Bradford Teaching Hospitals NHS
NHS Foundation Trust

PATIENT DETAILS	
Last name:	
First name:	
Date of birth:	
Hospital number:	

Laser Procedure	
Laterality	
Procedure	

SIGN IN (DOCTOR AND NURSE)

Has the patient confirmed his/her name?
□ Yes
Date of birth
□ Yes
First line of address
□ Yes

Is the procedure confirmed with the patient?
□ Yes
Is the procedure confirmed with the notes/letter?
□ Yes
Is the procedure confirmed with the laser listing card?
□ Yes

Known allergy?
□ **No**
□ **Yes**

TIME OUT (DOCTOR)

Before start of Laser procedure

Has the consent form been signed?
□ Yes

Surgeon/ Practitioner confirm:
□ What is the patient's name?
□ What procedure, and which eye?
□ Is the procedure confirmed against records?
□ FFA/OCT been reviewed (as available)

Any special requirements for anaesthesia ?
□ **Yes**
□ **No**

SIGN OUT (DOCTOR)

Before patient leaves the treatment room

Laser Practitioner confirms:
Has the name and side of the procedure been recorded?

Medisoft
□ **Yes**
□ **No**

Laser register
□ **Yes**
□ **No**

Follow up arrangements /COF completed
□ **Yes**
□ **No**

Nurse……..

Laser treatment given by:……

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POSITIVE ABOUT DISABLED PEOPLE
BRADFORD CITY OF FILM a UNESCO creative city
Patients First Together, putting patients first