Ensuring correct patient, correct site, correct procedure in Nuclear Medicine

This protocol applies to both diagnostic and therapeutic procedures.

1. Verification of patient information on arrival

Ask the patient (or their representative) the 4 W's:

- **What is your name? What is your date of birth? What is your address? What are you here for?**
- Where the patient is able, make sure the patient specifies the site and side for the intended procedure.

2. Matching information

Make sure the request/consent form is clear and legible and contains:

- Patient's first and family name, date of birth and medical record number or full address
- Procedure requested
- Clinical history.

Match the patient's answers to the request form (or completed consent form) and, if present, the identification band.

Assess the procedure:

- Review and confirm the procedure
- Match the **clinical symptoms** of the patient to the procedure to ensure that the procedure is appropriate.
- **Ask yourself** "Is there any clinical reason I should not perform this procedure right now?" (including patient allergies and other clinical conditions).

3. Time out

Immediately before the procedure with the patient present, the senior clinician leads the team in a "time out" and all staff involved verbally confirm:

- **Correct patient** is present
- **Correct examination** is being performed
- **Correct radioisotope and activity** are being used
- **Correct patient radio-labelled blood products** are about to be injected.

For **therapeutic administrations**, at least two members of the team perform the check.

For **single-operator** procedures, the operator must **STOP** and verify all the minimum requirements immediately before commencing the procedure, so called **"internal time out"**.

4. Post procedure

Prior to the image being released to a clinician or to any networked device that can be used for display or interpretation make sure that:

- **Patient details and the side marker** attached to the post-processed image are correct and documented.
- All patient identification documentation is completed.

The structure of this protocol follows a four step model of:

1. Verification of patient information
2. Matching that information against the request form (or the consent form where appropriate)
3. Time out immediately prior to the procedure
4. Post-procedure confirmation of the identification of the image.

1. Verification

What information is used to verify the patients identity?

The key information used to verify the identity of a patient is:

- **Their name**
- **Their date of birth**
- **Their address or their medical record number (if they are an admitted patient with an identity band).**

Who verifies the patient details?

The **patient** is the prime source of information for verifying their name, date of birth, and address.

Where the patient is legally a child or unable to confirm these details, then they should be confirmed with the patient's designated representative. If the patient is unable to confirm these details and no representative is present, then a patient identification band (if present) or a staff member accompanying the patient should be used to verify the patient's identity.

How should the verification be sought?

The patient should be asked the 4 W's:

- **What is your name?** Where necessary, patients should also be asked to state their family name.
- **What is your date of birth?**
- **What is your address?** When the patient is not an admitted patient with an identity band containing a medical record number, the patients address should be used as a third item for accurate identity.
- **What are you here for?** If a serious discrepancy exists between the planned procedure and the understanding of the patient then this should prompt a double check of patient identity and the nature of the procedure ordered.

For all of these questions, the patient should be asked to state their name, their date of birth and what they think they are here for, **not** questions such as "Are you Jane Smith?" or "Are you here for an X-ray of your leg?".

When should verification be sought?

In general, these prompts represent the minimum information to be obtained from the patient at presentation and at each point when their care is transferred to another health worker. The timing of this verification in these specific situations is included in the protocol.

2. Matching

The answers to the 4 W's should then be checked against the patient's details on their patient identification band (if present) and the request/consent form. If a mismatch is discovered, then the procedure must not commence until the mismatch is resolved in accordance with the protocol/procedure adopted by the organisation.

3. Time out

When all preparatory steps are complete and **immediately before** the procedure is about to be undertaken, a "time out" is to be called for a final team check. This is a structured pause **involving all members of the team** involved in the procedure with the **patient** awake and present. The team members all **verbally confirm:**

- The correct patient identity
- The correct procedure to be performed
- The correct site/side is identified and, where specified by local protocols, marked.

Generally the **senior clinician involved in performing the procedure** will be responsible for calling "time out". Local policies and protocols will specify the requirements for each organisation such as the staff member responsible for calling 'time out" and documentation of the process.

For **single-operator** procedures, the operator must **STOP** and verify all the minimum requirements specified above immediately before commencing the procedure, so called **"internal time out".**

4. Post-procedure

Where the procedure results in an image or information intended for the use of another health professional then a post-procedure confirmation of the image is required. At a minimum this must include confirmation that:

- The attached patient details are correct
- The laterality markers are correct.

In addition, where information is recorded electronically and imported to an existing electronic file a process of verification of the patient details in **both electronic files** is required **prior** to electronic linkage.

The patient identification process of verification, matching, time out and post procedural actions should be documented in the patients notes. The specific form of this documentation will vary from organisation to organisation and will be specified in local policies and procedures.

MORE INFORMATION

Further information, along with a fact sheet, this document and answers to commonly asked questions is available from: