

## Wrong Spinal Level Analysis Form

This form is an addendum to the Pennsylvania Patient Safety Authority's "Wrong-Site Surgery Error Analysis Form" and should complement the main form, as applicable.

**Intended location** (Cervical [C], Thoracic [T], Lumbar [L], and Number(s) [e.g., C1, L1-2]):

**Actual (incorrect) location** (Cervical [C], Thoracic [T], Lumbar [L], and Number(s) [e.g., C1, L1-2]):

**Name of procedure** (please complete on primary "Wrong-Site Surgery Error Analysis Form"):

*(Select the applicable choice)*

Approach:	Anterior	Posterior	Midline	Lateral
Patient position:	Supine	Prone	Lateral	Sitting
Prior imaging studies available and reviewed (please complete from primary form):	Yes	No	Unknown	N/A
Spinal level verified with an intraoperative imaging study (please complete from primary form):	Yes	No	Unknown	N/A
Was the imaging study to localize the correct operative site done before the vertebra(e) were surgically exposed or after?	Before	After	Unknown	N/A
Type of imaging study:	Fluoroscopy	Radiograph		
Orientation of intraoperative imaging study:	AP	Lateral	Other:	
If fluoroscopy, was an image saved?	Yes	No	Unknown	N/A
Object used for marking the target site:	Spinal needle	Kocher	Other:	
Did the marker move or did it remain secure?	Secure	Moved	Unknown	N/A
To what part of the vertebra was the marker attached?	Body	Spinous process	Disc space	Other:
Did the surgeon read the image before beginning the definitive procedure?	Yes	No	Unknown	N/A
Did a radiologist read the image prior to the surgeon beginning the definitive procedure?	Yes	No	Unknown	N/A
Did a radiologist provide a written reading of the image prior to the surgeon beginning the definitive procedure?	Yes	No	Unknown	N/A
Was the surgeon's reading that the marker was in the correct location?	Yes	No	Unknown	N/A

