

WHO Surgical Safety Checklist

FOR CATARACT SURGERY: Laterality: _____

SIGN IN

→ TIME OUT

→ SIGN OUT

(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
Mydriasset In _____ Initials _____	
Mydriasset Out _____ Initials _____	
If Mydriasset not removed by Ward Nurse:	
<input type="checkbox"/> Surgeon removed Mydriasset in theatres. Surgeon: Out _____ Sign _____	
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, by or on behalf of Nurse:	
Date:	

(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 & DOB • Procedure and laterality • Planned refractive outcome • Lens model, power & expiry 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;"> <p>Lens implant sticker</p> </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 <input type="checkbox"/> • Glycemic Control <input type="checkbox"/> • VTE Prophylaxis <input type="checkbox"/> • Antibiotics <input type="checkbox"/> 	
Name:	
Signature, by or on behalf of surgeon:	
PATIENT DETAILS (Label)	

(Before patient leaves theatre)	
All Team	
Surgeon confirms procedure performed	<input type="checkbox"/>
Confirm instruments & sharps count correct	<input type="checkbox"/>
Confirm Mydriasset removed If NO, Pls. follow escalation policy. Surgeon to sign before patient leaves theatre Surgeon: Initials _____ Sign _____	Y / NO / 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 <input type="checkbox"/> • Antibiotics <input type="checkbox"/> • Throat pack removed <input type="checkbox"/> Yes <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:	