



Patient's name Date DD MM YYYY

DOB DD MM YYYY MRN Procedure

SIGN IN BEFORE ANAESTHESIA

Two-person check by anaesthetist/ODP/theatre practitioner

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? (indelible arrow in field) Yes N/A
- 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
- Infection risk (to staff) checked? Yes
- Starvation time checked? Yes N/A
- VTE stockings prescribed? Yes N/A

Comments

Procedural checks

- Difficult airway or aspiration risk? No Yes Check equipment and assistance
- Regional anaesthetic block planned? No Yes **Stop before you block** checks
- Patient on alpha blockers or anticoagulants? No Yes
- Risk of blood loss more than 500ml? No Yes Check adequate IV access, valid G & S, blood available
- If stent, prosthesis or implant planned, is it available? Yes N/A

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

- Variations to standard procedure likely? Discussed
- Critical steps/events? Discussed
- Specific equipment requirements/investigations? Discussed
- If stent, prosthesis or implant planned, is it available? N/A Yes
- Lens power discussed? N/A Yes
- Refractive outcome planned? N/A Yes
- Back-up lens available? No Yes
- VTE prophylaxis undertaken? N/A Yes

Anaesthetist

- Patient-specific concerns? Discussed
- Specific monitoring/support (eg blood)? Discussed
- ASA grade (circle) 1 2 3 4 5

Nurse/ODP

- Any existing packs, including throat packs, in situ? No Yes Check added to count
- Equipment issues/concerns? Discussed
- Sterility of instruments confirmed? Yes

Last checks

- Surgical site infection bundle undertaken? (antibiotics, warming, hair removal, glycaemic control) N/A Yes
- Calf compressors if procedure over 30 mins and GA? N/A Yes

Reg practitioner completing TIME OUT

Name (PRINT) Signature

Two-person check performed before insertion of a type-critical stent, prosthesis 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

Throat pack removed?

Yes

N/A

All counts correct?

Yes

No

Follow Trust policy

Comments

Any intentionally retained swabs or packs?

Yes

No

Check confirmed with pink wristband/sticker

Post-operative handover plans: all team to confirm

Surgical plan

Specific surgical concerns for recovery discussed and documented?

Yes

Anaesthetic plan

All IV lines flushed and any unnecessary lines/connectors/ giving sets removed?

Yes

N/A

Specific anaesthetic concerns for recovery discussed?

Yes

N/A

Level of care required

VTE risk +/- treatment discussed/prescribed?

Yes

Final reminders

Patient still wearing electronic wristband(s)?

Yes

Record all information in the notes

Yes

Complete TTAs

Yes

N/A

Should anyone talk to the patient +/- family?

Yes

N/A

Registered practitioner completing SIGN OUT

Name (PRINT)

Signature