

# INVASIVE PROCEDURE VERIFICATION CHECKLIST

For use in non-OR settings (GI Lab, Interventional Radiology, Oncology, Cath Lab)

Date: \_\_\_\_\_ Department/Location: \_\_\_\_\_

Procedure: \_\_\_\_\_

Site/Side: \_\_\_\_\_

Physician(s): \_\_\_\_\_

Note: PROCEDURAL SITE/SIDE MARKING requirement may not be applicable for (1) Procedures done through or immediately adjacent to a natural body cavity, e.g., GI procedures; (2) Certain interventional cases where catheter/instrument insertion site is not predetermined, e.g., cardiac catheterization; (3) For cases guided by imaging; (4) if patient refuses marking - Document alternate procedure under NOTES.

Requirements for PRE-PROCEDURAL VERIFICATION and FINAL "TIME-OUT" VERIFICATION would still apply.

STEP	PROCESS	INITIAL BELOW
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**1. PRE-PROCEDURAL VERIFICATION** (by pre-procedural nurse/technologist)

A. Patient is identified; correct procedure and site/side (if applicable) are verified with consent form, physician orders, and procedural schedule (if applicable).	
B. Relevant documentation is reviewed for completion: Procedure consent, H&P, physician orders, etc.	
C. Radiographs, and special equipment needed for procedure are available	
D. Required blood products, implants, devices, equipment, antibiotic, or irrigation fluids	

**2. PROCEDURAL SITE/SIDE MARKING** (by proceduralist's) If applicable, see above list of exceptions

A. Procedural site/side (if applicable) verified with patient or representative. If patient unable to participate, or representative not available, <u>site/side will be marked by physician/proceduralist.</u>	
B. Procedural site/side (if applicable) is marked with a " <b>proceduralist's initials</b> " at or near the <b>incision side/side</b> by a member of the procedure team.  <div style="text-align: center;">Site marked by: _____ Title: _____</div>	

**3. FINAL VERIFICATION TIME-OUT** (Immediately prior to start of procedure)

A. The procedural site marking is visible to the procedure team after the prep and draping has been applied (if applicable).	
B. Procedural site/side verified with available <b>radiographs</b> by the operating physician (if applicable)	
C. <b>A time out for final verification.</b> All personnel, including physician(s), and procedural nurse/technologist must be in agreement before proceeding. Time out addresses (all applicable items) using verbal communication of items: <ul style="list-style-type: none"> <li>• Correct patient identity with 2 identifiers</li> <li>• Confirm that correct side and site is marked</li> <li>• An accurate and signed Informed Consent</li> <li>• Agreement on procedure to be done</li> <li>• Correct patient position</li> <li>• Relevant images and results are properly labeled and appropriately displayed</li> <li>• The need to administer antibiotics or fluids for irrigation – antibiotic started</li> <li>• Safety precautions based on patient history or medication use</li> <li>• List safety precautions: _____</li> </ul>	
D. If specimen(s) are obtained, specimen slip and label are reviewed for accurate identification of patient, site and tissue type before sending to Pathology.	

**NOTES** (Document any variances or exceptions):

	INITIALS	SIGNATURE / TIME
NURSE/TECHNOLOGIST:		
OTHER:		
OTHER:		



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PATIENT LABEL



**MR.IPVC**