

WHO Surgical Safety Checklist

FOR CATARACT SURGERY

SIGN IN

(Before any intervention)	
Ward nurse / Anaesthetist / Scrub Nurse/ Anaesthetic Practitioner plus Surgeon if available	
Patient Identity	
Patient confirms name and DOB	Y / N
Confirm patient name, DOB and hospital number on wrist band match those on consent form	<input type="checkbox"/>
Procedure	
Confirm details on consent form	<input type="checkbox"/>
Confirm consent form signed	<input type="checkbox"/>
Patient confirms signature	Y / N
Surgical Site(s) including side	
Confirm marked and matches details on consent form	<input type="checkbox"/>
Patient confirms mark correct	Y / N

Ask	
Known allergy? State _____	Y / N
For GA cases only	
Adequately fasted?	Y / N
Prepared for difficult airway/aspiration risk	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Prepared for risk significant blood loss	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Name:	
Signature of ward nurse:	

Date:	
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→ TIME OUT

(Before start of procedure)
All Team
Patient and Lens Verification
Confirm with reference to the Medisoft Procedure Screen
<ul style="list-style-type: none"> • Patient name • Procedure and laterality • Planned refractive outcome • Lens model and power to be used •
Confirm that the lens in theatre corresponds to the chosen model and power and place sticker below:
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> Lens implant sticker </div>

Confirm equipment sterility	<input type="checkbox"/>
For GA cases confirm intra-operative	N/A <input type="checkbox"/>
<ul style="list-style-type: none"> • Warming • Glycaemic Control • VTE Prophylaxis • Antibiotics 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name:	
Signature, by or on behalf of surgeon:	

PATIENT DETAILS (Label)

→ SIGN OUT

(Before patient leaves theatre)	
All Team	
Surgeon confirms procedure performed	<input type="checkbox"/>
Confirm instruments & sharps count correct	<input type="checkbox"/>
Confirm any throat packs removed	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Any equipment problems identified that need to be addressed?	Y / N

For GA cases confirm post-operative	N/A <input type="checkbox"/>
<ul style="list-style-type: none"> • VTE Prophylaxis • Antibiotics • Throat pack removed 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N/A
Name:	
Signature, by or on behalf of surgeon:	

Recovery handover	
Pressure injury identified?	Y / N
Confirm that the IV cannula flushed with Saline?	Y / N / N/A
Other instruction/concerns including positioning	
Name:	

Signature, by or on behalf of surgeon / anaesthetist:	
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