



HOSPITAL SULTAN ABDUL AZIZ SHAH  
UNIVERSITI PUTRA MALAYSIA  
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STICKER PATIENT

**PROCEDURE MINOR OT CHECKLIST**

DATE & TIME : \_\_\_\_\_

PROCEDURE : \_\_\_\_\_

SURGEON : \_\_\_\_\_

ASISTANT(S) : \_\_\_\_\_

GENERAL CONDITION	YES	NO		YES	NO
COUGH			BOILS/ SORES/ BRUISE/ RED EYE/ OTHERS (SPECIFY) :		
FEVER      TEMP :      C					

**PRE PROCEDURE OBSERVATION**

BP :	mmHg	Pulse :	/min	Resp :	/min	SpO2 :	%	DXT :	mmol/l
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PRE PROCEDURE - CHECKLIST	YES	NO	REMARK
Patient's Name & D. O. B Correct			
Last meal & Time :			
Consent complete			
Own medication taken time :			Type of medication :
Accompanied by relative			
Pre & Post Procedure explained			
Visual Acuity			RE : _____    UNA/ DED    LE : _____ PH : _____    AIDED    PH : _____
Eye of surgery / procedure marked			RE :                    LE :
Premedication			Drugs :
Contact lens removed			
ALLERGY			Allergic to :
Pupil Dilated			SIZE :                    RE:                    LE :
STAFF'S NAME :	SIGNATURE :		
	DATE & TIME :		

IN PROCEDURE ROOM - CHECKLIST	YES	NO	REMARK
Eye drop instilled			
Anaesthesia			LA                    Injection : _____ Topical : _____
Time Out :			Acknowledge by :                    YES
- Correct patient			1. Surgeon
- Correct consent			2. Circulating Nurse
- Correct site			
- Correct procedure			
Eye padded/ shield after procedure			
Type of specimen collected			Date & time sent to lab :
Eye preparation			
STAFF'S NAME :	SIGNATURE :		
	DATE & TIME :		

POST PROCEDURE OBSERVATION				
BP :                    mmHg	Pulse :                /min	Resp :                /min	SpO2 :                %	Pain Score :
Operation site	Dressing dry	Dressing wet & Changed.	N/A	Interventions :
	<b>YES</b>	<b>NO</b>	<b>REMARK</b>	
Fall Risk				

NURSING NOTES	
Staff's Name :	Signature :
	Date & Time :

Post – procedure information education :	
<ol style="list-style-type: none"> <li>1) Education on fall prevention – pamphlet given to patient/ carer.</li> <li>2) Continue with eye drops as prescribed.</li> <li>3) Togo home by taxi if unaccompanied.</li> <li>4) Other :</li> </ol>	
Patient's Signature :	Carer's Signature :