

**Time out before intravitreal injections**

OMIC is grateful to the ophthalmologists on our Board and Committees for their expertise. This specific document reflects the input of the following Board and staff members: Anne M. Menke, RN, PhD; Pauline Merrill, MD; Trexler M. Topping, MD; and George Williams, MD.

**PURPOSE OF RISK MANAGEMENT RECOMMENDATIONS**

OMIC regularly analyzes its claims experience to determine loss prevention measures that our insured ophthalmologists can take to reduce the likelihood of professional liability lawsuits. OMIC policyholders are not required to implement these risk management recommendations. Rather, physicians should use their professional judgment in determining the applicability of a given recommendation to their particular patients and practice situation. These loss prevention documents may refer to clinical care guidelines such as the American Academy of Ophthalmology’s Preferred Practice Patterns, peer-reviewed articles, or to federal or state laws and regulations. However, our risk management recommendations do not constitute the standard of care nor do they provide legal advice. If legal advice is desired or needed, an attorney should be consulted. Information contained here is not intended to be a modification of the terms and conditions of the OMIC professional and limited office premises liability insurance policy. Please refer to the OMIC policy for these terms and conditions.

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OMIC has received reports of “wrong” events associated with intravitreal injections. These include wrong patient, wrong eye, wrong condition, wrong drug, and wrong dose.

To ensure that the correct drug and dose are injected into the correct eye every time, the ophthalmologist needs to lead a time out. The time out provides the opportunity to confirm that the patient, medical record, and ophthalmologist are in agreement.

**Eliminate known sources of confusion and error**

* Medication
  + Both the medical record and the medication need to be available.
    - This includes all of the materials that came with the medication, such as the box, vial, syringe, etc.
  + When giving the dose, remember to “always lead with a zero, never follow with one”: For example, say “0.5 mg” for a small dose, and “2 mg” for one that is larger than 1 mg.
* Patient identity
  + Do not give the patient the answer. Ask the patient to provide the information.
  + Use 2 identifiers, such as full name and date of birth.
* Timing of the time out
  + Must occur before any drops or prepping

**Sample protocol**

* **Announce the time out:** “Let’s take a moment to make sure we all agree on the treatment today. My technician Anne will check your medical record while we talk.”
* **Correct patient**: “Please tell me your first and last name and your date of birth.”
  + Patient answers
  + Person checking the record states “Correct.”
* **Correct condition**: “I am treating you for AMD (or DME, swelling in the back of your eye, etc.)”
  + Patient and record checker both state “Correct.”
* **Correct eye**: “I will inject the medicine in your right eye (or left or both).”
  + Patient and record checker both state “Correct.”
* **Correct drug**: “I will inject Avastin (or Lucentis or Eylea).”
  + Patient and record checker both state “Correct.”
* **Correct dose**: “I will inject 0.5 mg.”
  + Record checker states “Correct.”

Document that a time out was conducted when you document the procedure.

**RISK MANAGEMENT ASSISTANCE**

OMIC policyholders may obtain confidential risk management help by contacting OMIC’s Risk Management Hotline at 800.562-6642, option 4, or by emailing us at [riskmanagement@omic.com](mailto:riskmanagement@omic.com).