

DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND  
2050 Worth Road  
Fort Sam Houston, Texas 78234-6010

MEDCOM Circular  
No. 40-17

29 May 2008

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Medical Services

**PREVENTING WRONG SITE SURGERIES AND PROCEDURES**

**1. HISTORY.** This circular, with a revised title, publishes a revision of MEDCOM Circular 40-17, Surgical/Procedural Site Verification. This publication has been extensively revised; the changed portions have not been highlighted.

**2. PURPOSE**

*a. Function.* This Circular provides a standard process and procedure for surgical and procedural site verification of patients undergoing operative or other invasive procedures.

*b. Scope.* This Circular addresses all operative and other invasive procedures that expose patients to more than minimal risk of harm inclusive of settings beyond the operating room in medical and dental treatment facilities.

*c. Objective.* The intent of this Circular is to provide healthcare team members a standardized approach for preventing harm to patients undergoing operative or other invasive procedures through effective communication and handoff of information. The Joint Commission's (TJC) Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery has been incorporated into this Circular.

**3. APPLICABILITY.** This policy applies to all healthcare professionals and paraprofessionals in the U.S. Army Medical Command (MEDCOM) and Dental Command. This policy applies to all Army medical and dental military treatment facilities regardless of the inpatient or outpatient setting.

**4. REFERENCES.** References are listed in appendix A.

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\*This circular, with a revised title, supersedes MEDCOM Circular 40-17, 28 March 2005.

**5. EXPLANATION OF ABBREVIATIONS AND TERMS.** Abbreviations and terms used in this publication are explained in the glossary.

**6. POLICY**

a. Three areas are universally addressed by professional organizations and TJC to ensure the patient's safety and to prevent the occurrence of wrong site/person surgery or procedure—

- (1) Pre-operative/pre-procedural verification process.
- (2) Marking of the operative/procedural site.
- (3) Time Out.

b. The verification process is required to prevent errors and promote safe patient care when the patient is undergoing surgery or a procedure that may cause harm. The process confirms that the correct patient is in place, the consented/correct procedure is being performed, and the consented/correct site is accessed. In addition, the verification process extends to ensuring that relevant diagnostic images are present and correctly oriented, any special equipment/equipment settings are correct, and correct implants are readily available. The verification of the patient's identification will include the patient's full name and date of birth in accordance with MEDCOM Regulation 40-41.

c. The operative or procedural site will be marked in all instances involving right/left distinction, multiple levels, multiple structures, or instances where the procedural access varies from the actual point of surgery. The mark should act as a visual cue to the healthcare team to indicate the appropriate site for the planned procedure. The operating provider will mark the site, using his/her initials, prior to moving the patient to the operative/procedural area. If possible, the patient should participate in marking the site.

d. A Time Out is required for all surgeries or procedures to ensure that the correct patient, procedure, and side/level/site are consistent with the plan of care. The Time Out is the final check and must be completed by the operating or procedural team just prior to the surgical incision or start of the procedure. The healthcare team must also ensure that the relevant diagnostic imaging is present and correctly oriented and that any special equipment/equipment settings or implants are available, consistent with the consented procedure, and are present prior to the start of the procedure. Each and every member of the healthcare team has the responsibility to stop the procedure and request clarification if there is any question, difference, or discrepancy.

e. Documentation of the surgical/procedural verification process is required using MEDCOM Form 741 (see appendix B) or Time Out Stamp (see appendix C) as described in paragraph 7f.

f. This policy introduces the patient safety concept on the use of Red Rules. Red Rules are designed as a component of the policy that must be conducted without variance to ensure the safety of the patient and reduce the likelihood of human errors. All individuals have the responsibility to follow the Red Rules without variation. This policy has two components that are considered Red Rules: Time Out verification elements and Stop Procedure when differences or discrepancies occur.

## **7. PROCEDURES**

a. Verification process overview and elements. The verification process should take place as the patient transitions from one area to the next or as the care is transferred from one healthcare team member to another. The overriding goal for the verification process is to make sure that the correct patient undergoes the planned, appropriate procedure. The verification process is designed with redundancy as a safety mechanism to ensure multiple checks. Every member of the healthcare team has the responsibility to actively engage in the verification process consistent with their position. The elements of the verification process are—

(1) The correct patient is in place.

(2) The intended treatment or procedure is correct.

(3) The side/level/site is correct and marked.

(4) The patient is correctly positioned.

(5) Diagnostic images are relevant and correctly oriented, as applicable.

(6) Any special equipment is available and appropriate for the procedure and the equipment settings are appropriate.

(7) Any implants are readily available and correct.

b. Verification points in time. At a minimum, in accordance with TJC, the verification process must be done—

(1) At the time the surgery/procedure is scheduled/consented.

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(2) Upon admission or entry into the facility.

(3) Any time the responsibility for care of the patient is transferred to another caregiver (handoff).

(4) Before the patient leaves the preoperative area or enters the operating/procedural room.

(5) Immediately before the provider begins the surgery/procedure. The policy in this Circular addresses the verification process that takes place when the patient's care is transitioned or transferred, before leaving the preoperative area or entering the operating/procedural room, and immediately before the provider begins the surgery/procedures. Verification processes that occur at consent and at admission to the facility are not documented on the MEDCOM Form 741 nor on the Time Out Stamp.

c. Personnel requirements.

(1) The verification elements will be completed by a licensed staff member. Exception: The verification elements may be completed by a non-licensed staff member only if normal and customary practice involves a non-licensed assistant, such as in a clinic.

(2) The Time Out must be actively conducted by the provider performing the procedure with involvement of the healthcare team members present.

d. Verification confirmation. The verification process must confirm–

(1) Patient identification using the patient's full name and the patient's date of birth. If possible, the patient will be asked to specify/point to the site on the body where the surgery/procedure is to be performed.

(2) Site marking that correctly identifies the consented side/level/site. In certain circumstances, the site may not be marked until the patient arrives in the holding area. In this case, the staff member will indicate the mark is absent and report the absence when the patient is transferred to the holding area.

(3) Consent is complete and consistent with the site marking, patient identification, procedure, history and physical (H&P), operating room schedule (if applicable), and patient's signature.

(4) All pertinent radiographs and diagnostic images are available and appropriate to the patient and scheduled procedure (if applicable).

(5) Special equipment, equipment settings, or implants are available and consistent with the consented procedure (if applicable).

e. Differences and discrepancies. If information differs at any point, the verification process will cease and the operating provider must be contacted to reconcile the differences or discrepancies before the patient proceeds to the operating room or procedural area. The differences and corrective action must be noted in the patient's record or on MEDCOM Form 741.

f. Documentation. Documentation of the surgical/procedural verification is required at the transition points (that is, before the patient leaves the preoperative area or enters the operating/procedural room and immediately before the provider begins the surgery/procedure).

(1) Surgical procedures conducted in the operating room must be documented on MEDCOM Form 741. This form provides checklists and, when appropriately used, can serve to minimize the omission of critical elements in the verification process.

(2) Clinic procedures or other procedures not occurring in the operative area may use the Time Out Stamp provided by the local facility. The Time Out Stamp may be overprinted on the consent form. If no Time Out Stamp is available, the provider completing the procedure will document the fact that the verification process occurred. The documentation must address the verification elements (as applicable) as defined in paragraph d above.

(3) Electronic versions of MEDCOM Form 741 or Time Out Stamps are acceptable for locations that have implemented electronic documentation systems.

g. Marking the operative/procedure site.

(1) All operative/procedural sites will be marked before the patient enters the operating room or procedural area. If the procedure is performed in an area other than an operative suite or procedural area, such as a clinic office, the site will be marked at the time of consent.

(2) The mark will be made by the operating provider or individual performing the surgery/procedure.

(3) The mark must be made with a permanent marker that remains visible at the time of the procedure/surgery. The mark is intended to act as a visual cue to all caregivers that the side/level/site is correct; therefore, if the mark is not visible at the

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Time Out, extra attention must be given to the remaining elements of the verification process.

(4) The operating provider will mark the site using his/her initials.

(5) The patient should participate in marking the operative/procedural site when possible. The patient should be awake and aware, if possible.

(6) Before marking the patient's operative/procedural site, elements of verification must be completed to include the following: patient, procedure, side/level/site, pertinent diagnostic images, and consent accuracy with patient/guardian signature.

(7) Multiple operative or procedural sites require each site be marked.

(8) Non-operative sites will not be marked unless medically indicated (for example, pedal pulse mark or "no B/P" mark).

*h.* Exemptions to marking include—

(1) Single organ cases in which laterality is not a concern (for example, heart surgery/procedure or C-section).

(2) Interventional cases for which insertion site is not predetermined (for example, cardiac catheterization).

(3) Teeth.

(4) Premature infants.

(5) Open lesions or wounds.

(6) The procedure occurs through a naturally occurring orifice that precludes ambiguity.

(7) If the provider remains with the patient continuously from the time of decision/consent until the procedure is performed, no marking is required. However, a Time Out must be conducted to verify the patient, procedure, side/level/site, position, diagnostic images, equipment/equipment settings, and implants are correct.

(8) In critical emergencies, marking may be waived at the discretion of the provider; however, the Time Out should be done to verify the patient, procedure, position,

side/level/site, diagnostic images, equipment/equipment settings , and implants are correct.

*i.* Patient refusal to mark.

(1) All staff members are responsible for educating the patient as to the purpose and importance of the site marking.

(2) If the patient refuses site marking, his/her rationale for refusal of site marking must be annotated by the operating provider in the patient's medical record.

(3) The procedure may continue without marking the site; however, all other elements of the verification must take place.

*j.* Specialty considerations for marking.

(1) Spinal surgery. The general level must be marked preoperatively to include designation of anterior versus posterior and right versus left, as applicable. An intra-operative x-ray with placement of immovable markers will be used to determine the exact location and level of surgery. Once marked in this way, a second Time Out will occur.

(2) Laparoscopic surgery. The site will be marked for laparoscopic cases that involve laterality. The marking must be done near the proposed site or incision and must indicate the correct side. The mark should remain visible after draping, if possible.

(3) Regional anesthesia procedures. Regional anesthesia procedures require a procedure verification process separate from the operative verification process. In instances where regional anesthesia is not followed by surgery, the anesthesia provider will follow the procedure verification as stated with no additional Time Out necessary. When regional anesthesia is performed in conjunction with a surgical procedure, two separate final procedure verification processes and final Time Outs are required: one for the regional anesthesia and one for the surgical procedure. The operative mark should be in place prior to the block if applicable as a visual reminder of the consented procedure and anesthesia placement. A regional block procedure may occur prior to the marking by the operating provider if precautions have been taken to ensure that—

(a) The overall plan of care and coordination have been communicated with the operating provider.

(b) The patient is correctly identified using full name and date of birth.

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(c) The completed surgical consent and anesthesia consent are checked for consistency during the verification process and correctly identify side/level/site and procedure.

(d) The operating provider's H&P identifies the plan of care and matches the consent and anesthesia preoperative assessment and plan.

(e) The operating schedule matches the plan of care.

(f) The patient is able to identify the surgical site.

(g) Differences or discrepancies will require a stop of the regional block administration until clarification from the operating provider is obtained. A separate mark for anesthesia block should be avoided if the potential for misinterpretation of the surgical site mark is possible.

(4) Ophthalmology. The skin next to the appropriate eye will be marked.

(5) Dental. Dental clinic verification procedures will occur prior to start of the procedure and will include—

(a) Verification of patient using two identifiers.

(b) Review of the treatment plan with the patient.

(c) Verification of the radiographic orientation including digital radiographs and Time Out. If special equipment or implants are used, verification must be complete and documented.

**8. TIME OUT AND STOP PROCEDURE.** Time Out is designed as a Red Rule for the safety of the patient. The Time Out is the healthcare team's last opportunity to ensure the correct patient, correct procedure, correct side/level/site, and to ensure that the correct special equipment and equipment settings, implants, or radiographs/diagnostic images are all consistent with the patient's plan of care. Any member of the healthcare team will Stop Procedure without fear of reprisal or reprimand if a patient safety concern or a difference is identified.

a. In the operating room—

(1) The operating provider will lead the entire surgical team in an active Time Out process.

(2) Verbal verification will include, at a minimum, the patient's full name and date of birth; the consented/intended procedure; the consented/intended side/level/site of the procedure; the correct position of the patient; and as applicable the presence of the appropriate special equipment, diagnostic images, and/or implants, along with accuracy of equipment settings.

(3) The operating room nurse or licensed staff member will document the completion of the Time Out and identify the members of the operating room team on MEDCOM Form 741.

(4) Stop Procedure empowers each individual to advocate for safe patient care. Each healthcare team member will be held accountable for speaking up and working toward reconciling the discrepancy.

*b.* In non-operating room settings including procedures performed at the bedside—

(1) The provider completing the procedure will conduct the Time Out to ensure the correct patient, procedure, side/level/site, consent are consistent with the planned procedure. If applicable, the presence of the appropriate special equipment, diagnostic images, and/or implants will be confirmed along with accuracy of equipment settings.

(2) The Time Out may be documented using a Time Out Stamp provided by the facility.

**9. POLICY DISCREPANCIES.** In the event of a discrepancy among MEDCOM Circular 40-17, The Joint Commission Universal Protocol, National Patient Safety Goals, or other related standards, the stricter of the policies will be followed.

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## **Appendix A References**

### **Section I Required Publications**

MEDCOM Regulation 40-41, The Patient Safety Program

### **Section II Related Publications**

A related publication is a source of additional information. The user does not need to read the publication in order to understand this circular.

#### **AR 40-68**

Clinical Quality Management

Agency for Healthcare Quality and Research, PSNet, AHRQ glossary of terms

American Academy of Ophthalmology, Eliminating Wrong Site Surgery, Mar 2001

American Academy of Orthopaedic Surgeons Advisory Statement, Oct 2003

American Association of Orthopedic Surgeons, Advisory Statement, Wrong-Site Surgery, On-Line Service, Nov 16, 2000

American Dental Association Recommendations to the Joint Commission on Accreditation of Healthcare Organizations, Universal Protocol Frequently Asked Questions, 2004

Association of periOperative Registered Nurses, Correct Site Surgery Position Statement, 2005

Association of periOperative Registered Nurses, Guidelines to Eliminate Wrong Site Surgery, 2003

National Patient Safety Foundation, Red Rules: An Error Reduction Strategy in the Culture of Safety, Volume 10; Issue 1, 2007

Office of The Surgeon General Memorandum, Mar 27, 2007, Mandatory Use of Full Patient Name and Date of Birth for Patient Identification

The Joint Commission, Universal Protocol, 2005 & Implementation Guidelines, 2003

The Joint Commission, Universal Protocol, Frequently Asked Questions, 2005

The Joint Commission on Accreditation of Healthcare Organizations, National Patient Safety Goals for 2005, Jul 2004

The Joint Commission on Accreditation of Healthcare Organizations, Sentinel Event Alert, Lessons Learned: Wrong Site Surgery, Aug 28, 1998

Wrong Site Surgery Summit, Chicago, IL, Feb 2007

**Section III  
Prescribed Forms**

**MEDCOM Form 741**  
Procedure and Surgical Site Verification Record

**Section IV  
Referenced Forms**

This section contains no entries.

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**Appendix B**  
**MEDCOM Form 741**

Appendix B contains the MEDCOM Form 741, Procedure and Site Verification Record, beginning on the next page.

<b>MEDICAL RECORD - THE SURGICAL SITE/ PROCEDURAL SITE VERIFICATION DOCUMENTATION CHECKLIST</b> For use of this form, see MEDCOM Cir 40-17; the proponent agency is MCHO-CL-Q			
<b>N/A</b>	<b>YES or TRUE</b>	<b>PRE-PROCEDURAL</b> (check area that applies) <input type="checkbox"/> holding area <input type="checkbox"/> ward/unit <input type="checkbox"/> SDS	<b>PRE-PROCEDURAL VERIFICATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Two patient identifiers correct: Full patient name and date of birth	Signature (below): _____
<input type="checkbox"/>	<input type="checkbox"/>	Consent complete, signed, consistent with other data	<b>Verification difference identified:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Side/level/site correctly identified	<b>Corrective action taken:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Relevant diagnostic images available and appropriately labeled	Operating provider notified(name below)
<input type="checkbox"/>	<input type="checkbox"/>	Relevant documents available	Notified by: _____
<input type="checkbox"/>	<input type="checkbox"/>	Site marked at or near operative site by operating provider	Time: _____
<input type="checkbox"/>	<input type="checkbox"/>	Patient not marked <input type="checkbox"/> patient refused <input type="checkbox"/> patient meets exclusion criteria	
<input type="checkbox"/>	<input type="checkbox"/>	Patient participated in marking site: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>N/A</b>	<b>YES or TRUE</b>	<b>OPERATING PROVIDER</b> (check area that applies) <input type="checkbox"/> holding area <input type="checkbox"/> procedural area <input type="checkbox"/> bedside/ward	<b>OPERATING PROVIDER VERIFICATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Two patient identifiers correct: Full patient name and date of birth consistent with consent and scheduled procedure	Operating provider signature (below): _____
<input type="checkbox"/>	<input type="checkbox"/>	All relevant data is consistent with consented plan of care	Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Side/level/site correctly identified	Time: _____
<input type="checkbox"/>	<input type="checkbox"/>	Relevant diagnostic images present and appropriately labeled	
<input type="checkbox"/>	<input type="checkbox"/>	Site marked with operating provider initials at or near operative site and visible after prep; use permanent marker	
<input type="checkbox"/>	<input type="checkbox"/>	Patient participated in marking site: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	<input type="checkbox"/>	Patient refused mark	
<input type="checkbox"/>	<input type="checkbox"/>	Patient meets exception criteria for marking:	
		<input type="checkbox"/> Single organ - no laterality	<input type="checkbox"/> Teeth
		<input type="checkbox"/> Interventional case	<input type="checkbox"/> Premature infant
		<input type="checkbox"/> Instrumentation not predetermined	<input type="checkbox"/> Open lesion/wound
		<input type="checkbox"/> Naturally occurring orifice	<input type="checkbox"/> Emergent patient condition
		<input type="checkbox"/> Provider in continuous attendance	
<b>N/A</b>	<b>YES or TRUE</b>	<b>ANESTHESIA PROVIDER</b> (check area that applies) <input type="checkbox"/> holding area <input type="checkbox"/> procedural area <input type="checkbox"/> operating suite	<b>ANESTHESIA VERIFICATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Two patient identifiers correct: Full patient name and date of birth	Verified as correct by (anesthesia provider): _____
<input type="checkbox"/>	<input type="checkbox"/>	Consistent surgical consent, scheduled procedure, and anesthesia consent (if used)	<b>Verification difference identified, documented and operating provider notified by anesthesia provider</b>
<input type="checkbox"/>	<input type="checkbox"/>	Patient participated in verification process	<b>Signature (below):</b>
<input type="checkbox"/>	<input type="checkbox"/>	Operating provider mark visible and consistent with operative plan	Date _____ Time _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>ANESTHESIA REGIONAL PROCEDURE TIME OUT</b> (check area that applies) <input type="checkbox"/> holding area <input type="checkbox"/> procedural area	Anesthesia regional procedure verification(anesthesia provider) Signature: _____
<input type="checkbox"/>	<input type="checkbox"/>	Two patient identifiers correct: Patient name and date of birth	
<input type="checkbox"/>	<input type="checkbox"/>	Operating provider mark visible	
<input type="checkbox"/>	<input type="checkbox"/>	Anesthesia proceeded prior to operating provider marking patient	
<input type="checkbox"/>	<input type="checkbox"/>	Patient positioned correctly for planned regional procedure	
<input type="checkbox"/>	<input type="checkbox"/>	Site consistent with consented procedure	
<input type="checkbox"/>	<input type="checkbox"/>	Side/level/site correct for anesthesia block	
<b>PATIENT'S IDENTIFICATION</b> (For typed or written entries give: Name - last, first, middle, grade, FMP/SSN, date, hospital or medical facility)		<b>Notes:</b>	

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<b>MEDICAL RECORD - THE SURGICAL SITE/ PROCEDURAL SITE VERIFICATION DOCUMENTATION CHECKLIST</b>			
For use of this form, see MEDCOM Cir 40-17; the proponent agency is MCHO-CL-Q			
<b>N/A</b>	<b>YES or TRUE</b>	<b>OPERATING TEAM</b>	<b>OPERATING TEAM VERIFICATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Information on consent is consistent with operative schedule and intended procedure	Pertinent information from PAGE 1 reviewed by (name below):
<input type="checkbox"/>	<input type="checkbox"/>	Two patient identifiers correct: Full patient name and date of birth	Signature (below):
<input type="checkbox"/>	<input type="checkbox"/>	Side/level/site mark consistent with consent	<b>Verification difference identified:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Patient position consistent with procedure	<b>Corrective action taken:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Equipment available/equipment settings checked and correct	Operating surgeon notified(name below):
<input type="checkbox"/>	<input type="checkbox"/>	Implants/devices correct	Notified by: _____
<input type="checkbox"/>	<input type="checkbox"/>	Relevant diagnostic images available and appropriately labeled	Time: _____
<input type="checkbox"/>	<input type="checkbox"/>	Site mark visible after prep, positioning, and draping	
<input type="checkbox"/>	<input type="checkbox"/>	Procedure required intra-operative marking check and check was completed	
<b>N/A</b>	<b>YES or TRUE</b>	<b>TIME OUT</b>	<b>TIME OUT VERIFICATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	"Sterile moment" created	<b>TIME OUT TEAM</b>
<input type="checkbox"/>	<input type="checkbox"/>	All operating team members are fully engaged in TIME OUT	Operating provider: _____
<input type="checkbox"/>	<input type="checkbox"/>	TIME OUT is led by operating provider prior to incision	Circulating RN: _____
<input type="checkbox"/>	<input type="checkbox"/>	Two patient identifiers correct: Full patient name and date of birth	Scrub: _____
<input type="checkbox"/>	<input type="checkbox"/>	Procedure consistent with consent	Anesthesia: _____
<input type="checkbox"/>	<input type="checkbox"/>	Site marking confirms correct side/level/site	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Patient in correct position	Documentation of TIME OUT
<input type="checkbox"/>	<input type="checkbox"/>	Appropriate diagnostic and radiologic test results available (radiology images, scans, pathology, and/or biopsy reports)	<b>Signature (below):</b> <b>(MUST be licensed personnel)</b>
<input type="checkbox"/>	<input type="checkbox"/>	Relevant images and results are properly labeled and appropriately displayed	<input type="checkbox"/> Procedure required intra-operative mark and check
<input type="checkbox"/>	<input type="checkbox"/>	Equipment/settings reviewed	<input type="checkbox"/> Multiple operative/procedural sites
<input type="checkbox"/>	<input type="checkbox"/>	Implants and devices correct	<input type="checkbox"/> Additional TIME OUT(s) completed(list below as applicable):
<input type="checkbox"/>	<input type="checkbox"/>	Need for special medications or fluids for irrigation identified	
<input type="checkbox"/>	<input type="checkbox"/>	Specific safety precautions related to patient history or medication use	
<input type="checkbox"/>	<input type="checkbox"/>	Team members given opportunity to identify safety concerns	
<input type="checkbox"/>	<input type="checkbox"/>	Multiple operative/procedural sites	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Discrepancy noted/procedure stopped/corrective action taken</b> <i>(if yes, document in notes below).</i>	
<b>Notes (cont'd):</b>			
<b>PATIENT'S IDENTIFICATION</b> (For typed or written entries give: Name - last, first, middle, grade, FMP/SSN; date; hospital or medical facility)		<b>NOTES (cont'd):</b>	

**Appendix C**  
**Site Verification Stamp**

**TIME OUT**

Correct patient, procedure, side/level/site, positioning, implant(s)  
and special equipment (as applicable) verified according to MEDCOM Circular 40-17.

By: \_\_\_\_\_

and \_\_\_\_\_

Date/Time: \_\_\_\_\_

Instructions for completing the Site Verification Stamp.

Conducting the TIME OUT prior to incision/procedure

By: Should be signed by the licensed team member who performed the TIME OUT.

and: Should be the name(s) of at least one member of the team present that participated in the TIME OUT. If there was no one else present mark "NONE".

Date/Time: The date and time the TIME OUT occurred.

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## **Glossary**

### **Section I Abbreviations**

#### **H&P**

history and physical

#### **MEDCOM**

U.S. Army Medical Command

#### **TJC**

The Joint Commission

### **Section II Terms**

#### **Consent**

A patient's approval to have a specific procedure or surgery performed following counseling by the operating provider. All references to "consent" in this document will include "informed consent," if applicable.

#### **Harm**

Harm is temporary or permanent impairment of physical or psychological functions (and includes death).

#### **Invasive/interventional procedure**

Procedures requiring consent and involving insertion of objects into the body in order to provide treatment, study function, deliver or remove fluids, (for example, central line placement, chest tube placement, stent placement, cardiac catheterization, etc.).

#### **Laterality**

The side of the body identified as "right" or "left."

#### **Level**

Position along a vertical axis.

#### **Licensed staff member**

A military treatment facility staff member with a professional healthcare license.

**Operating provider**

As used in this Circular, includes the individual performing the surgery/procedure, regardless of the setting. Examples of operating providers include but are not limited to anesthesiologists, surgeons, dentists, pulmonologists, endocrinologists, podiatrists, intensivists, emergency physicians, radiologists, advanced nurse practitioners, and physician assistants.

**Outpatient clinic**

Ambulatory clinic settings, including but not limited to family practice, general surgery, gynecology, orthopedic, or podiatry clinics.

**Paraprofessional**

Individual trained to perform specific duties and tasks under the direct supervision of a licensed professional.

**Pre-operative/pre-procedural medication**

Any narcotic, analgesic, sedative, hypnotic, or amnesiac medication administered prior to a surgery or procedure.

**Preventive dental services**

Preventive procedures performed to keep teeth and supporting structures healthy by preventing tooth decay and gum disease. These include but are not limited to cleanings, fluoride treatments and sealants.

**Procedural area**

An operating room, cardiac catheterization or interventional suite, radiation or nuclear medicine area, treatment or procedure room, patient room, emergency room, clinic room, or any other location where surgical or invasive procedures may occur.

**Provider**

Military (AA/USAR/ARNG) and civilian (GS and those working under contractual or similar arrangement) personnel granted privileges to diagnose, initiate, alter, or terminate healthcare treatment regimens within the scope of his/her license, certification, or registration.

**Red Rule**

A component of the policy that must be conducted without error to ensure the safety of the patient and reduce the likelihood of human errors.

**Side**

A procedure or surgery upon an organ or body part where the approach is specific to a particular side of the body.

### **Verification**

A process that involves checking for consistency between information contained on the surgical/procedural consent form, any diagnostic study reports, the pre-operative checklist, the marked anatomical site, and the response of the patient or guardian.

### **Wrong-site/wrong-patient surgery/procedure**

Any surgery/procedure that is performed on a body part that was not the originally anticipated or intended site or performed on a patient for whom that procedure was not scheduled or intended. Categories of wrong-site surgery include the following: wrong-side surgery/procedure, wrong-level/part surgery/procedure, and wrong patient surgery/procedure.

a. Wrong-side surgery/procedure. Any surgery or procedure in which the operative area was not the correct or intended laterality. Typically involves extremities or distinct sides of the body.

b. Wrong-level/part surgery/procedure. Any surgery or procedure that is performed at the correct site but at the wrong level or part of the operative field. The correct part of the body was prepared for surgery, but the surgical procedure is performed on the wrong level or area of the patient's anatomy.

c. Wrong patient surgery/procedure. Any surgery or procedure that is performed on a patient who was not scheduled for that procedure.

**The proponent of this publication is the Deputy Director for Health Policy and Services, Quality Management Division. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCHO-CL-Q, 2050 Worth Road, Fort Sam Houston, TX 78234-6010.**

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