Procedure for correct surgical site/side marking and verification

This procedure is for all medical practitioner's and nursing teams. It describes the responsibilities and processes for surgical site /side marking, verifying the correct patient, and management of any discrepancies prior to surgery or procedure.

This information is important as wrong side / site / level surgery is a preventable event and is ways reported and reviewed in the same way as SAC 1 & 2 event irrespective of whether or not there was harm to the patient.

Please refer to the Health Quality Safety Commission Always report and review list

Associated documents to support this procedure

- Surgical Safety Checklist Policy
- Informed Consent Policy.
- Credentialing and Defining Scope of Practice Guide

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Site marking process

Surgical site / sides are **ONLY** marked only by the operating medical practitioner.

The operating medical practitioner is responsible for informing the patient of the purpose of the marking and is completed in consultation with the patient who will verify by

- stating their name, date of birth, name of their operating surgeon
    - where a patient cannot confirm site side
- proposed procedure and the correct site/side
- mark must correspond with the Agreement to Treatment Form and any other relevant patient records (including x-rays/scans).
- If practicable, initials the mark

Marking must be unambiguous and consistent throughout the facility

- Only single use surgical skin marking pens are used, contrast coloured marking pen must be use in the presence of skin tattoos.
- The mark must be visible after skin prepping and draping
- Adhesives must not be used in isolation to mark a site/side
- If a treatment (e.g. regional block) or medication administration (e.g. eye drops) is undertaken before the site has been marked, all patient checking and verification process must be followed

- Non-operative site/sides must not be marked
- Non surgical sites (e.g. regional anaesthesia) marks must not be made.
- Any non-agreement on correct site/side with the healthcare team and the patient and /or inconsistency in the documentation must be resolved before the procedure can progress.
- when marking knee sites, patients should be discouraged from crossing their legs before the ink is dry.

Multiple surgery sites

- must be individually marked
- Donor graft sites must be marked

Digits

- Where digit/s that are the operative site, the surgical mark shall extend onto and over the digit

Occular

- The surgeon retains overall responsibility for ensuring correct eye/site marking and for the correct lens being inserted (if applicable)
- Before surgery, the medical practitioner must be satisfied on which eye the procedure is to be performed. This should occur in consultation with the patient and the eye/side marked.

if they are able to, please refer to Procedure for gaining informed consent

- The surgeon or anaesthetist must mark the site / and firmly attach sticker (if using) or other form of identification that cannot be washed off.
    - Under no circumstances can the responsibility for eye/site marking be delegated to the nurse or anaesthetic technician.

Spinal

The site mark should indicate the level and where applicable, the side.

This is verified in theatre using radiographic techniques (e.g. image intensifier).

Once incision has taken place and the disc is exposed, mark the disk for removal (or the adjacent vertebra) and confirm with a lateral x-ray prior to removing a disc.

Note: If spinal image is unclear repeat x-ray

Sites that are difficult to mark

For sites that cannot be easily marked (e.g. mucosal surfaces, perineum, teeth extractions), an alternative method shall be used and clearly documented/ communicated for the team. This may include

- a temporary, unique wrist band with the patients name on the side of the procedure and a second identifier for the intended procedure and site where it is impossible or impractical to mark (e.g. interventional cardiac catheterisation, pacemaker insertion)

- documentation, dental radiographs, or dental diagrams that indicate the name and number of the operative tooth.

Where a cast or dressing covers the proposed site or there is an open wound , the covering should be marked and/or the extremity proximal or distal to the site marked.

Exemptions

- Single organ cases (e.g. gastric surgery)
- Interventional cases for which the catheter/instrument insertion site/side is not predetermined (e.g. endoscopy)

Checking and verification

At preadmission/on admission, the admitting nurse verbally confirms with the patient the intended procedure / site/side of the surgery/procedure against the Agreement to Treatment form.

During handover from the ward/day stay nurse to the operating theatre nurse, confirmation is gained verbally from the patient as to the correct site/side which is compared with documentation on the Agreement to Treatment Form and the site marking on the patient.

Immediately prior to procedure refer to Surgical safety checklist policy

- Any discrepancies are documented and discussed with the surgeon immediately. **The procedure cannot proceed until the correct side/site has been verified.**

Patient cannot confirm site/side

- When the patient cannot confirm the site/side, for instance in the case of a minor, the parent/caregiver should be present during the site/side marking to confirm the side
- In situations where the patient is unable to verbally indicate the site/side, has had a pre-medication or in the case of a minor, the pre-operative/operating room nurse confirms the site/side with the ward nurse/day surgery nurse and by checking the Agreement to Treatment, the patient's records and observes the arrow marking on the patient.

Failure to undertake correct processes

In situations where a medical specialist declines to participate in site/side marking:

- The statement declined is recorded on the Nursing Notes Section of the Intra-Operative Record
- An adverse event form is completed and entered into the incident management system

The operating room manager is informed and refers the incident to the hospital general manager to further manage the situation with the Medical Specialist, and will bring any continued non – participation events to the attention of HCMC / NCMC. Not following correct processes is a jeopardy to credentialing.

Notify the area manager, record in patient hospital clinical record and complete the adverse event reporting and management process including:

- any event involving inadequate or inaccurate site/side marking
- any near miss event involving inadequate or inaccurate site/side marking.

Any non-agreement within the healthcare team and the patient must be resolved before the procedure can progress. See Surgical Safety Checklist Briefing and Debriefing Policy and Procedure.

References

- AORN Recommended Practices 2016, Policy & Procedure AORN Template Verification for correct site, patient and procedure.
- Health Quality Safety Commission Safe Surgery Program
- Royal Australian and New Zealand College of Ophthalmologists: Ocular Surgery Guidelines for Ensuring Correct Patient, Correct site and Correct Procedure (Nov 2014)

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