**PT STICKER**

**OPHTHALMOLOGY SURGICAL SAFETY CHECKLIST**

**(with nurse and anesthesia provider) (with nurse, anesthesia, surgeon, technician) (with nurse, anesthetist and surgeon)**

**TIME OUT**

**Before patient leaves operating room**

**Before incision**

**Before anesthesia**

**Confirm:**

**□ Full patient name, DOB**

**□ Side**

**□ Procedure**

**□ Lens verification (comparison of orders with physician chart calculations)**

**□ Consent**

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**Is the site marked correctly?**

**□ Yes □ Not applicable**

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**Are the patient monitors/anesthesia machine and medication check complete?**

**□ Yes**

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**Known allergy?**

**□ No □ Yes**

**Difficult airway or aspiration risk?**

**□ No □ Yes, and equipment/assistance**

**Available**

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**□ Confirmation of availability of proposed implants**

**(IOL, shunts, tissue, etc.)**

**□ Confirmation availability of special**

**Medications**

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**(Pre-Op RN Signature)**

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**(Signature of Nurse)**

**Nurse Verbally Confirms:**

**□ The name of the procedure**

**□ Lens label on patient record**

**□ Specimen labeling (read specimen labels**

**aloud, including patient name)**

**□ N/A**

**□ Equipment problems addressed**

**□ N/A**

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**To Surgeon, Anesthetist and Nurse:**

**□ Concerns for recovery to be communicated**

**with PACU \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**(Signature of Circulator)**

**□ Confirm all team members introduce themselves by name and role, if unfamiliar to each other.**

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**□ Confirm the patient’s name, procedure, and where the incision will be made.**

**□ Lens verification (comparison of orders with physician chart calculations)**

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**Has IV antibiotic prophylaxis been given within the last 60 minutes? □ Yes □ No □ Not applicable**

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**Anticipated Critical Events**

**To Surgeon:**

**□ Are there any critical or non-routine steps?**

**To Anesthetist:**

**□ Are there any patient-specific concerns?**

**□ Allergy confirmation**

**To Nursing Team:**

**□ Has sterility (including indicator results) been con-**

**firmed?**

**□ Are there equipment issues or any concerns?**

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**□ Confirmation of availability of proposed implants**

**(IOL, shunts, tissue, etc.).**

**□ Confirmation of availability of special medications**

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**(Signature of Circulator)**