

Ophthalmology WHO Team Safety Brief (Whole Theatre Team and Ward Staff Nurse)

Date: _____ AM/PM

Introductions by name and role					<input type="checkbox"/>
Discuss each patient in turn					
Patient ID	High risk (senior scrub to do)	Trainee to operate	Specific additional equipment	Nursing concerns	Anaesthetic concerns and ASA (where appropriate)
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
List order confirmed					<input type="checkbox"/>
Scrub team leader					
Any staffing concerns					<input type="checkbox"/>
Any equipment concerns					<input type="checkbox"/>
The complication drawer has been checked					<input type="checkbox"/>

WHO Team Safety De-Brief (Whole Theatre Team)

Problems with scheduling, patient preparation, equipment, implants, staffing, anaesthetic or surgical procedure	Y / N
Specify:	
Patient safety incidents	Y / N
Specify and indicate who completed Datix:	