

## AHS Safe Surgery Checklist – Ophthalmology

BRIEFING - LOCAL ANAESTHESIA Before Induction	BRIEFING - GENERAL ANAESTHESIA Before Induction	TIME OUT Before Eye Surgery (Local or General)	DEBRIEFING Before Patient Leaves O.R.
<p><b>O.R. Team &amp; Patient (family member) verbally confirm:</b></p> <ul style="list-style-type: none"> <li>• Patient</li> <li>• Site - Correct Eye verified with: <i>Booking Sheet, Consent, OR Slate, History</i></li> <li>• Procedure</li> <li>• Allergies</li> <li>• NPO status</li> <li>• Antibiotics</li> </ul> <hr/> <p><b>Does Patient have:</b></p> <ul style="list-style-type: none"> <li>• Difficult Airway</li> <li>• <b>Diabetes</b></li> <li>• History of <b>Flomax</b> / Alpha 1-A Inhibitor</li> <li>• History of <b>Anticoagulants</b></li> <li>• Other concerns/conditions</li> </ul> <hr/> <p><b>Special precautions</b></p> <ul style="list-style-type: none"> <li>• Latex</li> <li>• Isolation</li> <li>• Other</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• <b>SITE MARKED</b> prior to procedure.</li> <li>• <b>SURGEON</b> confirms site as soon as available before surgical procedure.</li> </ul> <hr/> <p><b>STOP!</b> <b>Do not proceed with ANAESTHESIA if any discrepancy between documentation AND patient verbal.</b></p> <ul style="list-style-type: none"> <li>• <b>Physician will review with the patient</b></li> <li>• Action taken and resolution of the discrepancy are to be documented by the operating physician and nurse.</li> </ul>	<p style="text-align: center;"><b>Select</b></p> <p><b>Surgeon, Anesthesia provider &amp; Nurse verbally confirm:</b></p> <ul style="list-style-type: none"> <li>• Patient</li> <li>• Site - Correct Eye verified with: <i>Booking Sheet, Consent, OR Slate, History</i></li> <li>• Procedure</li> <li>• Allergies</li> <li>• NPO status</li> <li>• Antibiotics</li> </ul> <hr/> <p><b>Does Patient Have:</b></p> <ul style="list-style-type: none"> <li>• Difficult Airway</li> <li>• <b>Diabetes</b></li> <li>• History of <b>Flomax</b> / Alpha 1-A Inhibitor</li> <li>• History of <b>Anticoagulants</b></li> <li>• Other concerns/conditions</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• <b>SITE MARKED</b> prior to procedure</li> <li>• <b>SURGEON</b> confirms site as soon as available before surgical procedure.</li> </ul> <hr/> <p><b>Anticipated critical events</b></p> <ul style="list-style-type: none"> <li>• <b>Surgeon reviews</b></li> <li>• <b>Operative Plan</b> <ul style="list-style-type: none"> <li>• Irrigating solutions</li> <li>• Medications and/or additives</li> <li>• Supplies / Implants / IOL / Bio-tissue</li> <li>• Pathology requirements, handling, labelling and transport</li> </ul> </li> <li>• <b>Anaesthesia reviews</b> <ul style="list-style-type: none"> <li>• Any patient concerns</li> </ul> </li> <li>• <b>Nursing team reviews</b> <ul style="list-style-type: none"> <li>• Sterility</li> <li>• Equipment and instrument issues</li> <li>• Concerns</li> </ul> </li> </ul>	<p><b>All team members introduce themselves by name and role</b></p> <hr/> <p><b>O.R. TEAM verbally confirms:</b></p> <ul style="list-style-type: none"> <li>• Patient</li> <li>• Site - Correct Eye verified with <i>Consent</i></li> <li>• Procedure</li> <li>• Allergies</li> <li>• Antibiotics</li> </ul> <hr/> <p><b>As appropriate, confirm if patient has:</b></p> <ul style="list-style-type: none"> <li>• Difficult Airway</li> <li>• <b>Diabetes</b></li> <li>• History of <b>Flomax</b> / Alpha 1-A Inhibitor</li> <li>• History of <b>Anticoagulants</b></li> </ul> <hr/> <p><b>Anticipated critical events</b></p> <ul style="list-style-type: none"> <li>• <b>Surgeon reviews</b> <ul style="list-style-type: none"> <li>• <b>Operative Plan</b> <ul style="list-style-type: none"> <li>• Irrigating solutions</li> <li>• Medications and/or additives</li> <li>• Implants / IOL / Bio-tissue</li> <li>• Pathology requirements</li> <li>• Devices</li> </ul> </li> <li>• <b>OR Team reviews</b> <ul style="list-style-type: none"> <li>• Any patient concerns</li> <li>• Air-O<sup>2</sup> delivery for blocks</li> <li>• Concerns</li> </ul> </li> </ul> </li> </ul>	<p><b>O.R. team verbally confirms:</b></p> <ul style="list-style-type: none"> <li>• Name of procedure recorded</li> <li>• Applicable sponge, needle and instrument count</li> <li>• Specimen labelling</li> <li>• Equipment and instrument issues addressed</li> <li>• <b>Incident Reporting</b></li> <li>• Key concerns for recovery and management of patient <ul style="list-style-type: none"> <li>• Positioning</li> <li>• Diabetic monitoring</li> <li>• O<sup>2</sup> requirements</li> </ul> </li> </ul>