

**LOS ANGELES GENERAL
MEDICAL CENTER
DEPARTMENT OF ANESTHESIOLOGY**

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Policy # AN-712 913.3

Effective Date: 3/1/2023

Subject: Universal Protocol for Procedures Performed by Anesthesia Providers	Original Issue Date: 12/7/09 Supersedes: 8/13/18	Policy # AN-712 913.3 Effective Date: 3/1/2023
Departments Consulted: Department of Anesthesiology Nursing Operating Room Committee Patient Safety Committee	Reviewed & Approved by: Philip Lumb, MD Chairman, Dept. of Anesthesiology Rodolfo Amaya, MD Chief Anesthesiologist, Dept. of Anesthesiology	Approved by: (Signature on File) Chief Medical Officer (Signature on File) Chief Executive Officer

PURPOSE:

To prevent having a procedure performed on the wrong site, wrong side and / or wrong person.

POLICY:

All patients having an invasive procedure, regardless of procedure type () shall have a time out performed prior to the procedure. This policy applies to all invasive procedures performed in and out of the operating room.

PROCEDURE:

There are four key components that must be followed:

1. The pre-procedure identification of the patient
2. The verification of the planned procedure including the side, site and level
3. The marking of the site
4. The initiation of the time-out prior to the commencement of the procedure

1. Pre-operative/Pre-procedure Identification of the Patient

All anesthesia providers **MUST** verify the identity of the patient prior to the procedure.

The following must match:

- a. Ask the patient to state his/her name and date of birth (if possible)
- b. Information on patient's addressograph (Name, Medical Record Number, Date of Birth)
- c. Information on patient's ID band (Name, Medical Record Number, Date of Birth)

Any discrepancies **MUST** be resolved before proceeding with the procedure **unless in cases of an emergency**.

2. Anesthesia Procedure Verification

All anesthesia providers **MUST** verify the planned procedure, site, side and/or level.

Confirm written consent was obtained.

3. Site Marking

All procedures involving an invasive puncture or insertion will have the intended site marked. Usually, the site would have been marked by the surgeon to verify the operative site. Procedures that do not involve laterality such as spinal and epidural procedures do not require a marking of the site. Procedures exempt according to MC913-4 do not require marking of the site.

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	Chief of Service Initials: (Signature on File)	

4. Time-Out

A “time out” will be performed **immediately prior to the procedure**. If a subsequent procedure is initiated (such as a second distinct regional nerve block) a second and separate time out will be preformed.

- A time-out is a final **verbal** confirmation of the patient’s identification, planned procedure, and correct side/site. All participants of the surgery/procedure who are present in the immediate vicinity should participate in the time-out. For example, if a team member is scrubbing, the time-out should not proceed until he/she is ready to participate.
- During the time-out, all activities should cease, to the extent possible without compromising patient safety, so that all relevant members of the team are focused on the active confirmation of the correct patient, procedure, site, and other critical elements.

Documentation of a time out will be on either the electronic or written anesthesia record.

In an **emergency situation**, every attempt should be made to follow each of the above components. **At a minimum**, the patient’s identification **should be confirmed** by comparing the patient’s identification (ID) band with the patient’s addressograph plate and/or other documentation. Verification of both name and date of birth **must** be done.

REFERENCES

JC Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery
Title 22, Div 5, Chapter 1, Article 3, 70223 d

REVISION DATES

December 7, 2009; August 13, 2013; July 11, 2017; August 13, 2018; March 01, 2023