ADMISSION AND IDENTIFICATION OF PATIENT TO THEATRE / DURING SURGERY

SENDING FOR THE PATIENT

- On request from the Operating Theatre Team, the patient is sent for. “Sent for” in TMS system for theatre utilisation.
- Ambulatory patients will walk to theatres escorted by a nurse/midwife and will be sent for via a phone call to the ward co-ordinator. On arrival to theatre, “Patient” icon in TMS Recovery Module.
- A green patient collection slip containing the patient’s details is to be completed by the theatre staff and given to the theatre orderly to collect patients arriving on beds/trolleys from the ward /EC
- The theatre orderly is to hand this green slip to the nurse/midwife on the ward prior to collecting the patient, in order to identify the correct patient.
- A red tick is placed on the left of the patient’s name on the recovery room operating list and “Bed” Icon in TMS module, to indicate that the patient has been sent for.
- The patient and all medical records are escorted to the Theatre Suite by a nurse/midwife and the orderly. The nurse/midwife must walk at the head end of the bed. Bed rails must be up at all times. The patient shall be covered with a blanket for warmth and privacy.
- The nurse/midwife escorting the patient to theatre must have knowledge of care of this patient in order to carry out an effective and complete handover to staff in the theatre suite.
- For patients who are unable to participate in the identification process (mental incompetence/impairment, children or due to language barriers) the escorting nurse/midwife must confirm the patients identity with an accompanying adult, legal guardian or parent and provide documentation on the Pre-op/Theatre Checklist MR 290 or DSU Care record MR 335.
- In the case of emergency procedures, informed consent is assumed and patients may be taken directly to the theatre suite with only minimal checking procedures taking place (ie allergies, Identity (ID) bands x 2, correct patient labels, group and hold details and consent as per Pre-op/Theatre Checklist MR 290). A Blue sheet may be completed in theatre to facilitate theatre utilisation
- Refer to WNHS Policy W144 Correct Patient, Correct Procedure, Correct Site Policy

BEFORE ENTERING THE OPERATING/PROCEDURE ROOM

- On arrival to the theatre suite, a member of the clinical team welcomes the patient and informs them of what will occur.
- Staff must confirm that the patient has two ID labels, and ask the patient to state their full name, date of birth, the type of procedure/treatment, the reason for the procedure/treatment, and the side and site of the procedure/treatment.
- For patients who are unable to participate in the identification process (mental incompetence/impairment, children or due to language barriers) the escorting staff member
from the preceding location who witnessed and confirmed patient’s identity with an appropriate
adult must act as the patient’s representative during the verification process.

- Confirm written consent for the procedure from the patient or person responsible.
- The patient shall not proceed beyond the holding area until the consent is signed, dated,
correct and understood. Any questions shall be dealt with in the holding area by the surgeon as
required
- A paper cap is placed over the patient's hair. If the patient has any allergies, a RED CAP is
used along with RED ID bracelets
- Ensure procedure site has been marked in indelible ink by the person performing the
procedure (when applicable):
  - The intended site must be unambiguously marked
  - All cases involving laterality, multiple structures or levels must be clearly marked
  - The mark must be visible and sufficiently permanent so as to remain visible
    following skin prep and draping
  - If patient is turned in theatre marking should be done in such a way that site
    mark is still visible
  - Marking must take place when the patient is awake and before they enter the
    procedure room (except in emergency)
  - ‘Left’ or ‘Right’ should be written in full on all documentation
  - where imaging data is used during the marking process the team must confirm
    images are properly labelled and for the correct patient

**MARKING EXCEPTIONS**

- Interventional cases for which the catheter or instrument site is not predetermined (e.g.
  epidural or spinal analgesia or anaesthesia, cardiac catheterisation etc)
- Procedures performed on midline organs such as the umbilical, perineal, or anal areas
- Single organ cases such as caesarean section, laparoscopy, laparotomy, urethrotomy or
  midline sternotomy
- Endoscopic procedures performed through the mouth or anus
- the operative site is a traumatic site
- urgency of surgery precludes marking
- intra-operative imaging for localisation will be used
- the patient refuses (this must be documented in the medical record)

**DENTAL CASES**

Relevant radiographs or other scans must, if possible, be marked to indicate the operative site. Where
this is not possible, a diagram clearly indicating the site and side must be prepared and present in the
patient’s medical record pre-operatively

- Check the pre-op/DSU checklist has been completed at each phase and signed by the
  ward/DSU staff at the end of the list.
- Ensure that all the appropriate documents and diagnostic images are available prior to the
  commencement of the procedure and that they are labelled correctly, have been reviewed and
  are consistent with each other and the patient’s and the teams understanding of the proposed
  procedure
- Ensure that all correct prostheses/implants/specialised equipment are available
- Check the pre-op/DSU checklist and clarify any problems with the ward/DSU nurse/midwife.
• Ensure adequate number of correct labels are available for the operation

• When all records are in order the escorting nurse/midwife may leave

• The pre-op/DSU checklist must be signed legibly with designation, and time of arrival at Theatre Suite entered on the chart, and “clicked” on “ARRIVE” in Theatre Management System

• Patient's name is crossed off the holding bay operation list to indicate the patient has arrived. The holding bay nurse, coordinator and recovery room staff ensures the main theatre list (kept in recovery room) is updated with patients arrival by viewing the Theatre Management System

**SIGN IN - BEFORE INDUCTION OF ANAESTHESIA**

• Anaesthetic team with nurse and/or surgeon to confirm patient identity, procedure, site, consent and marking, if applicable.

• Known and potential risks (allergies, potential blood loss, airway or aspiration risks) need to be addressed prior to procedure commencement so that if they eventuate, a plan has been communicated.

• Antibiotic therapy requirements must be reviewed/discussed.

• If special equipment is required for the procedure, the relevant medical team confirms that it is available and has been checked.

• Complete documentation on the Surgical Safety Checklist (MR 290/MR 335).

**TIME OUT - IMMEDIATELY PRIOR TO SKIN INCISION**

• All team members should introduce themselves and be aware of each others roles. If the members of the team are familiar with each other, a confirmation that everyone has been introduced, is acceptable.

• All members of the clinical team must stop and participate in team time out and independently confirm patient identity, procedure, site, thrombophylaxis and allergies. As part of time out antibiotic prophylaxis should be confirmed as given.

• VTE prophylaxis should be discussed and implemented.

• A final briefing by the surgeon, anaesthetic team and nursing team should be used to verbalise any concerns.

• If imaging data are used confirm they are displayed and correct.

• The occurrence of the time out process must be recorded on the Theatre Management System.

• Complete documentation on the Surgical Safety Checklist (MR 290/MR 335)
SIGN OUT – BEFORE PATIENT LEAVES OPERATING ROOM

- Ensure all necessary information is discussed and documented prior to the patient leaving the procedure room
- Verbal confirmation by the team of the procedure attended; instrument and equipment counts and specimens are labelled correctly should be documented
- To ensure adequate handover to the team providing post-procedure care, post-operative concerns must be discussed and a follow-up plan documented
- Complete documentation on the Surgical Safety Checklist (MR 290/MR 335)

DISCREPANCIES IN THE PROCESS

- If any discrepancy arises or there is disagreement regarding the planned procedure, commencement of the procedure must be delayed until verification confirmed.
- If the patient has not had sedation, neuroleptic or anaesthesia that may alter mental state and the verification can be safely conducted in the operating theatre, the surgeon should undertake the verification process with the patient and document this in the patient’s medical record.
- If patient has been administered sedation, neuroleptic or anaesthesia that may alter mental state or who maybe otherwise incompetent, the surgeon must determine the urgency of the case. If not urgent the procedure should be rescheduled until the patient regains mental faculties and the verification can be completed. The action must be documented in the patient’s medical record and an appropriate process undertaken to inform patient.
- If the procedure is deemed urgent the surgeon must document their action and rationale in the patient's medical record and notify the Clinical Nurse Manager and the Medical Director and relevant hospital administrators of all incidences of where all verification steps have not been completed. They should document in the patient’s medical record also.
- Refer to WNHS Policy W144 Correct Patient, Correct Procedure, Correct Site Policy

Related Forms
Pre-op/Theatre Checklist MR 290
DSU Care Record MR 335
REFERENCES / STANDARDS


Department of Veteran's Affairs National Centre for Patient Safety: Ensuring Correct Surgery. Available at: http://www.patientsafety.gov/CorrectSurgDir.DOC.


National Standards – 1- Care provided by the clinical workforce is guided by current best practice 5- Patient Identification 6- Clinical Handover

Legislation - Nil


Other related documents – Nil

RESPONSIBILITY

OGCCU

Policy Sponsor Director of Nursing and Midwifery

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Do not keep printed versions of guidelines as currency of information cannot be guaranteed. Access the current version from the WNHS website.