



Patient's name ..... Anaesthetic: Topical Local

DOB DD MM YYYY MRN ..... Side: Left Right Date DD MM YYYY

SIGN IN

Patient's details

Patient/carer stated name, DOB, procedure and site? Yes

Information, including MRN, matches wristbands, consent form, operating list, notes and biometry? Yes

Consent form within date (48 hrs) and no abbreviations? Yes

Procedure site correctly marked? Yes  N/A  (indelible arrow in field)

Allergy present? No  Yes  Check red bands in place

Allergy: .....

Care plan

Care plan complete and signed? Yes

Pregnancy status checked? (if aged 12-55) Yes  N/A

Comments .....

Procedural checks

Patient on alpha blockers or anticoagulants? No  Yes

If stent, lens or implant planned, is it available? Yes

Positioning and draping discussed? Yes

Reg practitioner completing SIGN IN

Name (PRINT) ..... Signature

TIME OUT BEFORE PROCEDURE

All team members present and focused

Team checks

Team members introduced by name & role? Yes

Patient's name, DOB, MRN and consent confirmed? Yes

Marking and positioning agrees with consent form? Yes

Allergy status and infection risk confirmed? Yes

Patient-specific medication discussed? Yes

Surgeon/operator

Lens power discussed? Yes

If stent, lens or implant planned, is it available? Yes

Refractive outcome planned? Yes

Back-up lens available? No  Yes

Specific equipment requirements/investigations? Discussed

Critical steps/events? Discussed

Variations to standard procedure likely? Discussed

Nurse/ODP

Equipment issues/concerns? Discussed

Sterility of instruments confirmed? Yes

Last checks

Glycaemic control discussed? N/A  Yes

Comments .....

Reg practitioner completing TIME OUT

Name (PRINT) ..... Signature

Two-person check performed before insertion of a type-critical stent, lens or implant?

Yes

N/A

**SIGN OUT BEFORE LEAVING THEATRE**

All team members present and focused

**Registered practitioner and surgeon/operator to confirm with team:**

State out loud procedure performed

Yes

All counts correct?

Yes

No

Follow Trust policy

Comments

**Post-operative handover plans: all team to confirm**

**Surgical plan**

Specific surgical concerns for recovery discussed?

Yes

**Final reminders**

Patient still wearing electronic wristband(s)?

Yes

Record all information in the notes

Yes

Complete TTAs

Yes

Should anyone talk to the patient +/- family?

Yes

N/A

**Registered practitioner completing SIGN OUT**

Name (PRINT)

Signature