

## Universal Protocol FAQ's

- 1. Is Universal Protocol only required in the OR?** Universal protocol must be used with all patients before undergoing any invasive procedure/surgery in **any setting**.
- 2. Is Universal Protocol required during a life threatening emergency?** Universal Protocol is not required if the patient is profoundly medically unstable or in arrest. Medical intervention takes priority.
- 3. What is exempted from requiring Universal Protocol?** Exemptions include: venipuncture, peripheral intravenous line insertion, nasogastric tube or urinary bladder catheter insertion, closed reduction procedures and dialysis.
- 4. What are examples of procedures outside of the OR that require Universal Protocol?** Examples include PICC line, central line insertion, and chest tube insertion.
- 5. Is preprocedure verification done only once?** Preprocedure verification is done at various times in the preprocedure process. The correct patient, procedure and site (if applicable) is done with the active involvement of the patient or family during the following: procedure scheduling, preadmission testing, admission/entry to the hospital, before the patient enters the procedure room, once the patient has entered the procedure room.
- 6. What else is checked for during the preprocedure verification?** Using a checklist, before the patient leaves the pre-procedure area, the following items are available and accurately matched to the patient: relevant documentation i.e. history and physical, consent forms, correct and properly labeled diagnostic and radiology test results, required blood products, implants, devices and/or special equipment.
- 7. When is site marking performed?** Site marking is performed before the patient is moved to the location where the procedure is going to be performed. Marking is performed with the patient or family) involved, awake and aware if possible.
- 8. Are there exceptions to site marking?** Site marking is not required for interventional procedures for which there are alternate insertion sites e.g. cardiac catheterization, central line placement, pacemaker insertion, epidural anesthesia or for midline, single organ procedures, and endoscopies without intended laterality.
- 9. When is hard-stop time out performed?** Time-out is performed after the patient is positioned, prepped and draped, and immediately before any procedure starts.
- 10. If during surgery a patient is having two or more procedures performed by different procedure teams, must each team complete time-out?** Yes