

WOODSTOCK GENERAL HOSPITAL
 270 Riddell St., Woodstock, ON N4S 6N6
SURGICAL SAFETY CHECKLIST
LOCAL CATARACT

PIN # VISIT #
 PATIENT LAST NAME PATIENT FIRST NAME PATIENT MIDDLE NAME
 TELEPHONE #
 D.O.B. MM DD YYYY AGE SEX ONT HEALTH CARD #
 ATTENDING PHYSICIAN
 FAMILY PHYSICIAN

DRAFT
Dec 1/09

*****ALL TEAM MEMBERS MUST BE PRESENT FOR ALL 3 PHASES OF CHECKLIST*****

BRIEFING - Before eye prepping

- All team members introduce themselves to patient

CIRCULATING NURSE

- Patient information confirmed
 - Identify (2 identifiers)
 - Consent(s)
 - Site and procedure
 - Site and side marked
 - History, physical

- Allergies

- Medications
 - Eye drops
 - Flomax

- Special patient concerns, sterility indicator results and equipment / implant issues

- Suction available

ANESTHESIOLOGIST

- Monitoring
 - Pulse oximetry, ECG, BP

- ASA class

SURGEON(S) REVIEW(S)

- Special patient concerns, critical steps, and special irrigants, instruments or implants
- BIOMETRY (confirm patient ID on sheet with doctor's record)

TIME OUT - Before skin incision

- Surgeon, Anesthesiologist, and Nurse verbally confirm
 - Patient
 - Site and side
 - Procedure

"Does anyone have any other questions or concerns before proceeding?"

DEBRIEFING - Before patient leaves OR

- Implant labeling log completed
- Equipment malfunction? Action taken?
- Changes to post-operative destination?
- Could anything have been done to make this case safer or more efficient?**

Hand-off to PACU, Nursing unit or ICU