

Surgical Safety Checklist: for Cataract Surgery ONLY

(adapted from the WHO Surgical Safety Checklist)



SIGN IN (To be read out loud)

Before giving anaesthetic

Has the patient confirmed his/her identity, site, procedure and consent?

☐ Yes

Is the surgical site marked?

☐ Yes

Is the anaesthesia machine and medication check complete?

☐ Yes ☐ Not applicable

Does the patient have a:

Known allergy?

☐ No ☐ Yes

Difficult airway/aspiration risk? (General Anaesthetic)

☐ No ☐ Yes, and equipment/assistance available

Any special requirements for positioning or draping?

☐ No ☐ Yes, surgeon notified

Is the patient taking warfarin?

☐ No ☐ Yes, last INR result available

Is the patient taking tamsulosin or other alpha blocker?

☐ No ☐ Yes, surgeon notified

Has pre-operative VTE risk assessment been undertaken?

☐ Yes ☐ Not applicable

TIME OUT (To be read out loud)

Before start of cataract surgery

Have all team members introduced themselves by name and role?

☐ Yes

Surgeon, Scrub Nurse and Registered Practitioner verbally confirm:

- ☐ What is the patient's name?
- ☐ What procedure, and which eye?
- ☐ What refractive outcome is planned?
- ☐ What lens model and power is to be used?
- ☐ Is the correct lens implant present?

Anticipated variations and critical events

Surgeon:

- ☐ Are there any special equipment requirements or special investigations?
- ☐ Are any variations to the standard procedure planned or likely?
- ☐ Is an alternative lens implant available, if needed?

Anaesthetist (GA or sedation)

- ☐ Are there any patient-specific concerns?
- ☐ What is the patient's ASA grade?
- ☐ Any special monitoring requirements?

Scrub Nurse/ ODP:

- ☐ Has the sterility of the instrumentation been confirmed (including indicator results)?
- ☐ Are there any equipment issues or concerns?

SIGN OUT (To be read out loud)

Before any member of the team leaves the operating room

Registered Practitioner verbally confirms with the team:

- ☐ Has the name and side of the procedure been recorded?
- ☐ Has it been confirmed that instruments, swabs and sharps counts are complete (or not applicable)?
- ☐ Have any equipment problems been identified that need to be addressed?
- ☐ Are any variations to standard recovery and discharge protocol planned for this patient?

PATIENT DETAILS

Last name:

First name:

Date of birth:

NHS Number*:

Date of Procedure:

*If the NHS Number is not immediately available, a temporary number should be used until it is

The checklist is for Cataract Surgery ONLY

This modified checklist must not be used for other surgical procedures.

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