

Facility name:

Date:

Self-Assessment Checklist for Program Elements Associated with Preventing Wrong-Site Anesthesia

Consent

(Select the applicable choice)

- | | | |
|--|-----|----|
| 1. Does your facility's policy or procedure require that the anesthesia provider obtain consent for anesthesia from the patient or legal representative? | Yes | No |
| 2. Does your facility's policy or procedure require that the consent for anesthesia include the following: | | |
| a. Correct patient name? | Yes | No |
| b. Exact description of the procedure? | Yes | No |
| c. Site or side, as applicable? | Yes | No |

Preoperative Verification

- | | | |
|---|-----|----|
| 3. Does your facility's policy or procedure require that the anesthesia provider perform verification and reconciliation of the schedule, consent, and history and physical examination prior to the patient leaving the preoperative area or entering the operating room (OR)? | Yes | No |
| 4. Does your facility's policy or procedure require that a verification and reconciliation by the anesthesia provider on the day of surgery include the following: | | |
| a. Schedule? | Yes | No |
| b. Surgical consent? | Yes | No |
| c. Anesthesia consent? | Yes | No |
| d. History and physical examination? | Yes | No |
| e. Patient or his or her legal representative's verbalized understanding of the procedure? | Yes | No |

Site Marking

- | | | | |
|--|-----|----|-----|
| 5. Does your facility's policy or procedure require that the operative site be marked prior to the administration of regional or local anesthesia? | Yes | No | |
| 6. Does your facility's policy or procedure require that the anesthesia provider verify the accuracy of the mark with the following: | | | |
| a. An alert patient's or surrogate's verbal understanding of the procedure? | Yes | No | N/A |
| b. Surgical consent? | Yes | No | N/A |
| c. Anesthesia consent? | Yes | No | N/A |
| d. Schedule? | Yes | No | N/A |
| e. History and physical examination? | Yes | No | N/A |

Continued...

(Select the applicable choice)

Time-Out

7. Does your facility's policy or procedure require that the anesthesiologist participate in a formal time-out, with either the preoperative or circulating nurse, before administering a regional or local anesthetic block to the patient?	Yes	No	
If yes, does the policy or procedure require that the anesthesiologist reference the site marking as part of the formal time-out verification?	Yes	No	
If yes, does the policy or procedure require that the anesthesiologist verify the following items:			
a. An alert patient's or surrogate's verbal understanding of the procedure?	Yes	No	N/A
b. Surgical consent?	Yes	No	N/A
c. Anesthesia consent?	Yes	No	N/A
d. Schedule?	Yes	No	N/A
e. History and physical examination?	Yes	No	N/A
8. Does your facility's policy or procedure require that a formal time-out verification, involving a minimum of two members of the OR team, be completed after prepping and draping and prior to starting the regional or local anesthesia block?	Yes	No	
If yes, does the policy or procedure require that the anesthesia provider state that other members of the OR team speak up if their understanding of the situation is different than the one stated in the time-out?	Yes	No	N/A
9. Does your facility's policy or procedure designate who is responsible for conducting the formal time-out verification?	Yes	No	
If yes, who is designated:			
a. Circulating nurse?	Yes	No	N/A
b. Anesthesia provider?	Yes	No	N/A
c. Other? (specify)	Yes	No	N/A
10. If the designated person is an individual other than the anesthesia provider, does your policy or procedure require the following during the final time-out verification:			
a. That the anesthesia provider have access to the consent?	Yes	No	N/A
b. That the anesthesia provider state the correct patient's name, anesthesia procedure, site, and side as appropriate?	Yes	No	N/A
c. That the accuracy of the anesthesia provider's statements be verified with an independent read-back confirmation by the designated person using information from the schedule, anesthesia consent, history and physical examination, AND the site marking?	Yes	No	N/A

Continued...

(Select the applicable choice)

-
- | | | |
|--|-----|----|
| 11. Does your facility's policy or procedure require that all activities stop during the time-out? | Yes | No |
| 12. Does your facility's policy or procedure require that if the patient is repositioned in the OR, the location of the operative site is confirmed at once by each member of the OR team? | Yes | No |

For more information, visit <http://www.patientsafetyauthority.org>.

**This checklist is modified for anesthesia providers from one that accompanies
Insight into preventing wrong-site surgery.
PA PSRS Patient Saf Advis [online] 2007 Dec [cited 2010 Sep 1].
Available from Internet: [http://www.patientsafetyauthority.org/ADVISORIES/
AdvisoryLibrary/2007/dec4\(4\)/Pages/109b.aspx](http://www.patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2007/dec4(4)/Pages/109b.aspx).**