Section 9	Clinical Policies	06/27/03 – Originated
Subject 9.13	General Procedures	10/06/11 – Reviewed w/ changes - Reviewed w/o changes
Policy 9.13.25	Universal Protocol for Invasive and Surgical Procedures	Nursing - Author

Universal Protocol for Invasive and Surgical Procedures

Definitions

Surgical and Nonsurgical Invasive Procedures: Procedures that expose patients to more than minimal risk, including procedures done in settings other than the operating room and procedure areas (e.g., at clinics and the bedside). Certain routine "minor" procedures such as venipuncture, peripheral IV line placement, insertion of an NG tube or Foley catheter are not within the scope of this policy.

Policy

Prior to initiation of a surgical or nonsurgical invasive procedure, each of the components of the Universal Protocol must be followed and documented, as appropriate, in order to ensure patient safety and compliance with accreditation standards.

Procedures

Preoperative/Procedure Verification Process

Prior to initiating the procedure, the following verification of the correct patient, site and procedure should occur and should include involvement of the patient, when possible.

1. Correct patient identification will be confirmed using two (2) patient identifiers; and
2. Correct procedure and correct site, as appropriate, will be confirmed by review of the medical record (such as H&P and consent) and verification by patient or designated/surrogate decision-maker.

Prior to initiating the procedure, the availability of the following will be verified using a Universal Protocol Standardized List:

1. H&P completed within thirty days (outpatient only)
2. H&P update, documented on day of procedure (outpatient only)
3. Accurately completed and signed consent
4. Relevant diagnostic and radiology results
5. Any required blood products, implants, devices, and/or special equipment
6. Correct prophylactic antibiotics and dosage (if applicable for procedure)

All discrepancies identified through the verification process must be resolved prior to initiating the procedure.

Site Marking Process

Sites are marked when there is more than one possible location for the procedure and when performing the procedure in a different location would negatively affect quality or safety. Each site should be marked prior to initiating the procedure and should include involvement of the patient and/or designated/surrogate decision maker, when possible.

Procedures, continued

The site must be marked by a licensed independent practitioner (LIP) who is accountable for the procedure and will be present when the procedure is performed. A resident, physician assistant or nurse practitioner may mark the site as long as he/she will be involved in the actual procedure.

The site shall be marked with the initials of the person who is marking the site. The mark shall be placed as close as anatomically possible to the incision site.
The marker used to make the surgical site mark should not facilitate microbial growth, and shall provide a mark that remains visible after surgical/procedural prep and draping. Permanent markers are preferable. Ballpoint pens should not be used.

For spinal procedures, in addition to pre-operative skin marking of the general spinal region, special intraoperative radiographic techniques should be used for marking the exact vertebral area.

Exceptions to the Site Marking Process

Site marking is not required in the following circumstances:

1. When the individual performing the procedure is with the patient continuously from the time of the decision to perform the procedure until the start of the procedure
2. For procedures that have a midline approach intended to treat a single, midline organ;
3. For endoscopies without intended laterality; and
4. For procedures in which there is no predetermined site of insertion, such as cardiac catheterization and other interventional procedures.

Site marking for premature infants, teeth, lateralized internal organs and patients who refuse site marking is performed by the designated alternative process.

Time Out
A time out is conducted immediately before the start of a surgical or nonsurgical invasive procedure. The time out is initiated by a designated member of the procedure team. All members of the immediate surgical or procedure team who will be participating in the procedure from the beginning must be involved.

Completion of the time out will be documented.

The time out addresses the following :

1. Individual(s) performing procedure identified
2. All immediate members of the procedure team present
3. Correct patient identity
4. Correct procedure
5. Correct site

Procedures, continued

All discrepancies identified through the Time Out Process shall be resolved prior to initiation of the procedure.

When two or more procedures are being performed on the same patient, and the person performing the procedure changes, a time out must be conducted before each procedure is initiated.

Time Out exception:
Procedures involving only one individual performing the procedure only require pre-procedure verification (correct patient identification, correct procedure) and site marking (as applicable).

References

IHOP Policy 9.13.24 *Patient Identifiers*