

Site:	<input type="checkbox"/> Ballina	<input type="checkbox"/> Dorrigo	<input type="checkbox"/> Mullimbimby	Ward	<input type="checkbox"/> Theatre	Audit completed by	<input type="text"/>												
	<input type="checkbox"/> Bellingen	<input type="checkbox"/> Grafton	<input type="checkbox"/> Murwillimbah		<input type="checkbox"/> Radiology		Designation	<input type="text"/>											
	<input type="checkbox"/> Bonalbo	<input type="checkbox"/> Kempsey	<input type="checkbox"/> Nimbin		<input type="checkbox"/> Emergency	NR = Not Recorded		Signature	<input type="text"/>										
	<input type="checkbox"/> Byron	<input type="checkbox"/> Kyogle	<input type="checkbox"/> Tweed		<input type="checkbox"/> ICU					<input type="text"/>									
	<input type="checkbox"/> Casino	<input type="checkbox"/> Lismore	<input type="checkbox"/> Urbenville		<input type="checkbox"/> General			<input type="text"/>											
	<input type="checkbox"/> Coffs	<input type="checkbox"/> Macksville	<input type="checkbox"/> Wauchope					<input type="text"/>											
	<input type="checkbox"/> Coraki	<input type="checkbox"/> Maclean	<input type="checkbox"/> Port Macquarie					<input type="text"/>											

	Patient MRN	Step 1: Informed Consent	Step 2: Procedure Site Marked	Step 3: Patient Identification	Step 4: Review of Imaging data/implants and equipment	Step 5: Team 'Time Out'
1	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R
2	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R
3	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R
4	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R
5	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R
6	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R
7	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R
8	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R
9	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R
10	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R

Comments

Rules (Derived from Correct Patient, Correct Procedure and Correct Site Clinical Procedure)

Step 1 - Informed Consent

- Valid consent is obtained for the procedure (PD20058_406)
- The Consent form must include; Patients full name and date of birth, name of procedure, procedures site (this should directly identify the body part involved), reason for procedure and laterality.
- No abbreviations are used
- **THE SIGNED CONSENT FORM IS HELD IN THE PATIENT'S MEDICAL RECORD**

Step 2 - Marking the Procedure Site

- The site is marked by the person performing the interventional procedure so that:
 - The intended site of incision or site of insertion is **unambiguous**
 - The mark is on or near the incision site
 - The mark is made using surgical skin markers
 - The mark is visible and sufficiently permanent so as to remain visible following skin preparation and draping
 - At a minimum mark all cases involving laterality, multiple structures (fingers, toes or lesions) or levels (spine)
 - Marking should occur before the patient enters the procedure room (except in an emergency, the patient should not enter the procedure room until this has been completed)
- **Do not mark non-procedure sites**
- **ONCE APPROPRIATE MARKING HAS BEEN COMPLETED THIS MUST BE DOCUMENTED IN THE PATIENT'S MEDICAL RECORD**

Marking Exemptions (eg. Not applicable)

- To avoid confusion if a procedure requires a regional anaesthetic then only the procedure site should be marked
- Interventional cases of which the catheter/instrument site is not predetermined (eg. Cardiac Catheterisation, Epidural/Spine Analgesia/ Anaesthesia etc)
- Where the site cannot be marked (eg. Teeth), relevant radiographs or other scans must, if possible, be marked to indicate the site (where this is not possible, a diagram clearly indicating the site and side must be prepared and entered into the patient's medical record)
- Premature infants where marking may cause permanent tattoos
- If the site is a traumatic site (obvious surgical site)
- When intra-procedure imaging for localisation (eg. Radiological, MRI, Stereotaxis) will be used
- Where the patient refuses marking (this must be documented in the medical records)

Step 3 - Patient Identification

- Verification of the correct person, procedure and site is conducted:
 - At the time the procedure is scheduled
 - At the time of admission into the facility (if applicable)
 - Anytime the responsibility for care of the patient is transferred
 - During preparation of the patient for their procedure
 - On entry to the procedure suite
 - Before entering the room in which the procedure will occur, or as soon as practicable after entering the procedure room but prior to the commencement of the anaesthetic (this may be the anaesthetic bay)
- **VERIFICATION OF PATIENT IDENTITY IS DOCUMENTED ON THE DESIGNATED FORM: THE PREOPERATIVE PATIENT CHECKLIST; THE INTRA OPERATIVE NURSING RECORD OR THE MEDICAL IMAGING PROCEDURE SHEET OR THE PROCEDURE VERIFICATION RECORD OR OTHER DOCUMENT DESIGNED FOR THIS PURPOSE**

Step 4 - Review Imaging Data, Equipment and Implants

- If imaging data are used to confirm the site or procedure, two or more members of the procedure team must confirm the images are correct and properly labelled
- Availability of correct equipment and/or implant(s) including size and type should be checked by two people before the procedure commences
- **REVIEW OF IMAGING DATA AND CHECKING OF ITEMS IS DOCUMENTED ON THE DESIGNATED FORM; THE INTRA OPERATIVE NURSING RECORD OR THE MEDICAL IMAGING PROCEDURE SHEET OR THE PROCEDURE VERIFICATION RECORD OR OTHER DOCUMENT DESIGNED FOR THIS PURPOSE**

Step 5 - Team "Time Out"

- Immediately prior to starting the procedure, all activity in the procedure room is stopped and staff verbally conduct a final verification
- This must be conducted in the room where the procedure will be done, immediately before starting the procedure (this will occur after the patient has been anaesthetised)
- Verification must involve the whole team and include at a minimum;
 - Correct patient identity
 - Agreement on the intended procedure to be done
 - Correct side and site (review site marking)
 - Confirmation of imaging data and availability of any correct prostheses and/or any specialised equipment or requirements
- **THE RESULT OF THE "TIME OUT" PROCESS MUST BE DOCUMENTED ON THE DESIGNATED FORM; THE INTRA OPERATIVE NURSING RECORD OR THE MEDICAL IMAGING PROCEDURE SHEET OR THE PROCEDURE VERIFICATION RECORD OR OTHER DOCUMENT DESIGNATED FOR THIS PURPOSE, AND MUST BE SIGNED BY THE PROCEDURALIST AT THE COMPLETION OF THE PROCEDURE.**