

## Bradford Macula Service Checklist: for Intra-vitreous injections ONLY (Adapted from the WHO Surgical Safety Checklist)

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

Sticker/ Drug to be injected
Eye : right/ left/ both
Dr. Sign..... date....

### SIGN IN

Before giving anaesthetic drops
<b>Has the patient confirmed his/her identity, site, procedure and consent?</b> <input type="checkbox"/> Yes
<b>Is the surgical site marked?</b> <input type="checkbox"/> Yes
<b>Does the patient have a:</b>  <b>Known allergy?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Any special requirements for positioning or draping?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, surgeon notified <input type="checkbox"/>
<b>Is the local anaesthetic drops instilled</b> <input type="checkbox"/> G Tetracaine ..... ..... <input type="checkbox"/> G Povidone Iodine..... <input type="checkbox"/> In <u>right/ left/ both eyes</u>



### TIME OUT (to be read out loud)

Before start of intravitreal injection
<input type="checkbox"/>
<b>Surgeon/Scrub Nurse and Registered Practitioner verbally confirm:</b> <input type="checkbox"/> What is the patient's name? <input type="checkbox"/> What procedure, and which eye? <input type="checkbox"/> What injection (drug) <input type="checkbox"/> Is the correct injection confirmed?
<b>Does the patient have a:</b>  <b>Known allergy?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Any special requirements for positioning or draping?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, surgeon notified <input type="checkbox"/>



### SIGN OUT (to be read out loud)

Before any member of the team leaves the operating room
<b>Registered Practitioner verbally confirms with the team:</b> <input type="checkbox"/> Has the name and side of the procedure been recorded? <input type="checkbox"/> Are any variations to standard discharge protocol planned for this patient?

Intravitreal injection given by:.....

Checked by:.....