

WOCN Position Statement: Stoma Site Marking

In July 1, 2004, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) replaced the “time out” requirement for surgical marking in its *National Patient Safety Guides* with similar provisions in the *Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery*TM. The expectations for compliance will be those associated with the Universal Protocol. “Time out” is a pause that should involve the entire surgical team, and is meant to “engage all members of the surgical team in the positive identification of the patient, the intended procedure, and the site of the procedure” (JCAHO, 2004).

Although JCAHO does not specifically address stoma site marking, by application, this topic is of interest to WOC nurses who participate in surgical teams and often mark stoma sites. When WOC nurses mark stoma sites, they select the site(s) based on the type of ostomy surgery and the criteria that the site be within the rectus muscle on a flat, crease-free surface, and in the patient’s visual field (Carmel & Goldberg, 2004).

The ultimate site selection is done by the surgeon(s) once the abdominal cavity is entered and the condition of the bowel is determined. WOC nurse site markings are a guide, and are not necessarily the final surgical site.

JCAHO states that “the person performing the procedure *should* do the site marking.” JCAHO selected the word “should” (rather than “must”) to allow for flexibility in various applications. According to JCAHO, “when it is not feasible for the person performing the procedure to mark the site, another member of the surgical

team, who is fully informed about the patient and the intended procedure must do the marking...in this context, the preoperative registered nurse is considered a member of the surgical team” (JCAHO, 2004). **By extension to stoma site selection and marking, the WOC nurse is an acceptable person to mark a site(s).**

WOCN Society appreciates its members concerns about stoma site markings. The WOCN Society’s position on this issue is consistent with the Association of Operating Room Nurses (AORN), which was actively involved with JCAHO in developing the guidelines (AORN, 2003). The Society will continue to monitor this issue and report any pertinent news or changes.

References

- Carmel, J.E. & Goldberg, M.T. (2004). Preoperative and postoperative management. In J.C. Colwell, M.T. Goldberg, & J.E. Carmel (Eds.), *Fecal and urinary diversions: Management principles* (pp. 219–223). Philadelphia: Mosby.
- Cooper, T. (2003). Marking the Surgical Site. Retrieved August 5, 2004, from <http://www.aorn.org/AtWork/markings.htm>.
- Joint Commission on Accreditation of Healthcare Organizations (2003). *Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery*. Retrieved August 5, 2004, from http://www.jcaho.org/accredited+organizations/patient+safety/universal+protocol/wss_universal+protocol.htm
- Joint Commission on Accreditation of Healthcare Organizations (2004). 2005 National Patient Safety Goals FAQs. Retrieved August 5, 2004, from http://www.jcaho.org/accredited+organizations/patient+safety/05+npsg/05_npsg_faqs.htm



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