

SURGICAL SITE MARKING

QUICK REFERENCE GUIDE

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PURPOSE

To avoid wrong site, wrong procedure or wrong person
To identify unambiguously the intended site of incision or insertion

WHO ?

- Preferably by the surgeon who will perform the procedure
- Possible delegation to a doctor or nurse directly involved in the procedure or in the patient preparation process

WHEN ?

- Before patient is moved to the location where the procedure will be done
- Ideally before sedative pre-medication
- With the patient involved, awake and aware, if possible

WHAT ?

ALL CASES OF INCISION OR PERCUTANEOUS INSTRUMENTATION THAT INVOLVE :

- Laterality such as extremities; paired organs
- A specific surface such as flexor or extensor
- A specific level such as for spine surgery (vertebra)
- A specific digit or lesion (a particular finger, toe, skin lesion)

EXCEPTIONS TO SITE MARKING :

- Life-threatening emergencies (surgeon decision)
- Premature infants (alternative method with a wrist band)
- Cases in which site marking is not technically feasible (ex : perineum)
- Dental surgery
- Simultaneous bilateral surgery
- Endoscopies without planned invasive procedure
- Obvious wounds or lesions if that wound or lesion is the site of surgical intervention
- Cases in which the laterality must be confirmed after examination under anaesthesia or investigation

SPECIFICATIONS FOR PROPERLY MARKING THE SITE

- Marking is done by the person who will do the procedure or by a qualified designee (MD or RN participating in procedure or prep.)
- The mark is made before patient is moved to procedure site
- Patient is aware and involved in site marking, if possible
- The mark is made at or near the intended incision site
- Non-operative sites are not marked
- The mark is unambiguous (« X » is not used for site marking)
- The mark is made using a « permanent » skin marker
- The method of marking is consistent with hospital policy
- For midline access to lateral site, mark indicates correct side



TRACEABILITY AND CHECK-LIST VERIFICATION

Check-list traceability :

- Marking site is performed or not
- Any refusal by the patient
- Name of the person who marked the surgical site



Verification :

Cross verification conducted with the surgical team in the operating room during final time out.



SITE MARKING			
Site marking is required if :			
-> Laterality such as extremities; paired organs, specific surface such as flexor or extensor, specific level such as for spine surgery, specific digit or lesion			
Is site marking required or possible ?	→ NO	<input type="checkbox"/> F	Exempt cases : - Life-threatening emergencies - Premature infants - Cases in which site marking is not technically feasible
OUI ↓			
Is it properly marked?	YES	<input type="checkbox"/> D	NO <input type="checkbox"/> Patient refuses site mark (appropriate procedure followed) <input type="checkbox"/>
<i>If site marking is not properly marked, decision :</i>			
Case cancelled (unreconciled discrepancy)		<input type="checkbox"/> E	
Case advanced with unresolved discrepancy		<input type="checkbox"/>	
Specifications for properly marking the site (If "No" is checked above, please circle all items in this list that are not met)			
1. Marking is done by the person who will do the procedure or by a qualified designee (MD or RN participating in procedure or prep.)	6. The mark is unambiguous ("X" is not used for site marking)	7. The mark is made using a "permanent" skin marker	
2. The mark is made before patient is moved to procedure site	8. The method of marking is consistent with hospital policy	9. For midline access to lateral site, mark indicates correct side	
3. Patient is aware and involved in site marking, if possible			
4. The mark is made at or near the intended incision site			
5. Non-operative sites are not marked			
Name of the person who marked the surgical site : _____			

This guide is available for all procedure involving marking site of cases performed in the hospital operating room environment that serves the hospital's inpatients (excludes procedure units such as endoscopy and catheterization labs, dedicated obstetrical operating rooms and facilities used exclusively for ambulatory surgery).

Site marking is only part of a preventive practice and does not preempt pre-op verification and final time out.



The guide for surgical site marking is also available. Please contact: contact@ceppral-sante.fr