Ophthalmologic Intraocular Lens Implant Procedures IOL Lens Verification

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| **NOTES:** This standard work process begins when preparing for a case using intra-ocular lens and continues throughout the procedure. | | |
| **Who must adopt this process: All care providers participating in IOL implant case.** | | |
| **GOAL: Eliminate Wrong or Expired Implant** | | |
| **TASK DESCRIPTION:**  **Note:** No implant may be passed to the field prior to the implant verification procedure and only following verbal confirmation by both the scrub and surgeon. | | |
| **\*Vendors are NOT permitted to deliver implants to the surgical field\*** | | |
| All activity must cease; the people present at the time of the Time Out will be quiet and attentive to the process, answering questions and participating as appropriate to their role. | | |
| This Implant Time Out should be completed in a collaborative manner using active verbal participation by the  entire OR team. | | |
| No implant may be passed to the field before the implant verification procedure and only following a verbal confirmation that includes implant specifications (e.g., size, type, laterality expiration date, etc.) (**Surgeon and Scrub personnel)** | | |
| **Note:** Assessment tools are used to identify risk factors. **Persons are expected to use established practices and**  **sound judgement in making decisions.** | | |
| **No instrumentation shall be handed to the surgeon before the Time Out procedure** | | |
| **PRIOR TO PATIENT ENTERING THE OPERATING ROOM** | | |
| Operator | Task Description | Resource |
| Circulating  RN/Second  member of Surgery  Team/ Surgeon | **Confirm by visualization and verbalization:**   * Lens(es) date current and not expired * Sterility and package integrity if applicable * Lens(es) pulled for patient matches lens ordered | Original source  data for all pre-  procedure  measurements  and calculations  (Physician Office  Notes/Booking  Sheet/Lens  Order/A-Scan) |
| **PRIOR TO START OF PROCEDURE** | | |
| Operator | Task Description | Resource |
| Circulating RN/Surgeon | **Confirm by visualization and verbalization:**   * IOL package with the lens order and the A SCAN   reading from the patient’s office chart   * Patient name * DOB * Operative eye * IOL model * Diopter * Expiration date | Consent/Lens Order Sheet/A-  Scan |
|  | **Complete** Documentation:   * Affix implant label to OR record * Affix implant label to lens order | OR Record Lens order Implant record IOL card |

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|  | * Affix implant label to billing document * Affix implant label and patient label to IOL card * Provide implant label to physician per request   If implant label not available, ensure documentation includes:   * Manufacturer * Implant Model and Diopter * Package expiration date * Serial number |  |
| **INTRAOCULAR LENS IMPLANT** | | |
| Operator | Task Description | Resource |
| Circulating RN/Scrub Personnel/Surgeon or Proceduralist | **Confirm the following with the unique identifiers:**   * Sterility and package integrity if applicable * Inner packaging label matches the outer package label * Type/Unique Identifier * Diopter * Expiration date * **State each letter and number from the implant individually** | A-Scan or provider calculation sheet |
| **DOCUMENTATION** | | |
| **Physician signature required** for lenses implanted that were not on the A-SCAN | | |
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| Operator | Task Description | Resource |
| Circulating RN | **Complete** Documentation:   * Affix implant label to OR record * Affix implant label to lens order * Affix implant label to billing document * Affix implant label and patient label to IOL card * Provide implant label to physician per request   If implant label not available, ensure documentation includes:   * Manufacturer * Implant Model and Diopter * Package expiration date * Serial number | OR Record Lens order Implant record IOL card |
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