

OA Eye Surgery Centre

OPERATION CHECKLIST

Doctor: _____	Date: _____
Patient Name: _____	
Patient no: _____	ID no: _____
Operation: _____	
Pre-Op BP/P: _____ (:)	
Post-Op BP/P: _____ (:)	

The following information is checked	At Counter	Before Entering Operating Theatre	At Operating Theatre
Patient Identification			
Validity of informed consent			
Ensure the correct eye for Operation	R / L	R / L	R / L
Known alerts (drug, food)			
Relevant Investigation (A-scan, AR, NCT, etc)			
Pre medication: Mydrin-P / Nevanac (R / L)	:	:	:
	/	/	/
Other Medication	:		
	/		
Correct IOL Power / type of implants			
Name and signature (Surgeon)			
Name and signature (Nurse)			

LOG NO.	SET NAME	

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Peri Operative information Sheet

OT Time: _____

Patient Monitor

Time	BP/Pluse	SPO2
:	/ mmHg P: /min	%
:	/ mmHg P: /min	%
:	/ mmHg P: /min	%

Instrument Count

	Start	End
Phaco Set		
Simple Set		
Complete Set		
PV Set		
Smile Set		
Knife/Blade		
Phaco Tip		
Suture		
Needle		
Cannula		
Iris hooks		

Scrub Nurse:

Circulating Nurse:
