procedures: Mark the general spinal region on the skin. Special intraoperative imaging techniques may be used to locate and mark the exact vertebral level.
• Mark the site before the procedure is performed.
• If possible, involve the patient in the site marking process.
• The site is marked by a licensed independent practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed.*
• Ultimately, the licensed independent practitioner is accountable for the procedure – even when delegating site marking.
  □ In limited circumstances, site marking may be delegated to some medical residents, physician assistants (P.A.), or advanced practice registered nurses (A.P.R.N.).
• The mark is unambiguous and is used consistently throughout the organization.
• The mark is made at or near the procedure site.
• The mark is sufficiently permanent to be visible after skin preparation and draping.
• Adhesive markers are not the sole means of marking the site.
• For patients who refuse site marking or when it is technically or anatomically impossible or impractical to mark the site (see examples below): Use your organization’s written, alternative process to ensure that the correct site is operated on. Examples of situations that involve alternative processes:
  □ mucosal surfaces or perineum
  □ minimal access procedures treating a lateralized internal organ, whether percutaneous or through a natural orifice
  □ interventional procedure cases for which the catheter or instrument insertion site is not predetermined
    Examples: cardiac catheterization, pacemaker insertion
  □ teeth
  □ premature infants, for whom the mark may cause a permanent tattoo

Perform a time-out

The procedure is not started until all questions or concerns are resolved.

• Conduct a time-out immediately before starting the invasive procedure or making the incision.
• A designated member of the team starts the time-out.
• The time-out is standardized.
• The time-out involves the immediate members of the procedure team: the individual performing the procedure, anesthesia providers, circulating nurse, operating room technician, and other active participants who will be participating in the procedure from the beginning.
• All relevant members of the procedure team actively communicate during the time-out.
• During the time-out, the team members agree, at a minimum, on the following:
  □ correct patient identity
  □ correct site
  □ procedure to be done
• When the same patient has two or more procedures: If the person performing the procedure changes, another time-out needs to be performed before starting each procedure.
• Document the completion of the time-out. The organization determines the amount and type of documentation.

The Universal Protocol
for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™
Guidance for health care professionals

*In limited circumstances, site marking may be delegated to some medical residents, physician assistants (P.A.), or advanced practice registered nurses (A.P.R.N.).