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Clinical Resource
Educator Surgical
Services
Area Housewide
Patient Care
References Clinical,
Survey
Required
Document

Surgical, Invasive Procedure, Procedural Site Marking

SCOPE:

This document's Scope includes:

- All team members, physicians, providers, residents, and contracted staff,
- All patients undergoing invasive surgery, including procedures performed at the bedside.
- All Children's Nebraska sites

POLICY STATEMENT:

Children's Nebraska is committed to patient safety, and procedural marking is an essential part of the procedure to prevent wrong-site surgery. The verification process includes the consent process, surgical site marking (covered in this policy), preoperative/preliminary verification, and the time-out and sign-out process. This policy utilizes site marking to clearly identify, without ambiguity, the intended site.

PURPOSE:

To promote patient safety by providing guidelines for verification of correct site for surgical or invasive procedures. To safeguard patients undergoing a surgical procedure. In addition, the surgical site marking is part of a series of checks to prevent wrong site surgery

The policy will:

- Support the verification process.
- Define which procedures require marking and which are exempt

- Define who, when, where, and how a site should be marked.
- Minimize the risk of surgery on the wrong site or wrong patient.
- Minimize the risk of the wrong procedure being performed.
- Define an alternative marking practice.

A. **FORMS:**

Alternative Site Marking Diagram

Process:

Marking the Operative Sites

WHO can mark the site

- A. **The surgeon/proceduralist who will be present during the procedure.** This includes all providers, residents, and PAs who will be present during the procedure.

WHEN should the marking occur?

- A. After verification of the patient ID, planned operation, informed consent, and review relevant documentation and testing in the medical record.
- B. The mark should occur prior to the patient's transfer to the operating or procedural area. The marking should involve reviewing any support documentation, surgical consent, and patient and/or family when possible.
- C. Procedures completed at the bedside must be marked prior to the time out being performed
- D. Combined cases: Each surgeon/proceduralist is responsible for marking their own surgical site. If the patient is already in the operating room, the alternative site marking diagram should be completed in the presence of the parent or guardian and verified in the Operating Room before the time out.

HOW to make the mark?

- A. In the presence of parents/guardian. If an alternative site marking form is used, the signature of the parent/guardian is needed.
- B. The mark will be the initials of the provider or a ● circle (dot).

WHERE to mark the Site:

- A. On the patient's skin as close to the surgical site as reasonably possible.
- B. The mark must be in a location on the patient that will be visible after the patient is prepped and draped. Patient may be remarked during the time out if necessary to be visible after draping.
- C. If unable to mark as stated below, use the "alternative site marking diagram".

D. DO NOT MARK NON-OPERATIVE SITES

Procedures Requiring Site Marking:

***Marking must be done on the patient or alternative site marking sheet for:**

- A. Procedures involving surgical sites that are anatomically differentiated by laterality or level, specific digits, or lesions.
- B. All Bilateral surgery:
 - 1. Whether identical procedures or different on each side. Bilateral cases must be marked on both sides.
- C. Spinal surgery (posterior approach):
 - 1. Mark the general level of the surgery - cervical/ thoracic/lumbar. Intraoperative or radiographic techniques will be used to mark the exact vertebral level.

Procedures that require the use of the alternative site marking sheet:

- A. When it is technically and /or anatomically impossible or impractical to mark the surgical/ procedural site
- B. Any infant <38 weeks post-conceptual age, where marking may cause permanent tattooing.
- C. Scalp areas obstructed by hair.
- D. When a patient/parent/legal guardian refuses site marking.
- E. The alternative site marking form must be signed by the parent/guardian and provider.

EXEMPT PROCEDURES:

While site marking is encouraged, it is not required for:

- A. Procedures scheduled as 'possible'
 - 1. Example: Right inguinal hernia repair, possible left inguinal hernia repair. In this case, only the right side would require a mark
- B. Cardiothoracic surgery via sternotomy.
- C. Procedures involving the following organs: penis, vagina, anus or ovaries.
- D. Interventional procedures where the catheter or instrument insertion site is not predetermined (e.g., cardiac catheterization, central line, abscess).
- E. Examinations under anesthesia (EUA)

- F. Procedures without a specified laterality performed through or within orifices (e.g., mouth, nose, urethra, rectum, vagina, stoma).
1. Example: gastroenterology endoscopic procedures, intraoral midline procedures (e.g. tonsillectomy).
- G. Emergency procedures at the discretion of the provider.
- H. For dental procedures: The operative teeth will be identified visually and confirmed on X-ray in the operating room. The specific treatments performed will be documented in the patient's operative report.

Special Considerations:

In cases of uncertainty or disagreement, surgical services leadership will decide how to proceed.

Note: *Children's Nebraska recognizes some surgical specialties, i.e., American Academy of Orthopaedic Operating providers, have adopted and set forth standards and guidelines for their physician membership that would be in addition to the requirements of this policy. These standards and guidelines will be accepted as additional steps that ensure correct patient, correct procedure, correct site surgery, and will be practiced in conjunction with the above policy.*

REFERENCES:

- UP.01.01.01, UP.01.02.01, UP.01.03.01. National Patient Safety Goals Effective July 2023. The Joint Commission. Accessed September 14, 2023. https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2023/npsg_chapter_hap_jul2023.pdf
- AORN position statement: preventing wrong-patient, wrong-site, wrong-procedure events. AORN, Inc. Accessed September 14, 2023. <https://www.aorn.org/guidelines/clinical-resources/position-statements>
- Guideline for team communication. In: Guidelines for Perioperative Practice. Denver, CO: AORN, Inc.
- Speak Up.™ The Joint Commission. Accessed September 14, 2023. <https://www.jointcommission.org/resources/for-consumers/speak-up-campaigns/#sort=%40z95xz95xcontentdate%20descending>
- AORN Comprehensive Surgical Checklist

Attachments

 [Alternative Site Marking From .docx](#)

Approval Signatures

Step Description	Approver	Date
Manager	Kimberly Schmidt: Clinical Manager Surgical Services	4/18/2025
Owner/SME	Shona Seiler: Clinical Resource Educator Surgical Services	4/17/2025

Standards

Standard Body: UP.01.02.01 EP02
Chapter: Universal Protocol (UP)

Standard Body: UP.01.02.01 EP05
Chapter: Universal Protocol (UP)

Standard Body: UP.01.02.01 EP04
Chapter: Universal Protocol (UP)

Standard Body: UP.01.02.01 EP01
Chapter: Universal Protocol (UP)

Standard Body: UP.01.02.01 EP03
Chapter: Universal Protocol (UP)

Standard Body: UP.01.03.01 EP04
Chapter: Universal Protocol (UP)

Standard Body: UP.01.03.01 EP05
Chapter: Universal Protocol (UP)

Standard Body: UP.01.01.01 EP01
Chapter: Universal Protocol (UP)