

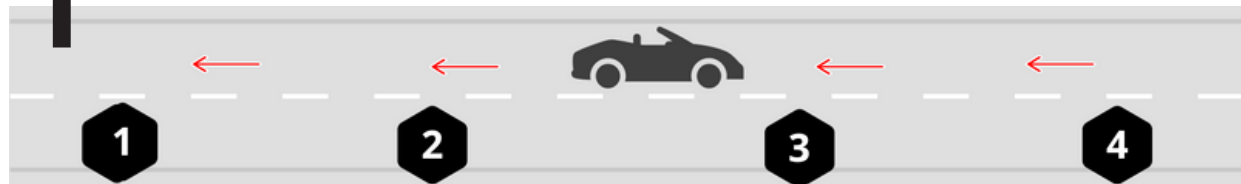


AVOID WRONG-SIDED NERVE BLOCKS

Institutions have implemented strategies to prevent wrong-sided surgery, however, **wrong-sided regional anesthesia continues to occur**. Despite expert recommendations, strategies to prevent wrong-sided regional anesthesia are poorly disseminated and **the incidence of such errors is likely underreported**.



1 Identify Risk Factors



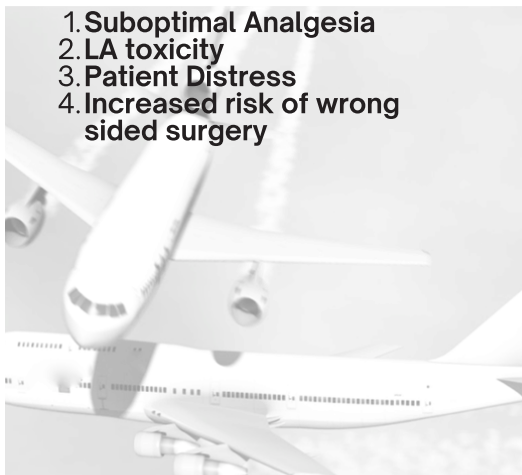
- 1 Personnel**
- Multiple Providers on team
 - Frequent Changeover (Periprocedural)

- 2 Procedure**
- Position changes for block (lateral, prone)
 - Lack of pre-block checklist

- 3 Communication**
- Patient factors: sedated, anesthetized; insensate.
 - Communication difficulties (language, comprehension, assumptions, confirmation bias)

- 4 System**
- OR Schedule changes
 - Anesthesia provider time pressure, fatigue, distraction

2 Recognize Adverse Effects



3 Plan and Prepare

In addition to identity and consent confirmation, review allergies, anticoagulation, monitors and resuscitative equipment.

- Cognitive aids and team training may help in the successful implementation of the checklist
- Verification of surgical procedure consent and side of surgery
- Marking of limb to be blocked (in place which can still be seen post prep/drape)
- Pre-block Time Out (using a checklist) should be performed immediately prior to performing the block and with personnel change (awake patient can be included in Block Time out)

- ## 4 Recording and Reporting
- Local Incident Report
 - M&M and root-cause analysis
 - National reporting via CAIRS



Scan for links to reference materials

