PURPOSE: To provide a consistent method for correct surgical/invasive procedure site verification throughout the medical center.

POLICY:
Marking the site is required for procedures involving right/left distinction, multiple structures (such as fingers and toes), and multiple levels (spine).

PRE-OPERATIVE VERIFICATION PROCESS
- Verification of the correct person (policy PS 037: Identification Patient), procedure, and site should occur (as applicable):
  - At the time the surgery/procedure is scheduled.
  - At the time of admission or entry into the facility.
  - Anytime the responsibility for care of the patient is transferred to another caregiver.
  - Before the patient leaves the preoperative area or enters the procedure/surgical room.
- Confirm the surgical site with the patient (if appropriate) or the parent/guardian (if the patient is a minor).
- Confirm the correct site is also identified on the informed surgical consent.
- A preoperative verification checklist will be completed and will include a review of the following, prior to the start of the procedure:
  - Relevant documentation (e.g., H&P, consent).
  - Relevant images properly labeled and displayed.
  - Any required implants and special equipment.
MARKING THE OPERATIVE SITE

Site Marking:

- At a minimum, marking the operative site to identify, unambiguously, the intended site of incision or insertion. For procedures involving right/left distinction, multiple structures (such as fingers and toes), or multiple levels (as noted in spinal procedures), the intended site must be marked such that the mark will be visible after the patient has been prepped and draped. (See Spinal Surgery Note.)
  - Spinal Surgery Note: In addition to preoperative skin marking of the general spinal region, special intra-operative radiographic techniques are used for marking the exact vertebral level.
- The LIP, Nurse Practitioner and Physician Assistant granted privileges to perform the procedure or Ortho Resident as noted in their scope of service MUST do the site marking. If someone other than the LIP, Nurse Practitioner and Physician Assistant granted privileges or Ortho Resident as noted in their scope of service is performing the procedure, they may do the marking; however, this must be a rare exception and not the routine practice.
- The site will be marked prior to sedation and/or entering the OR suite.
- Make the mark at or near the incision site. The mark will be “YES”, by LIP, Nurse Practitioner or Physician Assistant granted privileges or Ortho Resident as noted in their scope of service initials, and will be made using a Surgical Skin marker.
- The mark will be positioned to be visible after the patient is prepped and draped.
- DO NOT mark any non-operative site(s) unless necessary for some other aspect of care. For example, testicular procedures will be marked “YES” on the left or right corresponding thigh.
- Marking will take place with the patient/parent (if appropriate) awake and aware or parent/guardian involved.
- Final verification of the site mark should take place during the “time out”.
- If patient/family refuses site marking, the LIP credentialed to perform the procedure must document the reason for refusal. If this occurs, site marking will be completed via Alternative Site Marking form. (See Attachment A.)
- If unable to mark surgical site with patients with fragile skin or skin sloughing disorders (severe burns, Steven Johnson Syndrome, etc.), the Alternative Site Marking form must be used.
- The LIP, Nurse Practitioner or Physician Assistant granted privileges to perform the procedure or Ortho Resident as noted in their scope of service may choose to mark the site in his or her office. If this is done prior to surgery date, the site marking must be visible and compliant with approved marking prior to entry to the OR suite. If the site marking is not compliant with policy and or not visible the day of surgery, marking must be completed by the LIP, Nurse Practitioner or Physician Assistant granted privileges credentialed to perform the surgery/invasive procedure or Ortho Resident as noted in their scope of service prior to entry to the OR.

EXEMPTIONS

A defined, alternative process, (See Attachment A), is in place for patients who refuse site marking or who cannot easily be marked under the following conditions:
- Situations in which marking the site would be impossible or technically impractical.
  - Single organ cases, midline sternotomy, laparotomy and laparoscopy.
  - Interventional cases for which the catheter/instrument insertion site is not predetermined (e.g., cardiac catheterization).
  - Procedures done through or immediately adjacent to a natural body orifice (e.g. GI endoscopy, tonsillectomy and hemorrhoidectomy).
o Teeth-BUT, indicate operative tooth name(s) on documentation or mark the operative tooth (teeth) on the dental radiographs or dental diagram.

- Premature infants (less than or equal to 2500 grams), for whom the mark may cause a permanent tattoo.
- Cases in which the individual doing the procedure is in continuous attendance with the patient from the time of decision to do the procedure and consent from the patient/guardian through to the beginning of the procedure. The requirement for a “time out” final verification still applies.
- Emergent cases where there is a risk of losing patient life or limb.
- If there is a single obvious wound or lesion, there is no need to mark the site. However, if there are multiple wounds or lesions, site marking must be completed on the operative site by the LIP, Nurse Practitioner or Physician Assistant granted privileges to perform the surgery/invasive procedure or Ortho Resident as noted in their scope of service prior to entry to the OR.

When using the Alternative Site Marking form for the above reasons, the marking will be completed in an identical process as actual site marking.

**Non Compliance with Policy/Practice:**
No patients will be allowed to have surgery (regardless to location of surgery in CCMC) without an updated H&P, surgical consent signed by an LIP credentialed and scheduled to do the procedure, and site marking by the LIP credentialed to perform the surgical/invasive procedure.

If any of the above is non compliant, or if there is disagreement if the site is obvious or not, nursing will notify the following:
- Anesthesia Medical Director
- Patient Safety Officer
- Chief Medical Officer
- Medical Staff President or Officer, i.e. QI/CR Chair or Credentialing Chair
- Surgery Division Chief

This must be followed up with an event report to the Risk Management Department.

**“TIME OUT” IMMEDIATELY BEFORE STARTING THE PROCEDURE**

- “Time out” should be conducted in the location where the procedure will be done, just before starting the anesthesia process (including general/regional anesthesia, local anesthesia, and spinal anesthesia) and the surgical procedure. It will involve the entire operative or procedure team, using active communication, and will be briefly documented.

  “Time out” and documentation will include:
  - Correct patient identity.
  - Confirmation of the correct side and site.
  - An accurate procedure consent form.
  - Agreement of the procedure to be done.
  - Correct patient position.
  - Relevant images and results are properly labeled and appropriately displayed.
  - The need to administer antibiotics or fluids for irrigation purposes.
  - Safety precautions based on patient history or medication use.
  - Allergies reviewed.

- The “time-out” procedure will be used each time a surgeon/person performing the procedure change occurs involving a different operative site or procedure.
• Documentation of Time Out – It is not necessary to individually document each of the requirements for the time out. One checkbox or a brief note regarding the successful completion of the time out, located in a consistent location in the patient record, is adequate documentation, as long as the full content of the time out is specified elsewhere.

If there are any discrepancies during the “time out” verification process or at any time prior to the start of the procedure, the following will occur:
• The Surgeon will be notified of discrepancy.
• The Surgeon/Circulating RN will make any needed changes to the consent and obtain appropriate signatures. The Surgeon will initial any changes made on the original consent.
• The “time out” verification process will be repeated prior to the start of surgery.

PROCEDURES FOR NON-OPERATING ROOM SETTINGS INCLUDING BEDSIDE PROCEDURES
• Site marking should be done for any procedure that involves laterality, multiple structures or levels (even if the procedure takes place outside the Operating Room).
• Verification site marking and “time out” procedure will be consistent throughout the Medical Center, including the Operating Room, Emergency Department and other locations where invasive procedures are done.
• Refer to Pre-Procedure Checklist PS 053.

REFERENCES:


The Joint Commission Universal Protocol January 2009: UP.01.01.01 Conduct a pre-procedure verification process.

The Joint Commission Universal Protocol January 2009: UP.01.02.01 Mark the procedure site.

The Joint Commission Universal Protocol January 2009: UP.01.03.01 A time-out is performed immediately prior to starting procedures.

CCMC Ortho Residence Scope of Service

CCMC Speciality Care Nurse Practitioner Delineation of Clinical Privileges

CCMC Physician Assistant Delineation of Clinical Privileges
Attachment A

ALTERNATIVE SITE MARKING FORM

Surgery / Procedure Date: _____ / _____ / _____

Surgery / Procedure:

Directions: Surgeon or Proceduralist will mark surgery / procedure site(s) on drawing below with "YES" or physician initials and sign this form, prior to the procedure and the patient going to the procedure area.

This form should only be used in situations in which marking the site would be impossible to mark per policy PS 573.

☐ Surgery / procedure confirmed with guardian.
☐ Alternative Site Marking Form reviewed / site verified with guardian.

Notes:

________________________________________________________

________________________________________________________

________________________________________________________

[ ] Translator utilized

<table>
<thead>
<tr>
<th>Physician/proceduralist</th>
<th>Signature</th>
<th>Date</th>
<th>Time</th>
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</table>

Print or print patient information

Cook Children's.
801 Seventh Avenue
Fort Worth, Texas 76104-2796

ALTERNATIVE SITE MARKING FORM