



Addressograph:

Surname: Trust No:
Forename:
Mr/Mrs/Ms/Miss: DoB:/...../.....
Address:
..... Male / Female

SEH Theatre & Recovery Integrated Care Pathway for LA/GA/Sedation

This document is to be filed in the notes with Surgical and Anaesthetic notes

Date of Operation: Ward Patient is on pre-op: Theatre No:

Likes to be known as:

If known next of kin:
and relationship to patient

For patients having brain, nasal, spinal cord or posterior eye surgery,
please indicate outcome of risk assessment for CJD

Pre op (ward) vital signs

BP: Pulse: Respiration: Temperature:
SaO₂:% On O₂ ☐Litres BM:

PRE-OPERATIVE CHECK	WARD STAFF			THEATRE STAFF		
Name band in situ and identity confirmed	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Consent form completed and signed by patient or incapacity form completed	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Operation site marked by surgeon	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
When did they last eat food and drink non-clear fluids (including chewing gum) if less than 6 hours contact theatre				Date: Time:		
When did they last drink clear fluids (including water) if less than 2 hours contact theatre				Date: Time:		
Are allergies present and stated on red wrist band and drug chart	YES <input type="checkbox"/>	N/A <input type="checkbox"/>		YES <input type="checkbox"/>	N/A <input type="checkbox"/>	
If yes state allergies						

PRE-OPERATIVE CHECK continued	WARD STAFF	THEATRE STAFF
Patients resus status:	For Resus DNACPR	For Resus DNACPR
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
If DNACPR is appropriate paperwork in patients notes	YES NO	YES NO
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Has a pregnancy test been completed? (age 55 and under). Please do test	YES NO N/A	Pregnancy test details
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lot No:
Last LMP date		Ex Date:
Additional information		NEG POS
.....		Result: <input type="checkbox"/> <input type="checkbox"/>
.....		Sig:
.....		Sig:
		(Two signatures needed)
MRSA status confirmed (swab results)?		Date:
If swab results not available please indicate outcome (high or low) of risk assessment below:		Positive
Any other infection control issues? Please state.....		Negative
.....		High
		Low

MRSA RISK ASSESSMENT

If a decision to operate has been made and no MRSA screening results are available please complete this MRSA risk assessment. SEH MRSA D/C Exempt

The questions are based on recognised risk factors for MRSA carriage.

Has the patient previously been MRSA colonised at any site?	Yes / No
Has the patient had a hospital admission within the last year?	Yes / No
Is the patient a nursing home or long-term care facility resident?	Yes / No
Is the patient a healthcare worker with direct patient contact?	Yes / No
Has the patient been transferred from abroad?	Yes / No
Is the patient a known intravenous drug user?	Yes / No
Does the patient have a long-term (>30 days) indwelling device? e.g. urinary catheter, IV line, PEG tube	Yes / No
Does the patient have a chronic wound? e.g. leg ulcer	Yes / No

If the answer is YES to any of the above questions then MRSA colonisation is more likely & the following action should be undertaken:

- Surgical antimicrobial prophylaxis as per known MRSA positive patient
(See *Surgical Antimicrobial Prophylaxis guidelines*)

Assessor Name: _____ Signature: _____

VTE assessment in drug chart completed by Dr?	YES	NO	N/A	YES	NO	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable have VTE stockings been applied	YES	NO		YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Nail varnish removed?	YES	NO	N/A	YES	NO	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	WARD STAFF			THEATRE STAFF		
Nursing notes and documentation present and drug chart with patient	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Safety risk assessment and care bundles with patient	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any communication problems and OR mental health needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Additional information		
Glasses, contact lenses, hearing aids removed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Prosthetics including wigs, false limbs, internal metal work, Pacemakers & ICDs	<input type="checkbox"/> Yes	<input type="checkbox"/> No		If yes please specify		
Dentures / Caps / Crowns / Loose teeth	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Jewellery / Piercings removed or taped	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Biometry present	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Pressure areas intact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		If no please specify where		
Recent history of red, watery sticky eye	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<u>Pre-op consent for illustrative clinical recording</u>						
I understand that the clinical recording to which I have agreed and explained to me by:						
(Print name):			Patient's signature:			
(Job title):			Date:			
May be used for any of the following purposes						
A) As part of confidential clinical records						
B) For medical teaching e.g. lectures, medical video, exhibitions						
C) For publications in text books, journals or medical articles						
Patient's guardian						
Full name of parent/guardian:						
Signature:						
Date:						
UNABLE TO CONSENT NON APPLICABLE <input type="checkbox"/>						
Patient Property sent to:	Recovery <input type="checkbox"/>	Ward <input type="checkbox"/>	No Property <input type="checkbox"/>			
Property type:	Glasses <input type="checkbox"/>	Hearing aids <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
	Underwear <input type="checkbox"/>	False teeth <input type="checkbox"/>	Top <input type="checkbox"/>	Bottom <input type="checkbox"/>		
	Shoes <input type="checkbox"/>	Other				
Ward pre-op check			Received in theatre			
Name:			Name:			
Signature:			Signature:			
Escorted to theatre:			Arrival time:			

Anaesthetic Room and Intra-Operative Care

Anaesthetic Start Time:

Anaesthetic Type

General ☐ Spontaneous ☐ Ventilated ☐ Sedation ☐

Regional Block

None used ☐ Sub Tenons ☐

Topical ☐ Peribulbar ☐

LA Dermal ☐ Sub-conj ☐

Stop Before You Block completed (Consent form checked against surgical site mark) ☐

Anaesthetist performing block:

.....

Anaesthetic Plan

Anaesthetic discussed
Yes ☐ No ☐

Please confirm site

.....

Difficult airway equipment needed

.....

Baseline Vital Signs in Anaesthetic Room

B.P.: Pulse:

Temperature: SaO₂% On O₂ ☐

Antibiotic Prophylaxis Yes ☐ No ☐ O₂ flowrate Litres

Monitoring and Equipment

Item	Code	Comments
Arterial Line	A	
Blood Pressure Cuff	BP	
BIS Monitor/Entropy	BM	
CVP Line - triple	C3	
IV Cannula	IV	
Diathermy plate – monopolar	D1	
ECG Electrodes	E	
Eyes Protected (specify with what)	ET	
Flowtron Accessories	F	
Peripheral Line e.g. pic line	PL	
Pulse Oximetry	O	
Temperature Probe	T	
Tracheostomy Tube	TT	
Airway used and size		

Fluid Management

Fluid warmer Yes ☐ No ☐ Temperature

Throat pack

Pack inserted Yes ☐ No ☐ Throat Pack Label Applied Airway device ☐ Forehead ☐
Throat Pack removed ☐

Infection Control Care Bundles

CVC Yes ☐ N/A ☐

Patient warming

Temp°C Type i.e surgical access Warming mattress temp°C

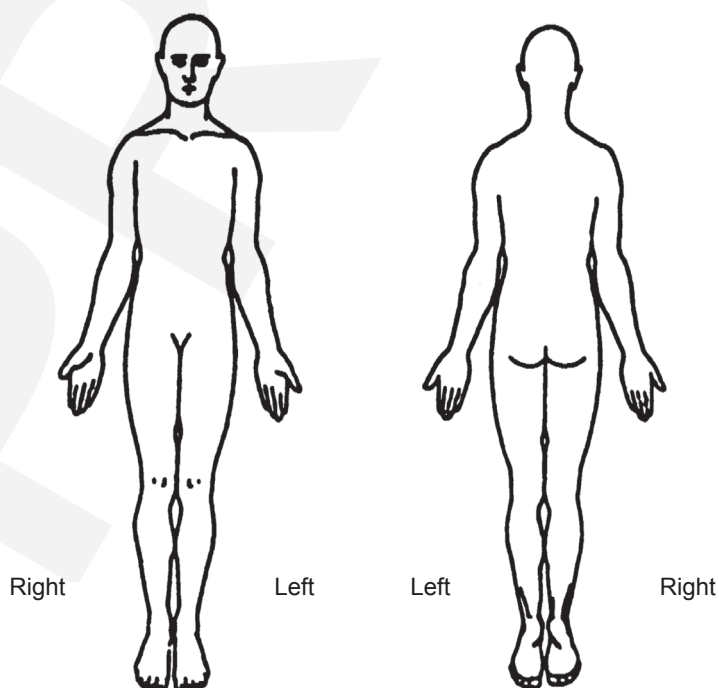
Cannula Insertion Care

Care plan:

- Cannula in situ on arrival
- Apron & gloves worn as appropriate
- ANTT used throughout procedure
- Use tray/trolley (decontaminated with Clinell wipes)
- Skin cleaned with 70% Isopropyl alcohol & 2% Chlorhexidine Gluconate
- Dressed with approved IV dressing
- 10cm extension set with needle free connector in situ
- Cannula dressing dated (resite every 72hrs)
- Insertion sticker completed and placed in drug chart
- Hands are decontaminated pre/post procedure

[illegible][illegible]

Please indicate coding and location on diagram:



Anaesthetic Practitioner.....Signature.....

Intra-Operative Care

Theatre No: Temp:°C

Operation Performed:

Operating Times: Into Theatre: Op Start Time: Transfer to Recovery:

Patient Position

Supine ☐ Trendelenburg ☐ Reverse Trendelenburg ☐
 Other (please state).....

Operating Table Supports Used

Arm Rest L R Sandbag/Vac Pac ☐ Position:
 Arm Board L R Headring or Block ☐ Position:
 Gel Support ☐
 Other (please state).....

Pressure Prevention Aids

Elbow Protection ☐ Gamgee ☐ Jelly Mattress ☐
 Heel Protection ☐
 Other (please state).....

Skin Preparation Used

N/A ☐

Antiseptic Iodine ☐ Chlorhexidine Acetate 0.05% ☐ 50/50 Dilution H₂O ☐
 Chlorhexidine Gluconate 0.015% & Cetrimide 0.15% ☐
 Other (please state).....

Urinary Catheter

N/A ☐

In situ on arrival Yes ☐ No ☐
 Inserted in Theatre? Yes ☐ No ☐ Type:
 Urethral ☐ Supra Pubic ☐ Balloon Capacity: 5 10 20 30 mls
 Urometer ☐ Spiggoted ☐ (delete as applicable)
 Urine Bag ☐ Bag / Urometer Dated ☐

Urinary Catheter Insertion

Name of practitioner inserting catheter: _____ Residual volume: _____

	catheter	Adhere catheter labels here:
Apron, gloves & facial protection (PPE) worn as appropriate		
Urethral meatus cleaned with normal saline prior to insertion?		
Local anaesthetic sterile lubricant used?		
ANTT used throughout insertion?		
Sterile closed bag drainage system connected?		
Catheter bag is below bladder level & no part of it is touching floor. Use 70% isopropyl alcohol & 2% Chlorhexidine Gluconate wipe when emptying bag.		
Catheter fixation device applied?		
Catheter bag dated & catheter sticker completed and chart residual drainage?		
Hands decontaminated before & after procedure?		

DrainsN/A ☐None ☐

Celltrans

☐ T. Tube☐ Size:

Minivac

☐ Position:**Skin Closure**N/A ☐

None

☐ Steristrips☐ Glue☐ Glue type

Suture

☐ Suture type:**Dressings and Appliances**N/A ☐

Elastoplast

☐ Micropore☐ Jelonet☐

Eye pad cartella

☐ Opsite spray☐

Other: (please state)

Pressure AreasN/A ☐Intact? Yes ☐ No ☐ Not observed ☐ Details:**Estimated Blood Loss**N/A ☐

Swabs Suction:

Local Anaesthetic InfiltrationN/A ☐

Drug:

Drug:

Volume:mls Time: Volume:mls Time:

Site:

Site:

Pack InsituN/A ☐Yes ☐ Details:**Specimens***Specify*Not applicable: ☐Histology: ☐Micro Biology: ☐Cytology: ☐Frozen Section: ☐Fresh: ☐Other: ☐**Final Countable Items**N/A ☐Count Correct: Yes ☐ No ☐ Diathermy site checked: Yes ☐

Scrub Person (name): Signature:

Circulating Person (name): Signature:

Action Taken if Count Incorrect:

Patient photographs and recordingsWere any photographs or video recordings taken: Video's Y ☐ N ☐ Photo's Y ☐ N ☐

Patient Record of Sterile Items and Implants

(Place all stickers here)

TRAYS	SUPPLEMENTARY ITEMS	IMPLANTS

Patient Record of Sterile Items and Implants

(Place all stickers here)

TRAYS	SUPPLEMENTARY ITEMS	IMPLANTS

Recovery Care

To be used in conjunction with Observation and Drug Charts

Time into Recovery: **Recovery practitioner:**

0 = Awake and alert

1 = Slightly drowsy

2 = Moderately drowsy but can talk when roused

3 = Very drowsy and mumbling

4 = Unconscious and unrousable

0 1 2 3 4

|-----|-----|-----|-----|

(circle sedation score as applicable)

Handover			Section 1
Anaesthetic	Yes	No	
Anaesthetist	<input type="checkbox"/>	<input type="checkbox"/>	
Neuro obs requested	<input type="checkbox"/>	<input type="checkbox"/>	
IV access devices flushed	<input type="checkbox"/>	<input type="checkbox"/>	
Anaesthetic Nurse / ODP	<input type="checkbox"/>	<input type="checkbox"/>	
Surgical			
Surgeon	<input type="checkbox"/>	<input type="checkbox"/>	
Scrub Nurse / ODP	<input type="checkbox"/>	<input type="checkbox"/>	
Airway Management			Section 2
No airway used.....	<input type="checkbox"/>		
Tracheostomy	<input type="checkbox"/>		
Laryngeal mask	<input type="checkbox"/>		
Guedel.....	<input type="checkbox"/>		
Endotracheal	<input type="checkbox"/>		
Nasopharyngeal	<input type="checkbox"/>		
Mask.....	<input type="checkbox"/>		
Nasal cannula.....	<input type="checkbox"/>		
High flow Oxygen	<input type="checkbox"/>		
% of Oxygen used / litres per minute:			
Cardiovascular and Haemodynamics			Section 3
Pacemaker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Renal and Fluid Management			Section 4
Has patient passed urine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
NG Tube:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Fluids prescribed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Oral fluids:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Catheter: None <input type="checkbox"/>		Urethral <input type="checkbox"/>	
		Suprapubic <input type="checkbox"/>	

Post-Surgical Observation Chart

Date																				Date
Time																				Time
Resps per minute (enter •)	R E S P	40																		40
		35																		35
		30																		30
		25																		25
		20																		20
		15																		15
		10																		10
Oxygen saturation	O ₂	Oxygen Sats (%)																		
		Oxygen (%)																		
		Litre/min																		
T E M P E R A T U R E •	39.5																		39.5	
	39																		39	
	38.5																		38.5	
	38																		38	
	37.5																		37.5	
	37																		37	
	36.5																		36.5	
	36																		36	
	35.5																		35.5	
	35																		35	
	210																		210	
	200																		200	
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80																		80		
70																		70		
60																		60		
50																		50		
40																		40		
30																		30		
B L O O D P R E S S U R E m m H g																				
Rhythm	CVP / MAP																			
	FTC (425–475)																			
	CO (3.5–8L)																			
	SV (1–2ml/kg)																			
	R - Regular / I - Irreg																			
	Pain score																			
	Sedation score (0–4)																			
	Blood sugar																			
	Stoma																			
	PV Loss																			
	Wound(s) check																			
	LEFT																			
RIGHT																				
L I M B O B S	Time																			
	Colour																			
	Movement																			
	Sensation																			
	Warmth																			

Clinical response to NEWS: National Early Warning Score triggers

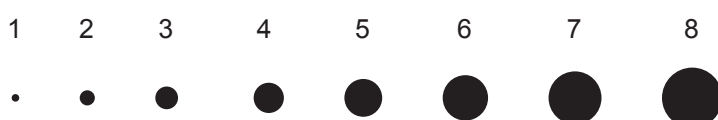
NEWS is a tool that can assist the early identification of the deteriorating patient.

NEWS 2 Score	3	2	1	0	1	2	3
Respiratory rate	≤8		9-11	12-20		21-24	≥ 25
SpO2 scale 1 (%)	≤91	92-93	94-95	≥96			
SpO2 scale 2 (%)	≤83	84-85	86-87	88-92 ≤93 on air	93-94 on oxygen	95-96 on oxygen	≥ 97 on oxygen
Air or oxygen		Oxygen		Air			
Systolic BP (mmHg)	≤90	91-100	101-110	111-219			≥ 220
Pulse (per min)	≤40		41-50	51-90	91-110	111-130	≥ 131
Consciousness				Alert			C V P U
Temperature °C	≤35.0		35.1-36.0	36.1-38.0	38.1-39.0	≥39.1	

NEUROLOGICAL OBSERVATION CHART – IF COMA SCALE DROPS BY 2 POINTS INFORM MEDICAL STAFF

																			DATE			
																			TIME			
C O M A S C A L E		Spontaneously	4																	Eyes closed by swelling = C		
		To speech	3																			
		To pain	2																			
		None	1																			
	Best verbal response	Orientated	5																	Endotracheal tube or tracheostomy = T Dysphasia= D		
		Confused	4																			
		Inappropriate words	3																			
		Incomprehensible sounds	2																			
		None	1																			
	Best motor response	Obey commands	6																	Usually the best arm response		
Localise to pain		5																				
Flexion to pain		4																				
Abnormal flexion		3																				
Extension to pain		2																				
None		1																				
			TOTAL GCS																			
Pupils	Right	Size Reaction																	+ reacts - no reaction c eyes closed s sluggish			
	Left	Size Reaction																				
L I M B M O V E M E N T	A R M S	Normal power																	Record right (R) and left (L) separately if there is a difference between the two sides.			
		Mild weakness																				
		Severe weakness																				
		Spastic flexion																				
		Extension																				
	L E G S	Normal power																				
		Mild weakness																				
		Severe weakness																				
		Extension																				
		No response																				
			Initials																			

PUPIL SCALE (mm)



Additional Care Given

Document here any additional information or critical incident affecting the patient whilst in the theatre/recovery. (Please sign, print name & time & date each entry).

Lined area for documentation of additional care given.

BSUH Recovery discharge criteria guidelines		Achieved / Variable
Airway / Breathing	<ul style="list-style-type: none"> Maintaining own airway & protective reflexes present. Respiration rate 10–20/minute. Oxygen saturation $\geq 95\%$, or equal to preoperative values, or on 5L/min via Hudson mask, or 2–4L/min via nasal prongs. 	
Circulation	<ul style="list-style-type: none"> Patient is adequately perfused, capillary refill time < 2 seconds. Blood pressure +/- 20% of normal values and showing a stable trend. Heart rate 50–100 bpm sinus rhythm, or a stable abnormal rhythm diagnosed by Anaesthetist. 	
Temperature	<ul style="list-style-type: none"> Between 36–38 degrees Celcius, or otherwise as deemed fit by Anaesthetist. 	
Fluid balance	<ul style="list-style-type: none"> Urine output of at least 0.5 ml/kg, or as advised & documented by Anaesthetist. Accurate record of intake / output and discrepancies addressed accordingly. 	
Analgesia & Anti-emetics	<ul style="list-style-type: none"> Pain score of 3–4 after coughing and movement, or which is acceptable to the patient. Respiratory rate of 10 or more at rest. Postoperative nausea & vomiting is adequately controlled. Analgesia & anti-emetics are prescribed for the ward and all documentation completed, including Epidural / PCA charts. 	
Nursing care	<ul style="list-style-type: none"> Patient is clean and dry. All cannula are dated, swanlocks are in place, VIP score documented, CVP care bundles are present & CXR checked. IV access devices flushed. Multi lumen connector flushed or removed. Blood sugar measurement +/- Insulin Sliding scale where appropriate. 	
Documentation	<ul style="list-style-type: none"> All documentation is complete, including theatre and recovery care pathway, vital signs and NEWS score on discharge. Surgical notes are written. Anaesthetic chart is present and complete with postoperative instructions for the ward. 	

The Recovery discharge criteria is designed as a guide and any of the above may be altered on the clinical judgement of the Anaesthetist.

Discharge Criteria

Time patient met criteria: _____

NEWS score _____

Sedation score (0-4) 0 1 2 3 4

Pain score 0 1 2 3 4 5 6 7 8 9 10

Datix Form:	<input type="checkbox"/> Ref No: _____
Time patient left Recovery: _____	
Recovery Nurse's Signature:	
Name:	
Ward Nurse's Signature:	
Name:	

LA / GA / Sedation Pathway

<p>Time returned:</p> <p>Conscious state:</p> <p>Observations written on chart: NEWS score:</p> <p>Pain score on return:</p> <p>Analgesia given on return:</p> <p>Shield / Pad and shield in situ:</p> <p>IV fluids in progressive Yes/No</p> <p>What fluid.....</p> <p>Time IV fluid removed:</p> <p>Venflon removed:</p> <p>Diet and fluids given:</p> <p>Time passed urine:</p> <p>Back to pre op mobility:</p> <p>Diamox needed? Time given:</p> <p>Posturing required?</p> <p>Position.....</p> <p>Gas band x2 given and leaflet Yes/No/NA</p> <p>SDD / Day one review - what time:</p> <p>Taken home by: Time:</p> <p>Nurse signature:</p>	<p style="text-align: center;"><u>SAME DAY DISCHARGE CHECKLIST</u></p> <p>Transport home: Self/Hospital</p> <p>Ref No. <input style="width: 100%;" type="text"/></p> <p>Contact number <input style="width: 100%;" type="text"/></p> <p>Patient identified as suitable YES/NO</p> <p>Provide TTO's, taught drop instillation and provided with instruction leaflets x 2 YES/NO</p> <p>Provide with OPD appointment YES/TO SEND/OPTOM</p> <p>Patient daily recorded in Project record book and notes left in box on filing cabinet YES/NO</p> <p>Who is the responsible adult staying with patient overnight?</p>
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FIRST DAY POST-OPERATIVE TELEPHONE CALL

Date:	Time:	Nurse:			
Have you cleaned the eye/instilled drops?			YES	NO	
Does the vision (Distance) seem better			Brighter..... better	same	worse
NB reading vision will be expected to be blurred (will need to get separate reading glasses)			Clearer better	same	worse
For RD patients with Gas - vision should be PL as a minimum but usually CF or HM					
Do you have any pain, or have had any overnight?			<input type="checkbox"/>	<input type="checkbox"/>	
If yes describe pain. Bruised feeling/scratchy					
Have you taken anything for the pain? And did this help?			<input type="checkbox"/>	<input type="checkbox"/>	
Have you had any nausea or vomiting?			<input type="checkbox"/>	<input type="checkbox"/>	

ACTION TAKEN None, see SOS ☐ Phone again early afternoon ☐ Patient to attend A/E after 1.30pm ☐

COMMENTS:

POST OPERATIVE FOLLOW-UP DATE

PATIENT'S RESPONSE TO SURGERY

RVA
Auto Refraction

LVA
Auto Refraction

SECTION/SUTURE

CONJ.

CORNEA

A.C.

**IRIS/PUPIL
IOL**

T

FUNDI

CHECK PRE-EXISTING CONDITIONS

Dilated

Yes

No

INSTRUCTIONS - DROPS

(G. Tobradex QDS 1/52 then taper) Other.....

DROP REGIME FORM GIVEN

LISTED FOR SECOND EYE.....

LETTER TO GP.....

LETTER TO OPTOMETRIST

RETURN TO
OPD.....When?.....Why?

Comments

Signature (and print)

WHO Surgical Safety Checklist - for Ophthalmic surgery

(adapted for BSUH NHS Trust)

Sign in (to be read out loud)

Before induction of anaesthesia

☐ Has the patient confirmed his/her identity (checked against ID Band), site, procedure and consent?

☐ Is the surgical site marked?

☐ Anaesthetic machine and drugs checks complete?

Does the patient have a:

☐ Known allergy?

☐ Difficult airway/aspiration risk? (general anaesthetic)

☐ Any special monitoring required?

☐ Has VTE prophylaxis been undertaken? (general anaesthetic) (according to the risk assessment score)

☐ Is the patient taking tamsulosin or other Alpha blocker?

☐ Any special requirements for positioning?

Name:

Signature of anaesthetic practitioner:

Patient details

Last name:

First name:

Date of birth:

Hospital number:

Procedure:

Time out (to be read out loud)

Before start of surgical intervention for example before the skin incision

☐ Have all team members introduced themselves by name and role?

Surgeon, anaesthetist and registered practitioner verbally confirm:

☐ What is the patients name?

☐ What procedure and which eye?

☐ What lens model and power is to be used?

☐ Is an alternative available?

☐ Is correct lens implant present?

Surgeon:

☐ Are there any specific equipment requirements or special investigations or critical steps in the procedure you want the team to be prepared for?

Anaesthetist:

☐ Any specific patient concerns?

☐ ASA grade

Nurse/ODP:

☐ Has the sterility of the instrumentation been confirmed (including indicator results)?

☐ Are there any equipment issues or concerns?

☐ Glycaemic Control

☐ PT Warming

☐ Has the surgical site infection (SSI) bundle been undertaken?

☐ MRSA patient status confirmed

☐ Antibiotic prophylaxis within the last 60 minutes

☐ Patient warming

☐ Glycaemic control

☐ Is essential imaging displayed?

Name:

Signature of theatre practitioner:

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 of the procedure been recorded?

☐ Has it been confirmed that instruments, swabs and sharps counts are complete (or not applicable)?

☐ Have the specimens been labelled

☐ (including patient name)?

☐ Have any equipment problems been identified that need to be addressed?

Surgeon, anaesthetist and registered practitioner:

☐ What are the key concerns for recovery and management of this patient?

Date:

Name:

Signature of scrub nurse present at the end of the case:



**Brighton and Sussex
University Hospitals**
NHS Trust

PROOF

PROOF

