McLaren Flint
Flint, Michigan 48532
EYE OR RECORD

Room Time: _____ **Start Time:** _____ **End Time:** _____ **PACU at:** _____ **Report Given to:** _____

Date _____ OR # _____ Wound Class (I) II III IV
Patient ID Verified: ☐ Band ☐ Verbal

Consent Form: ☐ Right ☐ Left ☐ Bilateral
☐ Signed ☐ Correct ☐ Verbally

Allergies: ☐ None ☐ Yes _____

Anesthesia Type: ☐ General ☒ MAC ☒ Topical
☐ Spinal ☐ Cons. Sedation ☐ Local
☐ Regional _____ Other _____

Anesthesiologist: _____
C.R.N.A./RN: _____
Surgeon: _____
Assistant _____
Observer: _____
X-Ray: _____

Surg Tech:	In	Out	In	Out

Nurse:	In	Out	In	Out

Patient Position:
☒ Supine on eye cart w/side rails up

Arms Position/Secured:	Right	Left
Armboard	☐	☐
Tucked at Side	☒	☒
Across Chest/Abdomen	☐	☐
Above Head	☐	☐
Arm Draped Free	☐	☐
Arm Traction Weight _____	☐	☐

Other _____

Shave Prep: ☒ None ☐ Yes ☐ Wet ☐ Dry
By _____
Eye Prep: ☐ Right ☐ Left ☐ None ☐ Dial
☐ Betadine Paint ☐ Betadine 5% opth. ☨ gtt.
By _____
Other: _____

Time out Procedure at
☐ Correct Patient Identity ☐ Correct Side and Site
☐ Correct Patient Position ☐ Agreement on Procedure
☐ Availability of Correct Implant / Special Equipment

Pre-Op Diagnosis: Cataract ☐ Right eye ☐ Left eye
_____

Post-op Diagnosis: same
_____

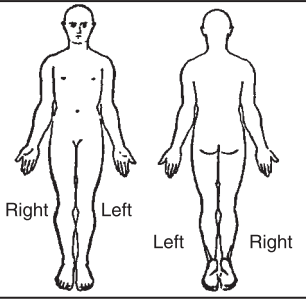
Operation/Procedure: Phacoemulsification with IOL Implant ☐ Right eye ☐ Left eye

Irrigation:
☐ 500ml bottle BSS w/ Vancomycin 20mg, 1ml Epinephrine 1:1000 P.F.
☐ 250ml bottle BSS Plus w/ Vancomycin 10mg, 0.5ml Epinephrine 1:1000 P.F

Medications: Duovisc AK Dilate _____ gtts Tetracaine 0.5% _____ gtts
Zymar ___ gtts Iopodine ___ gtts Timoptic ___ gtts Pred Forte _____ gtts
Tobra Dex Ointment 2% Lidocaine _____ ml
1% Lidocaine _____ ml 0.75% Bupivacaine _____ ml _____ gtts
Ciloxan Vancomycin 3mg in 15ml BSS 1ml Epi 1:1000 P.F. in 3ml Bss
Proporacaine Atropine Tobra Dex _____ gtt Discovisc
Other: _____

Infinity ID# ☐ 0701084301x ☐ 0602398601x ☐ Bipolar

Padding
☐ Elbows ☐ Heels
☐ Sacrum ☐ Head
☒ Knees
☐ Ankles



Counts:
☒ N/A ☐ Correct ☐ Resolution _____

Specimen: ☒ None

Blood Loss: ☒ None

Dressing:
☐ None ☐ Eye Shield ☐ Eye Pad ☐ Steri-Strips

1. Patient will undergo correct procedure performed by correct surgeon.	☐ Yes	☐ No
2. Patient will experience minimal anxiety.	☐ Yes	☐ No
3. Patient will experience an aseptic atmosphere.	☐ Yes	☐ No
4. Patient will be free of foreign body except where indicated.	☐ Yes	☐ No
5. Patient will be free of intraoperative injury.	☐ Yes	☐ No

Notes: _____

Signature: _____

Implant Label

260

PT.
MR.#/RM.
DR.

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Time	Nursing Notes

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PT.

MR.#/RM.

DR.