


CDDFT Surgical Safety Checklist for Cataract Surgery ONLY

| SIGN IN <i>To be read out loud before commencing anaesthesia or block</i> | TIME OUT <i>To be read out loud by surgeon before start of surgical intervention</i> | SIGN OUT <i>To be read out loud before any team member leaves the operating room</i> |
|--|--|---|
| <input type="checkbox"/> Confirm patient identity and procedure (cataract). | <input type="checkbox"/> All team members have introduced themselves by name and role. | <input type="checkbox"/> Confirm procedure performed has been recorded. |
| Confirm eye with: Patient: <input type="checkbox"/> Right <input type="checkbox"/> Left Theatre list: <input type="checkbox"/> Right <input type="checkbox"/> Left Consent: <input type="checkbox"/> Right <input type="checkbox"/> Left Surgical site mark: <input type="checkbox"/> Right <input type="checkbox"/> Left | Surgeon, scrub nurse, registered practitioner/HCA to: <input type="checkbox"/> Confirm the patient's name and CRN. <input type="checkbox"/> Confirm procedure, consent and eye to be operated on. <input type="checkbox"/> Ensure correct Medisoft information is displayed. <input type="checkbox"/> Confirm correct lens implant (model and power) present. | <input type="checkbox"/> Instrument, swab and sharp counts are complete. |
| Anaesthetic machine, equipment and medication checks complete: <input type="checkbox"/> N/A <input type="checkbox"/> Yes | Surgeon to confirm: <input type="checkbox"/> Any specific equipment requirements or investigations. <input type="checkbox"/> Any variations to the standard procedure planned/likely. <input type="checkbox"/> An alternative lens implant is available (if needed). | Any equipment problems identified during procedure? <input type="checkbox"/> No <input type="checkbox"/> Yes, escalate and consider Safeguard. |
| Does the patient have a known allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: | Anaesthetist to confirm (if GA or sedation): Patient's ASA grade: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Specific patient concerns (e.g. allergies). <input type="checkbox"/> Any specific monitoring requirements. | Intravenous cannula flushed? <input type="checkbox"/> N/A <input type="checkbox"/> Yes |
| Difficult airway or aspiration risk? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, equipment/assistance available. | Scrub nurse/ODP to confirm: <input type="checkbox"/> Equipment is sterile (including indicator results). <input type="checkbox"/> Single use items of equipment checked and intact. <input type="checkbox"/> Any specific equipment issues or concerns. | Confirm that single-use items, including all component parts, are present and intact before disposal: <input type="checkbox"/> N/A <input type="checkbox"/> Yes |
| Any specific requirements for positioning/draping? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: | Confirm: Surgical Site Infection bundle (antibiotics, patient warming, glycaemic control) required? <input type="checkbox"/> No <input type="checkbox"/> Yes VTE* prophylaxis measures implemented? <input type="checkbox"/> N/A <input type="checkbox"/> Yes Pulse oximeter in place for all procedures. <input type="checkbox"/> Yes | Surgeon, Anaesthetist and Registered Practitioner: <input type="checkbox"/> To confirm whether there is any variation to standard recovery and discharge protocol planned for this patient. |
| Is the patient taking warfarin? <input type="checkbox"/> No <input type="checkbox"/> Yes, last INR result acknowledged. | | <input type="checkbox"/> Ensure any Patient Safety Incident identified is entered on Safeguard by an appropriate team member. |
| Is the patient taking tamsulosin/other alpha-blocker? <input type="checkbox"/> No <input type="checkbox"/> Yes, surgeon notified. | | |
| <input type="checkbox"/> Specific monitoring equipment and other essential requirements considered. | | |
| Is 'Stop Before You Block' policy required? <input type="checkbox"/> No <input type="checkbox"/> Yes, ensure policy followed and confirm povidone iodine will be instilled: <input type="checkbox"/> | | |
| AFFIX BAR CODED PATIENT LABEL HERE | <u>Signature and printed name</u> Sign in: Time out: Sign out: | Date: Time: Location: |
| | | Specialty Documents  |

CDDFT Surgical Safety Checklist for Cataract Surgery ONLY

This Surgical Safety Checklist (**LocSSIP**) should be used for all Cataract Procedures undertaken in CDDFT.

*Note Side A abbreviation: VTE = Venous ThromboEmbolism.

Must-do procedural steps

1. To ensure compliance with best practice:
 - a. CDDFT's Surgical Safety Checklist for Cataract Surgery **must** be used for all cataract procedures.
 - b. Patient identification labels with fully legible, complete details **must** be used on all documentation including this checklist.
 - c. All individuals signing the Surgical Safety Checklist **must** print their name legibly.
 - d. Distraction, noise and interruptions **must** be minimised during the SIGN IN/TIME OUT/SIGN OUT and the full attention of the team **must** be given. If an individual cannot participate due to clinical priority, the process **must** be paused until it is clinically safe to proceed.

2. SIGN IN:
 - a. The SIGN IN **must** be conducted out loud utilising the patient, parent or carer (whenever possible) to confirm details.
 - b. For patients receiving general anaesthesia/sedation or if the anaesthetist is undertaking the eye block, the SIGN IN **must** be conducted jointly by the anaesthetist and anaesthetic nurse/ODP or equivalent qualified member of staff.
 - c. For procedures not involving an anaesthetist, the SIGN IN **must** be conducted jointly by the surgeon and the anaesthetic nurse/ODP or equivalent qualified member of staff.
 - d. The individual conducting the SIGN IN **must** thereafter sign the checklist on the SIGN IN row and enter the date/time/location.

3. TIME OUT:
 - a. The TIME OUT **must** be conducted by the operating surgeon immediately before the start of the procedure when all members of the team are present.
 - b. The surgeon **must** thereafter sign the checklist on the TIME OUT row.

4. SIGN OUT:
 - a. The SIGN OUT **must** be conducted by a registered practitioner/HCA before the patient or team members leave the procedural area.
 - b. The SIGN OUT **must** be conducted before the patient is woken from general anaesthesia (if being provided).
 - c. The registered practitioner/HCA **must** thereafter sign the checklist on the SIGN OUT row.

Associated guidelines:

- Surgery Care Group Area LocSSIPs describing all NatSSIP principals which apply to surgical invasive procedures and this checklist.