

**UNIVERSAL PROTOCOL AND FIRE RISK
ASSESSMENT -
BEDSIDE PROCEDURE**



Procedure: _____

Date of procedure: _____ Side 1

Step 1 Pre-Procedure Verification			Step 2 Side/Site Marking		Step 3 Time Out	
Bedside staff will perform the pre-procedure verification process. Mark if confirmed.			Licensed Independent Practitioner (LIP) performing the procedure will initial the procedure site.		The entire procedure team performs a Time Out. All members verbally agree.	
1. Name and date of birth confirmed <input type="checkbox"/> 2. Consent confirms procedure..... <input type="checkbox"/> 3. Site marking required – go to Step 2 <input type="checkbox"/> Site marking not required – go to Step 3 <input type="checkbox"/> Initial: _____ Time: _____			Bedside staff has confirmed that the LIP has marked side/site with initials. Initial: _____ Time: _____		1. Name and date of birth confirmed 2. Verbal agreement on procedure to be done 3. Correct side/site (if required per Step 1) 4. Correct equipment/implants available 5. Correct position Time Out confirmed: Initial: _____ Time: _____	
Fire Risk Assessment			Score (Circle each)			
1. Procedure site or incision above the xiphoid			1 (Yes)		0 (No)	
2. Open oxygen source (face mask/nasal cannula)			1 (Yes)		0 (No)	
3. Ignition source (cautery, laser, fiberoptic light)			1 (Yes)		0 (No)	
Total: _____ SCORE of 1 or 2 – Initiate Routine Protocol <input type="checkbox"/> SCORE of 3 – Initiate High Risk Fire Protocol <input type="checkbox"/> (see side 2 for details)			If LIP to perform procedure leaves patient room or second procedure is to be done: Repeated Time Out confirmed: Initial: _____ Time: _____			
Initial: _____ Time: _____						
Initial	Signature/Title	Print Name	Initial	Signature/Title	Print Name	

PURPOSE: To be used when an RN or Technician (Tech) assists or observes a Licensed Independent Practitioner (LIP) performing a bedside procedure. In the event that the LIP performs a procedure without assistance or observation by an RN or tech, the LIP will document their Time Out in the procedure documentation and this form may be omitted.

- **Step 1 – Pre-procedure Verification Process**

Purpose: To outline the process for identifying the correct person, correct procedure, and correct site for surgical and invasive procedures with involvement of the patient or decision maker when possible.

- A. The caregiver (RN/LPN, anesthesia provider, surgeon, resident, PA) beginning the verification process will initiate this form.
- B. Mark (✓) the boxes confirming your verification process.
- C. Resolve discrepancies identified through the verification process prior to initiating the bedside procedure.

- **Step 2 – Side /Site Marking**

Purpose: To clearly identify the intended site of incision or insertion.

- A. Licensed Independent Practitioner (LIP) performing the procedure will initial patients having surgical/invasive procedures involving laterality, digits or level(s). The RN will confirm presence of LIP initials.

- **Step 3 – Time Out**

Purpose: To conduct a final verification of the correct patient, procedure, site and implants (if applicable).

- A. Time out is completed prior to the start of each procedure
- B. Designated person (assisting RN or tech) will confirm agreement, and record Time Out.
- C. In the event that the LIP performing the procedure leaves the patient, repositions patient or performs second procedure after the Time Out had occurred, the Time Out process is repeated and documented.

Fire Risk Assessment

- **Routine Protocol**

1. Fuel
 - a) When an alcohol based solution is used, use minimal amount of solution and allow sufficient time for fumes to dissipate before draping. Observe drying time (minimum 3 minutes). Do not drape patient until flammable prep is fully dry.
 - b) Do not allow pooling of any prep solution (including under the patient).
 - c) Remove bowls of volatile solution from sterile field as soon as possible after use.
 - d) Utilize standard draping procedure
2. Ignition Source
 - a) Check all electrical equipment before use.
 - b) Protect all heat sources when not in use. (cautery pencil holster, laser in stand by mode etc.)
 - c) Activate heat source only when active tip is in line of sight.
 - d) De-activate heat sources before tip leaves surgical site.

- **High Risk Protocol (includes all of routine protocol)**

1. Use appropriate draping techniques to minimize O₂ concentration (i.e. tenting, incise drape).
2. Electrical Surgical Unit (ESU) setting should be minimized.
3. Encourage use of wet sponges.
4. Basin of sterile saline and bulb syringe available for suppression purposes only.
5. Anesthesia Care Provider considerations:
 - A syringe full of saline will be available, in reach of the anesthesia care provider, for procedures within the oral cavity.
 - Documentation of oxygen concentration/flows. Use of "MAC Circuit" for oxygen administration.