
POLICY: Identification of Surgical Site

POLICY SUMMARY/INTENT:

It is the policy of _____ Hospital that all patients admitted to the Surgical Services Department for operative and invasive procedures shall:

- Be identified by the circulating nurse in the Pre-Op Holding area before transport to the operating room.
- Patient **will not be released** from the Pre-Op Holding area until the charts are entirely completed (including Informed Consents, H&P, Appropriate EKG, Labs and x-ray) and operative site/side or limb signed by the surgeon.
- The Pre-OP nurse and the members of the surgical team shall ask the patient to identify the operative site/side in his/her own word.

In an emergency or life threatening situations, surgery may be performed without the previous requirements. The Circulating RN documents in the Preoperative Record that the procedure is emergency and the manner of how the operative site was defined.

Purpose:

To ensure that patients are identified pre-operatively, surgical procedure verified and operative site correctly confirmed by the members of the surgical team (Anesthesia Provider, Circulating nurse and surgeon).

To implement preoperative site and side identification that is simple and non-threatening to patients in order to eliminate wrong site surgery in the Operating Room.

DEFINITIONS:

AFFECTED DEPARTMENT/SERVICES: Medical/Surgical Unit, OB, Pre-OP and ER

POLICY: COMPLIANCE – KEY ELEMENTS:

Procedure:

Pre-Operative Holding Area:

1. The Pre-Op nurse will admit the patient to the unit (Pre-Op Holding Area/Short Stay Unit). The responsibilities include but not limited to the following (refer to “Admission Procedure to the Operating Room” policy for complete list of accountabilities):
 - Ask the patient’s name verbally and verify name, medical record number and physician’s name. Check the accuracy of the patient’s armband and place it on the patient.
 - Read operative consent for completion and accuracy. Confirms the procedure by checking the following: the surgery consent form, the surgical schedule, surgeon’s H&P and the Physician Orders.
 - Checks that all required pre-operative information are on the patient’s medical record. Please refer to “Admission Procedure to the operating Room Policy”. Ensure that all operative documents indicate same type, site and side of surgery.
2. The pre-op nurse checks the site by asking the patient to identify in the patient’s own words the site and side of surgery.
 - The nurse should ask the patient in a manner that requires a narrative answer rather than a yes/no response.
 - Encourage the patient’s participation with identifying the surgical site by asking the patient to mark the site/side.
3. If the patient is admitted in the unit pre-operatively, the floor nurse will confirm the site and side and documents in the Peri-operative Nursing Record. **The patient will not be transported to the OR if the Peri-operative record is incomplete and site not identified by the patient’s nurse.**
4. The pre-op nurse completes the Peri-operative Nursing Record by affixing her initials on the “**Identification of Site**” section.
5. Using an indelible black marker, the pre-op nurse marks the site in the following manner:
 - Nurse marks “**NO**” to the healthy site or side.
 - **For eye cases – green smile sticker will be attached above the patient’s eyebrow to indicate surgical site, in addition to marking “NO” to the healthy side.**
6. Before the patient is transported to the operating room, the surgeon visits the patient in the Pre-Op Holding Area/Short Stay unit and initials the operative site with an indelible marker.
7. The Anesthesia provider confirms the surgical site and documents in the anesthesia record. Anesthesia will “**hold and/or delay**” administration of pre-anesthesia medications until the surgeon and circulating nurse confirms the surgical site.

8. Anesthesia and circulating nurse transports the patient to the operating room.

Operating Room:

9. Before the patient is anesthetized, the anesthesia provider, surgeon and circulating nurse will together confirm the patient site and side of surgery.

10. The circulating nurse documents the site and side of surgery in the "Intra-operative Nursing Record". Anesthesia documents in the "Anesthesia Record". The surgeon includes in his post-operative note that he identified the site/side prior to induction of anesthesia.

11. For spinal surgery:

- An intra-operative x-ray will be utilized to mark the vertebral site. The surgeon makes an incision and marks the intended level with a clip or an instrument, x-rays the patient and personally interpret the x-ray.
- Indelibly marks the vertebrae with a "bone bite", a cautery, a needle or a stitch before moving the x-ray marker.
- The Radiologist and the surgeon will agree on a consistent "level" terminology and conventions for counting and labeling the vertebrae.
- The surgeon will mark the patient's back the approximate level of vertebrae to be operated on.

12. In case of an adverse event, the circulating nurse involved shall:

- Immediately notify the Surgical Services Director and the Risk Manager.
- The circulating nurse, if and when feasible, will be replaced with another RN to finish/complete the case.
- With the Risk Manager and/or Director of Surgery, Surgeon will inform the patient and family about the event as soon as possible.
- The surgical team involved in the event completes an **Occurrence Report**.

APPLICABLE STANDARDS OR REGULATORY REQUIREMENTS:

REFERENCES: AORN Standards,

APPROVED:

EFFECTIVE DATE:

DISTRIBUTION: Medical/Surgical Unit, ER, OB, ICU, and Surgery

REVIEWED EVERY THREE YEARS:

REVISION:

POLICY HISTORY:

ATTACHMENTS: Intraoperative Nursing Record, Perioperative Nursing Record, Occurrence Report Form