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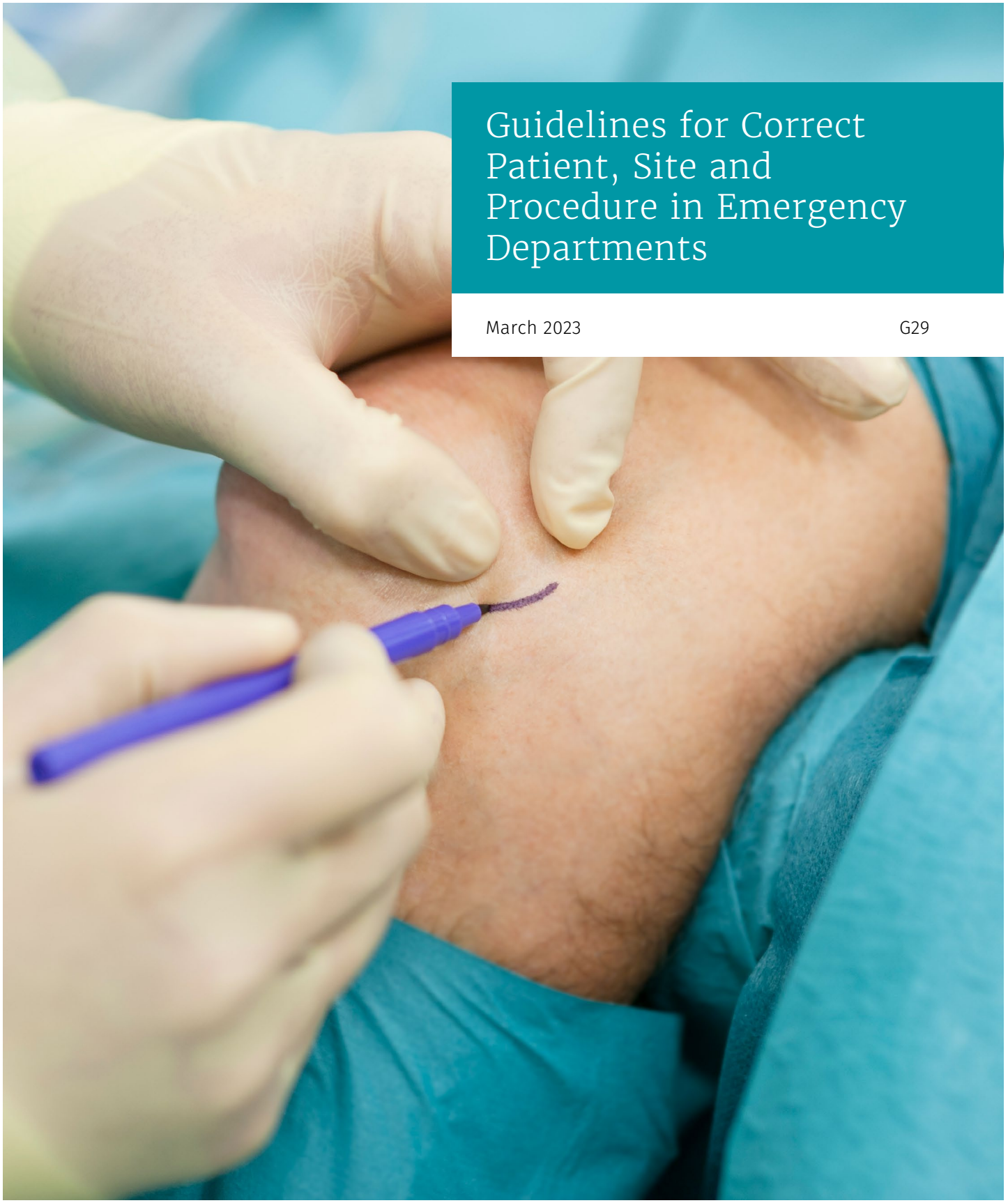

Guidelines for Correct Patient, Site and Procedure in Emergency Departments

March 2023 G29

Document review

Timeframe for review:	Every three years, or earlier if required.
Document authorisation:	Council of Advocacy, Practice and Partnerships
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Document maintenance:	Policy and Strategic Partnerships Department

Revision history

Version	Date	Revisions
1	Nov-2009	Approved by Council.
2	July-2014	Reviewed with no changes.
3	Nov-2019	Content reviewed and new template adopted. Change to document references.
4	Mar-2023	Content updated and headings changed to reflect current standards. Reference and new cover image added.

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1. Purpose

This document is a guideline of the Australasian College for Emergency Medicine and relates to ensuring the correct patient, site and procedure is used in emergency departments (EDs).

2. Scope

The guidelines are applicable to EDs in Australia and Aotearoa New Zealand.

3. Position

- Every member of staff in the ED has a duty to be vigilant in ensuring that the correct intended procedure is to be performed on the correct patient at the correct site.
- The patient, or their designated representative (relative/guardian/whānau), should be involved in these processes wherever possible.
- If any member of staff has any reason to believe that the incorrect patient, site, or procedure is being performed, they should immediately voice their concerns.
- There should be no criticism of persons raising concerns even if their concerns prove to be unfounded.

4. Recommendations

4.1 Verification

- Verification of the patient's identity should be made with the patient or the patient's designated representative, and checked against their identification band.
- Informed consent will be obtained from the patient or their designated representative and documented in the medical record.
- The type of procedure, and side and site of the procedure should be recorded in full (i.e. RIGHT or LEFT) and not be abbreviated (i.e. R or L). All documentation relating to the procedure should include the side and site. This includes patient notes, hospital forms and any documentation relating to the episode of care.
- The proceduralist should ensure that all routine safety preparations are undertaken prior to commencing the procedure. This should include but is not limited to: consideration of the risks of the procedure; confirmation and documentation of the patient's allergies; set-up of continuous monitoring; equipment and medication check; allocation of appropriate level of staffing to be in attendance (taking into consideration both the number and the seniority of staff required).
- Use of checklists should be encouraged.

4.2 Matching Information

- The proceduralist should be satisfied on which side and site the procedure has to be performed. This should be confirmed in consultation with the patient or their designated representative and matched against the consent form.
- A permanent marker should be used to clearly identify the side and site of the procedure where not self-evident. This should also be done in consultation with the patient or their designated representative. The side and site should then be confirmed by another member of staff.
- The proceduralist should ensure that any relevant images are available to view.

4.3 Time-out

Immediately prior to commencing the procedure, a 'time out' should be called. At this point, the proceduralist should confer and concur with a second staff member as to the correct patient, procedure, side, and site. Marking of the site should also be confirmed.

4.4 Post-procedure

- Confirmation and documentation of the procedure undertaken should be recorded.
- Specific post-procedure instructions should be documented in the medical record.
- Any errors or complications that arise as a result of the intended procedure should be documented, and adverse event notifications made in accordance with local health service requirements.

5. Emergencies

In life- or limb-threatening situations, all efforts should be made to confirm the steps outlined above. The senior emergency clinician responsible for the patient should decide on the most appropriate course of action if time does not allow the usual processes to occur. Documentation should reflect this decision-making process. In these circumstances, provisions should exist in each jurisdictional legislative framework to allow clinical management to proceed in the best interests of the patient.

6. References

World Health Organisation. *Implementation Manual Surgical Safety Checklist (First Edition)*. WHO, Geneva, 2008.