

# Principles for Reliable Performance of Correct-Site Nerve Blocks

## I. Process of Care

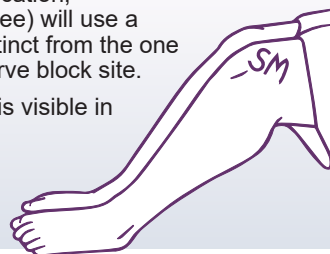
### Preoperative Verification

1. Confirm patient identity using at least two forms of patient identification.
2. Reconcile and verify the exact site and laterality of the *surgical procedure* and the *perioperative nerve block site* using all forms of available primary and confirmatory patient sources including:
  - a. Primary: Surgical consent
  - b. Primary: Patient and/or representative
  - c. Primary: Surgeon's notes (if available)
  - d. Confirmatory: Operating room schedule
  - e. Confirmatory: History & physical
3. If any of these sources differ, the process stops and a member of the anesthesia block team alerts the surgeon to resolve the disagreement.



### Anesthesia Site Marking

1. After confirming the information in "Preoperative Verification," the responsible attending anesthesiologist (not a trainee) will use a standardized, institutionally-approved mark that is distinct from the one used for the surgical site to mark the perioperative nerve block site.
2. Place the mark close to the injection site to ensure it is visible in the prepped and draped field.
3. Repeat the marking process when there are multiple injection sites.



### Time-out

1. Secure a block team consisting of at least two people with independent roles (e.g., responsible attending anesthesiologist and pre-operative or holding area nurse or circulating nurse):
  - a. Engage the responsible attending anesthesiologist to INITIATE or ask for the time-out.
  - b. Require that the responsible attending anesthesiologist be present during the time-out and nerve block
2. Conduct a time-out before:
  - a. Sedating the patient, when possible.
  - b. Inserting the needle or as close to the procedure as possible.
  - c. Each nerve block
3. Minimize distractions and stop all unrelated activity before conducting the time-out.
4. Both the responsible attending anesthesiologist and block team member verify the procedure that is documented on the surgical consent (and anesthesia consent, if used).
5. Locate and verbally confirm the visible anesthesia site mark during the time-out.
6. Repeat the time-out process when there are changes to:
  - a. Block team
  - b. Patient location within the perioperative area
  - c. Patient positioning
  - d. Planned nerve block site



## II. Healthcare Facility Structure and Culture of Safety

- Develop and maintain a single, consistent systemwide perioperative nerve block process similar to that implemented by other services to prevent wrong-site procedures (e.g., surgery, radiology).
- Engage a multidisciplinary stakeholder team to develop the nerve block process.
- Educate and train anesthesia, pain service teams, and preoperative nursing staff about the perioperative nerve block process (e.g., simulation).
- Use checklists, posters, stickers or other cognitive aids in the block area to encourage sustainability of the nerve block process for clinicians and patients.
- Designate a department leader or administrator (e.g., a liaison to administration and physicians) to support block team staff and to address non-compliance for the nerve block process.
- Empower all members of the block team to speak up if there is a safety concern.
- Engage patients and their representatives as active participants in the pre-nerve block process.
- Audit nerve block processes at regular intervals (e.g., monthly, quarterly).
- Obtain ongoing evaluation and feedback from anesthesia, pain services, and perioperative nursing staff to ensure process is consistent and maintains provider engagement.

