

University Medical Center
Department of Patient Care

Universal Protocol for Preventing Wrong Site,
Wrong Procedure
and Wrong Patient Surgery Checklist

Addressograph

DATE: _____ PROCEDURE / SURGERY: _____

SECTION I

PRE-INVASIVE PROCEDURE / OPERATIVE VERIFICATION PROCESS – PRIOR TO INVASIVE / OPERATIVE PROCEDURE.

I verified all of the following:

- Correct patient using two (2) patient identifiers
- Consent # 2 completed including all appropriate signatures
- Patient / parent / legally authorized representative has identified site of procedure or surgery.

Or

- SITE NOT VERIFIED**, patient not able to participate in identifying site / legally authorized representative not physically present to identify site.

SIGNATURE / TITLE - MD, APN, PA, RN

DATE/TIME

SECTION II

MARKING THE OPERATIVE / PROCEDURE SITE - PRIOR TO SEDATION & THE START OF THE PROCEDURE / SURGERY

I verified all of the following:

- With the patient's involvement, the **PERFORMING PRACTITIONER** (MD, or credentialed APN or PA) has drawn an arrow proximal to the procedure / surgical site.
- No arrow required

SIGNATURE / TITLE – MD, APN, PA, RN

DATE/TIME

- Patient refused marking and understands the ramifications of the refusal
_____, MD Date/Time _____

SECTION III (FOR OPERATING ROOM PATIENTS USE PERIOPERATIVE RECORD)

FINAL "TIME-OUT" PROCESS – MUST BE CONDUCTED IN THE LOCATION WHERE THE PROCEDURE WILL BE DONE, IMMEDIATELY PRIOR TO THE START OF THE PROCEDURE – MUST INVOLVE THE ENTIRE PROCEDURE / OPERATIVE TEAM USING ACTIVE COMMUNICATION.

I verified all of the following:

- Patient's ID (name and MR# or DOB has been reviewed and is consistent with the consent).
- Practitioner verbally confirmed (as a final time-out) with the team the following:
 1. Patient's name, intended procedure, and side / level / site.
 2. The patient information is consistent with the consent.
 3. Scan's / x-rays / implants / special equipment available per Practitioner's request.
 4. Correct patient position for procedure.
 5. Antibiotic administered if appropriate.

SIGNATURE OF TEAM MEMBER NOT PRERFORMING THE PROCEDURE, MD, APN, PA, RN

DATE/TIME

IF THERE ARE ANY DISCREPANCIES IN THE IDENTIFICATION OF THE PATIENT, UNDERSTANDING OF THE INTENDED SURGERY / PROCEDURE OR SITE BY ANY MEMBER OF THE HEALTHCARE TEAM PARTICIPATING IN THE PROCEDURE, THE DISCREPANCIES WILL BE RESOLVED PRIOR TO THE COMMENCEMENT OF THE PROCEDURE / SURGERY.