VUMC Multidisciplinary Surgical Critical Care

SOP: SICU BEDSIDE SURGICAL PROCEDURES

1. Performing and scheduling procedures in SICU:

- Performance of all procedures in the SICU that require deep sedation or anesthesia must be either
 - ➤ Performed by the Critical Care faculty on-call in the SICU or
 - > Scheduled through the Critical Care faculty with Critical Care faculty/fellow in attendance during procedure.
- All invasive procedures should preferentially be performed by the Critical Care team except for:
 - > Intraabdominal procedures
 - > Procedures where the primary team has specific expertise that the Critical Care team does not possess
- All elective procedures in the SICU should be performed after the completion of morning rounds and post-rounding procedure "huddle". During the post-rounding procedure "huddle", Critical Care Team members together with procedure RN should discuss all planned procedures and list them on the procedure whiteboard in the order of priority (also see SOP for Rounding & Intra-Service Communication that describes complete rounding process).

2. Materials:

- Notify Supply Center Medical Tech in SICU supply room (Beeper 835-6917 phone 4.8000). They are responsible for appropriate materials supply billing, re-ordering, etc
- 2 Central line boxes have been created for central access. A central line cart from central supply is also available but generates a charge to open
- Provide patient identification label if Supply Center Tech is not utilized

3. Pre-Procedure Evaluation and TIMEOUT:

• All SICU invasive procedures performed at the patient bedside require pre-procedural verification and "TIMEOUT" for final verification. The pre-procedural "TIMEOUT" presents the last opportunity to prevent medical error by conducting a final verification of correct patient, correct procedure, side/site, correct equipment, and level of resources available.

Definitions:

- ➤ **Pre-Procedure Verification** is the process when patient related data is reviewed; the accuracy of the anticipated procedure is verified and patient and/or family understand the planned procedure.
- ➤ "TIMEOUT" is a period of time when all members of the procedure team STOP what they are doing and participate in the positive identification of the patient, the intended procedure, correct side/site, correct equipment and resources.

Time when "TIMEOUT" is to be performed

The "TIMEOUT" should take place just prior to beginning the procedure (prior to incision, insertion of a needle, scope, etc) and at the location where the procedure is to be performed.

Individual responsible for calling the "TIMEOUT"

Procedure RN is responsible for calling the "TIMEOUT". If procedure RN does not initiate "TIMEOUT" process, anyone on the procedure performing team is empowered and responsible to take the initiative to do so.

• Important elements requiring VERIFICATION

- ➤ The "TIMEOUT" requires to include verification of the following critical elements (also refer to the SICU Pre-Procedure "TIMEOUT" Checklist in Appendix A):
 - o Procedure to be performed
 - o History and Physical
 - o Completed and signed consent form
 - o Correct patient identity
 - o Agreement on the procedure to be performed
 - o Correct side and site (site marked and visible after draping)
 - o Availability of correct equipment
 - o Availability of resources (see the list below for mandatory personnel)
 - o Readiness to Setup
 - o Readiness to proceed with procedure

• Mandatory Personnel to be present during procedure:

- ➤ Procedure RN/primary operator
- > Dedicated nursing personnel to monitor and record patient's status
 - o Records hemodynamics, etc
 - o Notifies Critical Care faculty of appropriate clinical changes
 - o Provides supplemental medications as ordered by the Critical Care Faculty
 - o Must have adequate medications at bedside prior to procedure
- ➤ If procedure performed by team other than Critical Care team, SICU Critical Care Faculty/Fellow-to supervise sedation/anesthesia
 - o Faculty Beeper 835-9637
- ➤ One additional clinical & procedural support personnel RN & staff as available. If available, utilization of dedicated personnel is preferable.
 - o SICU procedure support nurse
- All persons present and involved in the procedure: residents, fellows, attending, procedure RN, bedside RN, anesthesiologists, etc need to be included in the "TIMEOUT" process. Each member of the team performing the procedure is required to give an <u>active</u> confirmation for each element in the "TIMEOUT".

• Reconciliation Process

If there are discrepancies noted during the "TIMEOUT" process, the procedure must be halted until the discrepancies are reconciled at which point another "TIMEOUT" should be completed with all participants in agreement. If the discrepancies can not be

reconciled notify critical care team attending for further directions. If attending is unavailable notify SICU medical director and SICU manager. Report all discrepancies (even those corrected) to the critical care team attending. As well, a report should be placed into Veritas or called to risk management and reported as a near miss if corrected.

• Informed Consent:

- Informed consent must be documented for all procedures or that the case is an emergency.
- > Pre-typed informed consents that cover common procedures and those that require sequential management are available. See list below:
 - o Percutaneous tracheostomy
 - o Arterial lines
 - o Central/PA lines
 - o Pulomonary Artery Catheter
 - o PEG/JEG
 - o Washout: explorative celeotomy w/possible placement negative pressure dressing
 - o Bronchoscopy & BAL

• Mandatory Documentation:

It is a requirement that each time a procedure is performed following documents are completed:

- o Consent form or documentation of need for emergency procedure
- o SICU Pre-Procedure "TIMEOUT" Checklist (See Appendix A).
- Sedation
 - o Form MC 1498 Percutaneous Tracheostomy & Percutaneous Endoscopic Gastrostomy form- available at the desk
- o Brief Procedure Note-in medical record
- Dictated note by Faculty

• Compliance with "TIMEOUT" process

SICU unit assistant manager will oversee compliance with SICU BEDSIDE SURGICAL PROCEDURES process. This may include direct surveillance of "TIMEOUT" process. The reports on compliance with this process will be provided to SICU medical director, SICU manager, and SICU PI Committee.

Addison K. May, MD., F.A.C.S.

APPENDIX A SICU Procedure "TIMEOUT" Check List

Complete this form (a) just prior to beginning the procedure and (b) at the location where the procedure is to be performed				
Patient's Name: Medical Record Number:				
Procedure Type: Planned Non-Emergent Not Planned Non-Emergent			gent Emergent	
VERIFICATION				
1. Invasive procedure to be performed:				
2. H&P completed if patient admitted within past 24 hours			Circle One	
			Yes	No
3. Informed consent obtained? (Verified by Bedside RN and Procedure RN)			Yes	No
4. Correct Patient Identity?				
Arm Band MRN Consent If procedure is emergent, Bedside RN, Procedure RN and Physician performing procedure need to verify patient ID and initial this form.			Yes	No
5. Agreement on Procedure (Agreement b/w Physician performing procedure & procedure RN)			Yes	No
6. Correct Side/Site verified & marked?				
NA Right Left Site:			Yes	No
7. Correct Equipment Available? (Verified by Physician performing procedure & procedure RN)		Yes	No	
8. Required Resources Available? (Verified by Physician performing procedure & procedure RN)		Yes	No	
9. Ready to Setup Procedure? (Verified by procedure RN)		Yes	No	
10. Ready to Proceed with Procedure? (Verified by procedure RN)		Yes	No	
	ing and assisting with the procedure are to 1	review the	checklist and	sign below
Physician Performing Procedure:				
Procedure Nurse Name:				
Bedside RN Name:				
Other:	Other: Other:			
Staff calling "TIMEOUT": (Title and Signature)				