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 theentire 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 |
| CirculatingRN/Secondmember of SurgeryTeam/ 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 sourcedata for all pre-proceduremeasurementsand calculations(Physician OfficeNotes/BookingSheet/LensOrder/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
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| **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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