

Facility name:
Date:

Wrong Spinal Level Analysis Form

This form is an addendum to the Pennsylvania Patient Safety Authority's "Wrong-Site Surgery Error Analysis Form" and should complement the main form, as applicable.

Intended location (Cervical [C], Thoracic [T], Lumbar [L], and Number(s) [e.g., C1, L1-2]):

Actual (incorrect) location (Cervical [C], Thoracic [T], Lumbar [L], and Number(s) [e.g., C1, L1-2]):

Name of procedure (please complete on primary "Wrong-Site Surgery Error Analysis Form"):

(Select the applicable choice)

Approach:	Anterior	Posterior	Midline	Lateral
Patient position:	Supine	Prone	Lateral	Sitting
Prior imaging studies available and reviewed (please complete from primary form):	Yes	No	Unknown	N/A
Spinal level verified with an intraoperative imaging study (please complete from primary form):	Yes	No	Unknown	N/A
Was the imaging study to localize the correct operative site done before the vertebra(e) were surgically exposed or after?	Before	After	Unknown	N/A
Type of imaging study:	Fluoroscopy	Radiograph		
Orientation of intraoperative imaging study:	AP	Lateral	Other:	
If fluoroscopy, was an image saved?	Yes	No	Unknown	N/A
Object used for marking the target site:	Spinal needle	Kocher	Other:	
Did the marker move or did it remain secure?	Secure	Moved	Unknown	N/A
To what part of the vertebra was the marker attached?	Body	Spinous process	Disc space	Other:
Did the surgeon read the image before beginning the definitive procedure?	Yes	No	Unknown	N/A
Did a radiologist read the image prior to the surgeon beginning the definitive procedure?	Yes	No	Unknown	N/A
Did a radiologist provide a written reading of the image prior to the surgeon beginning the definitive procedure?	Yes	No	Unknown	N/A
Was the surgeon's reading that the marker was in the correct location?	Yes	No	Unknown	N/A

(Select the applicable choice)

Was a radiologist's reading that the marker was in the correct location?	Yes	No	Unknown	N/A
If the marker was in an incorrect location, was the final "thought- to-be-correct" location determined by repeating the imaging process or by another means?	Repeat imaging	Counting from the original marker	Other: specify	
If done by repeating the imaging process, was the process the same as described above or different? If different, specify how:	Same	Different	Unknown	N/A
If done by counting from the original marker, was the counting observed and verified by another member of the team scrubbed? If Yes, specify whom by role, not name:	Yes	No		
Was a formal intraoperative time-out done after localization of the site and before beginning the definitive procedure?	Yes	No	Unknown	N/A
Was the site shown to another member of the team scrubbed for verification after localization of the site and before beginning the definitive procedure?	Yes	No	Unknown	N/A

Additional narrative comment (optional)

More information is available online at <http://www.patientsafetyauthority.org>.

This form accompanies the following:

Pennsylvania Patient Safety Authority. Wrong-site surgery error analysis form [online].

2008 Dec [cited 2010 Mar 1]. Available from Internet: http://patientsafety.pa.gov/pst/Pages/Wrong%20Site%20Surgery/wss_error_analysis.aspx