

Correct Site and Lens Verification Audit Tool

Before Administering Pre-Operative Eye Medications				
Which of the following individuals confirmed the correct operative site with the patient, confirmed that the information matched the consent, and initially marked the site prior to the administration of pre-operative eye medications?	Nurse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Anesthesia Provider <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Surgeon <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Before Administering Eye Block				
Which of the following individuals performed together the "time out" prior to the administration of an eye an invasive procedure/block?	Nurse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Anesthesia Provider <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Surgeon <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Tech <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Before Patient Enters the OR				
Surgeon verifies the correct site/eye with the patient, compares to consent, and marks the site with his/her initials using a single use indelible surgical marking pen.	Surgeon <input type="checkbox"/> Yes <input type="checkbox"/> No			
Surgeon compares the intraocular powers noted on the pre-op orders against the intraocular powers noted on the patient's "physician's office" record.	Surgeon <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Operating Room Checklist				
Only the physician office chart belonging to the current patient is allowed in the OR during the procedure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Only the lens belonging to the current patient is allowed in the OR during the procedure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Or				
Lenses other than the current patient's is placed in a different location in the OR.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Written documentation which includes the patient's name, operative eye, and IOL power are visible either on a white board or affixed to the operating microscope to allow the surgeon to review when scrubbed, gowned, gloved, and seated at the microscope.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
IOL Verification				
IOL is verified with the surgeon and surgical team				
1. During the "time out"	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2. With completion of the safe surgical checklist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3. Immediately prior to handoff of the lens from the circulator to the scrub person.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Time Out				
Which of the following individuals stopped all activities to participate in the "Time Out"? (i.e., confirmation of the patient's identity, allergies, procedure, lens, operative site) Please mark all that apply.	<input type="checkbox"/> Nurse <input type="checkbox"/> Anesthesia Provider <input type="checkbox"/> Surgeon <input type="checkbox"/> Tech <input type="checkbox"/> Other			
As part of the "Time Out" process: Physician confirms lens information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Anesthesia provider confirms allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Scrub person confirms medications present on sterile field	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Comments:				