

Institutional Handbook of Operating Procedures Policy 09.13.25	
Section: Clinical Policies	Responsible Vice President: EVP and CEO UTMB Health System
Subject: General Policies and Procedures	Responsible Entity: Nursing Services

I. Title

Universal Protocol for Invasive and Surgical Procedures

II. Policy

Prior to initiation of a [surgical or nonsurgical invasive procedure](#), each of the components of the Universal Protocol must be followed and documented, as appropriate, in order to ensure patient safety and compliance with accreditation standards.

III. Procedures

A. Preoperative/Procedure Verification Process

Prior to initiating the procedure, the following verification will occur and will involve the patient, when possible. Exception: Emergency situations

1. Correct patient identification using two (2) patient identifiers.
2. Correct procedure and correct site confirmed with the patient or designated/surrogate decision-maker.
3. Current history and physical (H&P) must be updated day of procedure (for outpatients) or a progress note within the last 24 hours.
4. Relevant diagnostic and radiologic test/images must be immediately available.
5. Informed consent for medical, surgical and invasive procedures and informed consent for anesthesia must be complete.
6. Verify availability of blood products, implants, and any special equipment needed for the procedure using the medial record to include the H&P, physical orders, consent, and diagnostic and radiologic imaging.
7. Verify allergies.
8. Verify DVT prophylaxis plan, if indicated.

An attending/faculty physician or surgeon, or their Advanced Practitioner Nurse (APN) or Physician Assistant (PA) designee, who will be present for the procedure will:

1. Complete the site marking.
2. Confirm the procedure with the patient and review appropriate informed consent form.
3. Confirm orders for pre-procedure antibiotic; confirm anesthetic plan with anesthesia provider.
4. For procedures involving more than one discipline or service (multi-panel cases), a representative from the subsequent surgical/procedural team(s) must be present to verify consent, complete any required site marking and discuss anesthetic plan with anesthesia provider prior to the initiation of any invasive procedure.

An attending/faculty anesthesiologist, or APN or PA that will be present during procedure

will:

1. Confirm anesthesia plan with patient and review appropriate informed consent form.
2. Confirm allergies and pre-procedure antibiotic.
3. Confirm anesthesia plan with procedural physician or surgeon.

After all preoperative/ pre-procedure verification is complete and the faculty surgeon/physician has seen the patient, the anesthesia provider will proceed with the anesthesia block and/or induction.

B. Time Out

A time out will be completed immediately prior to any invasive procedure. All other activity will be suspended and all participants will focus and participate fully in the time out. The attending physician must participate in the time out as well as all relevant members of the procedural team, including but not limited to, anesthesiologist/Certified Registered Nurse Anesthetist (CRNA), or their representative, procedural or Circulating RN, surgical/procedural tech.

1. The time out will include and verify:
 - a. Correct patient identity
 - b. Agreement on procedure to be performed
 - c. Pre-operative antibiotics (if ordered) have been given
 - d. Implants and/or special equipment (if needed) are available and in the room
 - e. Patient allergies
2. Any discrepancies must be resolved prior to beginning the procedure.
3. When two or more procedures will be performed on the same patient, the time out must be repeated when the person performing the procedure changes and prior to starting subsequent procedure(s).
4. The time out will be documented in the electronic medical record.

C. Debrief

At completion of the critical portion of the case and prior to the physician leaving the room, the circulating or procedural RN will review the following points with the team:

1. Final count is correct.
2. Procedural specimens are labeled and appropriate orders entered.
3. Special concerns for recovery.

All discrepancies must be resolved before the physician/surgeon leaves the room.

D. Site Marking Process

Sites are marked in cases of laterality and when there is any possibility of performing the procedure in an incorrect location that would be detrimental to the health and safety of the patient. If there is more than one site, all must be marked.

1. The site will be marked prior to initiating the procedure and with involvement of the patient and/or designated/surrogate decision maker, when possible.

2. The site will be marked by the attending physician, their APN or PA who will be present during the procedure. The site will be marked with the initials of the attending physician, APN or PA who is performing the site marking.
3. The mark will be placed as close to the anatomic site as possible. The mark must be visible after the patient is prepped and draped.
4. The marker should not facilitate microbial growth and be permanent ink, if possible. Ballpoint pens should not be utilized.
5. For spinal procedures, in addition to preoperative marking, intraoperative radiographic marking must be utilized to delineate the exact vertebral area.

E. Exceptions to the Site Marking Process

Site marking is not required in the following circumstances:

1. When the individual performing the procedure is with the patient continuously from the time of the decision to perform the procedure until the start of the procedure;
2. For procedures that have a midline approach intended to treat a single, midline organ;
3. For endoscopies without intended laterality; and
4. For procedures in which there is no predetermined site of insertion, such as cardiac catheterization and other interventional procedures.

Site marking for premature infants, teeth, lateralized internal organs and patients who refuse site marking is performed by the [designated alternative process](#).

IV. Related UTMB Policies and Procedures

[IHOP - 09.13.24 - Patient Identifiers](#)

V. Supporting Documents

[IHOP – 09.13.25 – Alternative Process for Site Marking](#)

[IHOP – 09.13.25 – CRC -Privilege Delineation Form \(Muscle Biopsy\)](#)

[IHOP – 09.13.25 – CRC -Log of Procedures \(Muscle Biopsy\)](#)

VI. Dates Approved or Amended

<i>Originated:</i> 06/27/2003	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>
10/06/2011	01/26/2017
11/26/2019	09/07/2018

VII. Contact Information

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