Procedure to Correct Documentation on Wrong Patient/Case

Review the how to document an anesthesia record resource to avoid documenting on the wrong patient or case.

- Upon entry into the surgical suite, the patient's name, birthdate, and MRN are verified with the name band **and the patient information in the electronic anesthesia record**.
  Tip: Resize the macro window to display under the Banner Bar to review patient information. Once verified, click **Set All Times to Current** and click **Execute**.
- During the surgical time out, patient identifiers are once again confirmed in the banner bar of the electronic anesthesia record.

Correcting Documentation on a Rescheduled Case

- If the case documented in error has been rescheduled, use the new case to create an anesthesia record.
- If the case documented in error has not yet been rescheduled before the start of that case, use a blank record. Click here to review the updated process to create and associate a blank record

Correcting Documentation on the Wrong Patient

As soon as it is recognized that electronic charting and data capture has been initiated on the wrong patient, and when the anesthesia team determines it is reasonably safe to do so, the following steps (in order of priority) should be performed:

1. Reconcile age, weight, and allergies as soon as documentation on incorrect patient has been identified.
   Note: If it is determined impractical or unsafe to rebuild the case record on the correct patient chart (i.e., the error is recognized during emergence of a lengthy case, the patient is clinically unstable, etc.), request the case be reassociated to the correct patient by notifying ITS through the Telmediq application. Send message to **Anesthesia Help** Monday-Friday 7 a.m.- 5 p.m. After hours, call the IT Service Desk at extension 4-5000. **Go to step 5**
2. Stop documentation on the incorrect patient and suspend the record.
3. Select the correct patient record, associate devices and manually chart missing data as time allows.
4. Reconcile age, weight, and allergies as soon as documentation on the correct patient has been initiated.
5. Request erroneous data be deleted from the incorrect patient's Medication Administration Record (MAR) by notifying ITS:
   - Daytime: Message **Anesthesia Help** (Monday – Friday 7 a.m. – 5 p.m.) via TelmedIQ
   - After hours: Call the IT Service Desk at extension 4-5000 and request your incident be assigned to the Cerner Anesthesia team
6. Inform the Service Desk that you are requesting assistance with charting on the wrong patient during an active surgical procedure and your incident should be sent to directly to the Cerner Anesthesia team with a priority of **Urgent**. Communicate outstanding MAR discrepancies with inpatient and peri-op staff caring for both involved patients until ITS has removed the case fragment from the incorrect patient's record.
7. Notify OR Control and request to reschedule the surgical procedure for the patient whose record was incorrectly initiated.