Moorfields Eye Hospital NHS Foundation Trust Surgical Safety Checklist

SIGN IN
Before start of anaesthesia

Ward handover ß	Anaesthetist ß
Has the patient (or guardian)* confirmed patient's identity, procedure, site and consent (including type of anaesthesia)?	☐ Yes
☐ Yes	
Is the surgical site marked?	☐ Yes/NA
☐ Yes/NA	
Is consent form signed and do details match patient's identity band?	☐ Yes
☐ Yes	
Allergies?	☐ No ☐ Yes
☐ No ☐ Yes	
Is the patient starved?	☐ No ☐ Yes
☐ No ☐ Yes	
Intraocular lens type and power recorded in notes?	
☐ Yes/NA	
If yes confirm: Chosen lens / implant available ☐ Yes	
	Is the anaesthesia machine and medication checking complete? ☐ Yes
	Are there any specific anaesthetic concerns including VTE prevention? ☐ No ☐ Yes
	If yes is appropriate equipment / assistance available? ☐ Yes

Name of ward staff:

Signature:

Name of theatre staff:

Signature:

TIME OUT
Before start of surgical intervention

Allergies?
☐ No
☐ Yes

Surgeon, anaesthetist (if present) and scrub nurse to check patient and consent form and verbally confirm:
☐ What is the patient's name / Hospital number?
☐ What procedure and site are planned?

Is non-operative eye protected?
☐ Yes / Not applicable

Surgeon to confirm:
☐ Are there any specific equipment requirements?
☐ Are there any non routine steps you want the team to know about?

If intraocular lens to be implanted
Surgeon to confirm:
☐ Intraocular lens power and type
Theatre nurse to confirm:
☐ Lens choice matches intraocular lens sheet
☐ If a Toric Lens to be used lens the selection sheet is available
☐ Chosen lens / implant available

Nurse / ODP:
☐ Has sterility of the instrumentation been confirmed (including indicator results)?
☐ Are there any specific issues or concerns?

Are the following required to reduce risk of surgical infection?
☐ Antibiotic prophylaxis

SIGN OUT
At end of procedure

Surgeon / theatre nurse verbally confirms with team:
☐ Have any specimens been labelled (including patient's name) / Not applicable?
☐ Has it been confirmed that instruments swabs and sharps counts are complete (or not applicable)?

Surgeon and anaesthetist (if present)
☐ Are there any special instructions regarding care of the patient for recovery and / or the ward?

Important Notes:
1. * Children (<16yrs of age).
2. Form must be completed for all patients and filed in patient records adjacent to consent form.
3. Omit ▮ shaded questions if list has no anaesthetic cover.
4. This form is designed to raise the question not record data. Relevant information must be recorded elsewhere in the patient's records.

Moorfields Eye Hospital NHS Foundation Trust
Abbreviated Surgical Safety Checklist

This version of the Surgical Safety Checklist MUST be used for all treatments / procedures including laser and intravitreal injections performed outside of main operating theatres

Before start of procedure
Allergies? ☐ No ☐ Yes
Operator must check the consent form and confirm with the patient or if this is not possible with a minimum of one other member of staff the following: ☐ The patient's name / Hospital number ☐ What procedure is planned and the site ☐ The site is marked (if appropriate)

PATIENT DETAILS (Either complete or affix patient identification sticker)	
Last name:	
First name:	
Date of birth:	
NHS Number*: If NHS Number not available use Hospital Number	
Date:	