

Addressograph

NHS Lothian - University Hospitals Division

Royal Infirmary of Edinburgh

Day Surgery Unit

Generic General Surgical

Multidisciplinary Care Pathway

Planned Procedure

Consultant Surgeon

Patient registered on PAS

Date of operation...../...../.....

Time of admission.....

NHS Lothian University Hospitals Division Royal Infirmary of Edinburgh Generic General Surgical Integrated Care Pathway	Addressograph
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Key to Initials of ALL STAFF completing this ICP				
Print name	Designation	Initials	Signature	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

A care pathway is intended as a guide to treatment and an aid to documenting patient`s progress. Clinicians are free to exercise their own professional judgements as appropriate. However any alteration to the practice identified within this care pathway should be noted as a Variance.

Please note variances from pathway with a code number and explain more fully on variance sheet at end of pathway. Key to variance numbers on variance sheet.

Common Abbreviations Used

BMI	BODY MASS INDEX	LMP	LAST MENSTRUAL PERIOD
BP	BLOOD PRESSURE	NA	NOT APPLICABLE
CM	CENTIMETRES	NOK	NEXT OF KIN
ECG	ELECTROCARDIOGRAPH	OPD	OUT PATIENT DEPARTMENT
FBC	FULL BLOOD COUNT	P	PULSE
HRT	HORMONE REPLACEMENT THERAPY	R	RESPIRATIONS
I.V.	INTRAVENOUS	R/O	REMOVAL OF
KG	KILOGRAMS	T	TEMPERATURE
		U+E	UREA AND ELECTROLYTES

PRE – ADMISSION ASSESSMENT

PATIENT TO COMPLETE THIS SECTION Pages 3-5

TO BE GIVEN TO THE PATIENT BEFORE OR ON ARRIVAL AT THE SURGICAL CLINIC

Please answer the questions to help us plan your care.

Do not worry if you have not heard of some of the conditions named.

You will be able to ask a nurse for advice. If any of the conditions affect you now, or has done so in the past, please tick Yes.

<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">Patient Label</p> <p>Surname</p> <p>DOB/...../..... Age.....</p> <p>Hospital Number</p> </div> <p>Known as:.....</p> <p>Telephone Number.....</p> <p>Work telephone number.....</p> <p>Mobile Number</p> <p>Marital Status S / M / D / W</p> <p>Occupation</p> <p>Religion.....</p>	<p>Next of Kin</p> <p>Relationship.....</p> <p>Address</p> <p>.....</p> <p>.....</p> <p>Telephone No:</p> <p>.....</p> <p>Next of kin aware YES / NO</p> <p>Alternative Contact</p> <p>Relationship:.....</p> <p>Telephone No:.....</p> <p>Alternative Contact aware YES / NO</p>		
<p>GP</p> <p>GP Address</p> <p>Telephone No:</p> <p>Fax Number.....</p>	<p><u>Pre-assessment clinic</u> <i>Nurse to complete</i></p> <p>Date attended/...../.....</p> <p>Nurse assessor:.....</p> <p>Print</p> <p>Grade:</p>		
Have you ever had :	Yes	No	Please list :
1. Any surgical operations?			
2. Any anaesthetic or surgical problems?			
3. Is there any family history of anaesthetic problems?			
4 Any serious illnesses?			

PATIENT TO COMPLETE

Medical History	Yes	No	Comments
1. Chest pain on exercise or at night?			
2. Any heart problems or heart murmurs?			
3. High blood pressure?			
4. Do you have a pacemaker?			
5. Bronchitis or breathing problems?			
6. Asthma?			
7. History of fainting?			
8. Convulsions or fits?			
9. Jaundice or yellowness			
10. Indigestion or heartburn?			
11. Anaemia or other blood problems?			
12. Excessive bleeding or bruising?			
13. Kidney or urinary problems?			
14. Arthritis or neck problems?			
15. Weakness of muscles?			
16. Diabetes?			

Current medication including complementary medicines/vitamins

Drug	Dose & frequency	Drug	Dose & frequency

Females only! Do you take: the contraceptive pill? **Yes** **No**
HRT?
Date of Last menstrual period
.....

Do you have any allergies or sensitivities? **Yes** **No**

Please list:-

Any drugs that disagree with you? **Yes** **No**

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Generic General Surgical Integrated Care Pathway**Do you smoke ?**

How many cigarettes (or ounces of tobacco) per day?

.....

Yes

No

Do you drink alcohol ?

How many units per week ?

Yes

No

Do you use any recreational drugs?Cannabis Cocaine Heroin Ecstasy Other:

How often used(+ route eg smoke, IV):

Yes

No

Do you have stairs to climb ?

How many?.....

Will your journey home take less than 90 minutes?

Do you have access to a telephone?

Do you have someone to accompany you home in private transport?

Will someone be present for your first 24 hours at home?

Would you consider a short notice admission?

Please indicate any unsuitable dates for operation eg holiday booked:

We operate a policy of using your own medicines from home. This allows you to continue with familiar tablets, eye drops and other treatments and avoids waste. Please bring your own medicines with you when you come in to hospital and ensure they are in their original, labelled containers.

Advice on managing discomfort or pain will be given at pre-assessment and before you are discharged home after surgery.

I shall be accompanied home by a responsible adult.

A responsible adult will be at home with me, at least, overnight.

I undertake not to drink alcohol within 24 hrs of my operation.

I undertake not to drive a car or operate machinery within 24hrs following my operation

I shall not travel home by public transport.

Patient Signature :..... Date :.....

Thank you for your assistance in completing this section.

April04

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Generic General Surgical Integrated Care Pathway

CONSULTANT :

EXPECTED LENGTH OF STAY: Day case/23hr

DAY OF SURGERY PRE-OPERATIVE RECORD

CATEGORY	DATE / /	Initial	Var code
EDUCATION/ DISCHARGE PLANNING	Patient orientated to ward Pathway discussed Special needs assessed Remaining questions answered	.....	.....
MEDICAL STAFF	Consent Form signed Surgeon- Review Anaesthetist- review	.....	.....
MEDICATION	Patient has taken regular medication <input type="checkbox"/> N/A Patient has discontinued appropriate medication <input type="checkbox"/> N/A Administer premedication <input type="checkbox"/> N/A Allergies/sensitivities noted on pink perioperative record Red Bracelet insitu <input type="checkbox"/> Yes <input type="checkbox"/> N/A	.....	.....
THROMBO EMBOLIC PROPHYLAXIS	Refer to page 6/7 regarding recommendation. Address with anaesthetist if indicated at pre-admission assessment Not applicable	.....	.....
VITAL SIGNS (Chart)	(TPBP) Please record results on pink perioperative sheet	.....	.....
PREPARATION FOR THEATRE	Complete checklist in perioperative record	.....	.....
FLUIDS/IV THERAPY (Chart)			
MOBILITY/ EXERCISES	Bedrest once premed given YES N/A	.....	.....
ADMIN	Valuables Listed <input type="checkbox"/> Not applicable	.....	.....

SIGN/PRINTNAME:

Date/time.....

PLEASE RECORD DEVIATIONS FROM PATHWAY ON VARIANCE SHEET

NHS Lothian- University Hospitals Division Royal Infirmary of Edinburgh	Addressograph
PERI-OPERATIVE RECORD	

PREOPERATIVE CHECK LIST	Ward Initials		Theatre Initials	
	YES	NO	YES	NO
Correct patient / correct procedure?				
Bracelet in situ with name, date of birth, ward and unit number?				
Teeth, dentures and crowns : In <input type="checkbox"/> / Out <input type="checkbox"/> Comments:				
Operation consent form signed?				
Operation site marked if applicable?				
Prescribed pre-medication given?				
Taken routine drug therapy?				
Removed: make-up contact lenses glasses hearing aid Jewellery (incl. body piercing items) rings taped hairclips				
Items accompanying patient to theatre: Wigs hearing aids prosthesis glasses other.....				
Has patient passed urine?				
Urinalysis (if not recently tested at pre-admission ie<3mths) NAD protein glucose ketones blood				
LMP:..... N/A Quickvue test				
Dressed for theatre?				
Anti-embolic stocking – N/A <input type="checkbox"/> , Yes <input type="checkbox"/> size				
Waterlow score recorded				
Last food? Date Time				
Last drink? Date Time				
Documents accompanying patient All medical notes <input type="checkbox"/> ICP <input type="checkbox"/> X-rays <input type="checkbox"/> Drug Chart <input type="checkbox"/> Blood results <input type="checkbox"/> Crossmatched <input type="checkbox"/> Other				

Ward Nurse SIGN/PRINT:
Theatre Practitioner SIGN/PRINT

RIE

Peri-operative Record

DSU

Pre-operative medical assessment

Patient Label or

Name:

DOB:

Hospital Number:

Proposed operation

Side:

Operation date:

Assessed by:

Date:

Time:

Personal

Grade : Con SpR SHO
Other

Weight (kg):

Height (cm):

BMI

Investigations

Assessed in (location):

Drugs:

Relevant medical history:

FBC:

U/E:

ECG:

CXR:

Other:

Examination:

ASA

CVS BP HR

Allergies:

Airway

Teeth

Mouth:

Neck:

Previous anaesthetics: uneventful

Information given to patient

Instructions

Intended anaesthetic technique discussed with patient:

Premedication: Yes No

Post operative pain relief discussed
PR drug administration consent

Omit medication As charted Yes

Non routine instructions:

Anaesthetist(s)

Grade

Discussed with consultant

Yes

No

Comments

ANAESTHETIC FORM

INDUCTION (I)	MAINTENANCE	REGIONAL TECHNIQUE	Machine check <input type="checkbox"/> Initial.....
<input type="checkbox"/> Pre O ₂ <input type="checkbox"/> Cricoid Pressure Inj. Site :	Agents : Gas Flow : Facemask <input type="checkbox"/> Oral / Nasal Airway <input type="checkbox"/> LMA <input type="checkbox"/> OTT / NTT <input type="checkbox"/> Int Grade: IPPV <input type="checkbox"/> SV <input type="checkbox"/> Circuit : Ventilator :	Agent : Needle : Catheter : Stimulator : <input type="checkbox"/>	MONITORS Minimal Monitoring <input type="checkbox"/> <input type="checkbox"/> ECG <input type="checkbox"/> NIBP <input type="checkbox"/> SpO ₂ <input type="checkbox"/> F ₁ O ₂ <input type="checkbox"/> ET CO ₂ <input type="checkbox"/> A-line <input type="checkbox"/> CVP Initial : Initial :
REVERSAL (R)			<input type="checkbox"/> Steth <input type="checkbox"/> N-m Stim <input type="checkbox"/> PA Cath <input type="checkbox"/> Eye care <input type="checkbox"/> Fluid warmer <input type="checkbox"/> Warming blanket

TIME

200

150

100

50

SpO ₂									
ETCO ₂									
FIO ₂									
Fet Vol									
V									
Paw									
CVP									Totals
Fluids 1									
Fluids 2									
Urine									
Blood loss									
Drugs									

Intraoperative Care Record

Surgical Position Initials:		Equipment Used/Protection Eyes taped Heel pads Elbow supports Other 	
Mobility Initials:.....	Special Actions Taken		
Diathermy Initials:.....	Position Problem/Action Taken		
Skin Prep. Initials:.....	Details		
Skin Closure Initials:.....	Details		
Dressings N/A <input type="checkbox"/> Initials	Details		
Drains N/A <input type="checkbox"/> Initials.....	Details		
Catheters N/A <input type="checkbox"/> Initials.....	Details MIs in Balloon		
Specimens N/A <input type="checkbox"/> Initials.....	Details		
Packs N/A <input type="checkbox"/> Initials	Details:		
Tourniquet N/A <input type="checkbox"/> Initials	Position:	Pressure:	Time on:
	Protection used:		Time off:
Comments			
Print/sign.....			

NHS Lothian- University Hospitals Division INTEGRATED CARE PATHWAY	<i>Addressograph or Name</i>
	Address
	DOB

INTRAOPERATIVE COUNTS					
	Initial Count	Intraoperative	Intraoperative	Intraoperative	Final Count
Correct (Signature)					
Discrepancy And Action Taken					
Scrub Nurse	Comments		Total Blood Loss		
	1. Print _____		Sign _____		
	2. Print _____		Sign _____		

OPERATION SUMMARY (Surgeon or Deputy to complete)	
Surgeon: _____	Assistants: _____
Operation Performed:	

Postoperative Instructions: _____	

Please record any further additional information on "additional information and variance recording sheet"	
Follow-up required? Yes <input type="checkbox"/>, No <input type="checkbox"/> - If Yes, specify when: _____ /52	
Signature/Print Surgeon.....	

PLEASE RECORD VARIANCES AT END OF PATHWAY

NHS Lothian- University Hospitals Division Generic General Surgical INTEGRATED CARE PATHWAY	<i>Addressograph, or</i> Name Address DOB
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FOR LABELS FROM PACKS/INSTRUMENTS USED FROM HSDU

NHS Lothian- University Hospitals Division INTEGRATED CARE PATHWAY GENERIC GENERAL SURGICAL	<i>Addressograph, OR</i> Name Address DOB
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Recovery Room

Time

- LM / ETT / Oral Airway
- S.V / IPPV
- Oxygen Therapy (L / Min)
- Oxygen Saturation
- Respiration
- Sedation Score
- Pain Score
- Nausea Score
- Urine
- Wound / Drain Check (1)
- Wound / Drain Check (2)

SCORING SYSTEM

Pain	200		
0 No pain			200
1 Mild pain, it does not distress me			
2 Moderate pain, it distresses me a bit			
3 Severe pain, it distresses me a lot			
S Score S if sleeping normally	150		
Sedation			150
0 None, patient alert			
1 Mild, occasionally drowsy, easy to rouse			
2 Moderate, frequently drowsy, easy to rouse	100		
3 Severe, somnolent, difficult to rouse			100
S Normal, sleep, stirs to light touch			
Nausea			50
0 None	50		
1 Mild nausea, no treatment required			
2 Nausea/vomiting helped by Rx			
3 Persistent nausea/vomiting despite Rx			
S Score S if sleeping normally			50

DRUGS GIVEN

RECOVERY CARE EVALUATION	ANAESTHETIC POST OPERATIVE INSTRUCTIONS
	Oxygen : Post Op Fluids Charted : Yes <input type="checkbox"/> No <input type="checkbox"/> Special Instructions for care in recovery room :
Name (Print) :	Sign :
Name (Print) :	Sign :

PLEASE RECORD VARIANCES IN PATHWAY ON LAST PAGE

Fluid balance chart

DAY OF SURGERY/ POST-OPERATIVE CARE

Return to ward @..... EXPECTED LENGTH OF STAY 12 23hr 48hr

CATEGORY	DATE / /	Time	Initial	Var code
MEDICAL STAFF	Reviewed by Surgeon completed Discharge Summary page 21 Check Update all charts Complete discharge prescription	.....	.....	.....
MEDICATION	Check / administer regular medication	Rec E L	...............	...............
PAIN MANAGEMENT	Record Pain Sedation Nausea Score	Rec E L	...............	...............
	Administer analgesia / anti-emetic as prescribed	Rec E L	...............	...............
	Routine check of Pain score 30 min post analgesia	Rec E L	...............	...............
VITAL SIGNS (CHART)	TPR BP monitored and evaluated Please tick and, on completion of each section, initial appropriate line. ½ hrly for 2 hours <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Further observations as dictated by clinical need: hourly for hours <input type="checkbox"/> <input type="checkbox"/> hourly for hours <input type="checkbox"/> <input type="checkbox"/>
	Oxygen administration .....L/min via N/A <input type="checkbox"/>
TEST/INVESTIG (CHART)				
FLUIDS/ IV THERAPY (CHART)	When patient able encourage fluids	.....	.....	.....
	IV THERAPY AS CHARTED	Rec E L	...............	...............
DIET	When patient wishes - Resume light diet	.....	.....	.....
OUTPUT(Chart)	Passed urine post-op <input type="checkbox"/> Yes <input type="checkbox"/> No	.....	.....	.....
SPECIALTY OBSERVATION (chart)	NB blood loss in theatre Check Wound dressing intact-NAD+IV cannula check-drain <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Rec E L	...............	...............
ACTIVITIES OF DAILY LIVING	On return to ward – provide assistance with basic hygiene Independent Hygiene / dressing Encourage mobilisation as soon as able	.....	.....	.....
EDUCATION/ DISCHARGE PLANNING	Patient meets discharge criteria on day of surgery <input type="checkbox"/> N/A Outpatient appointment actioned (if applicable) Issue / explain discharge information re wound care, activities GP letter issued	.....	.....	.....
ADMIN	Complete discharge documentation Valuables returned <input type="checkbox"/> Yes <input type="checkbox"/> N/A Notify support services as appropriate i.e. Practice Nurse <input type="checkbox"/> Yes <input type="checkbox"/> N/A	.....	.....	.....

WARD.....sign/print name

PLEASE RECORD VARIANCES IN PATHWAY ON LAST PAGE

DAY OF SURGERY/ POST-OPERATIVE CARE

Overnight admission

CATEGORY	DATE / /	TIME	INITIAL	VAR. CODE
MEDICAL STAFF	Patient reviewed <input type="checkbox"/> N/A	.....	.....	.....
MEDICATION	Check / administer regular medication	ND E	.....	.....
PAIN MANAGEMENT	Record Pain Sedation Nausea Score	ND E	.....	.....
	Administer analgesia / anti-emetic as prescribed	ND E	.....	.....
	Routine check of Pain score 30 min post analgesia	ND E	.....	.....
VITAL SIGNS (CHART)	Monitor and evaluate TPR BP as dictated by clinical need Please tick and, on completion of each section, initial appropriate line.....Hrly <input type="checkbox"/>hrly <input type="checkbox"/>hrly <input type="checkbox"/>hrly <input type="checkbox"/>
	Oxygen administration .....L/min via N/A <input type="checkbox"/>
TEST/INVESTIG(CHART)				
FLUIDS/ IV THERAPY (CHART)	When patient able encourage fluids	.....	.....	.....
	IV THERAPY AS CHARTED	ND E	.....	.....
DIET	When patient wishes - Resume light diet	.....	.....	.....
OUTPUT(Chart)	Passed urine post-op <input type="checkbox"/> Yes <input type="checkbox"/> No	.....	.....	.....
SPECIALTY OBSERVATION (chart)	CheckWound dressing intact-NAD+IVcannula check-drain <input type="checkbox"/> Yes <input type="checkbox"/> N/A	ND E	.....	.....
ACTIVITIES OF DAILY LIVING	On return to ward – provide assistance with basic hygiene Independent Hygiene / dressing Encourage mobilisation when able	.....	.....	.....
EDUCATION/ DISCHARGE PLANNING	Patient meets discharge criteria N/A <input type="checkbox"/> Outpatient appointment actioned (if applicable) Issue / explain discharge information (eg wound care, activities, pain management) GP letter issued	.....	.....	.....
ADMIN	Complete discharge documentation Valuables returned <input type="checkbox"/> Yes <input type="checkbox"/> N/A Notify support services as appropriate i.e. Practice Nurse <input type="checkbox"/> Yes <input type="checkbox"/> N/A	.....	.....	.....

WARD.....sign/print name

Nurse Discharge Protocol

This protocol is designed to facilitate the smooth discharge of post-operative patients.

The Nurse in Charge may discharge patients who meet the discharge criteria.

For this to take place it is essential that all patients are seen by the surgeon post-operatively on the ward. He / she must complete a discharge summary / instructions and give authorisation for nurse discharge.

It is imperative that discharge drugs are prescribed at this point

If the patient does not meet the discharge criteria, the nurse will contact the appropriate member of the medical team to reassess the patient.

For those patients who insist on seeing a member of the medical staff before discharge, the nurse should be given a contact name / bleep number by the discharging surgeon.

I authorise Nurse Discharge from DSU if patient meets the stated Discharge Criteria.

Doctor's Discharge Summary:

Procedure:

Findings:

Instructions to patient:

For Follow-up? No , Yes - if Yes, no. of weeks:

Were Discharge drugs required to be prescribed? No , Yes

Signature of Doctor		Print Name
Date	Time	Designation
Contact name		Bleep no.

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VARIANCE RECORDING SHEET

DATE/ TIME	Variance (Code)	Reason for Variance from Pathway	Action Taken/Outcomes	Signature/ Print Name	Designation

Variance Code

Source of Reason for Variation from Pathway

1	PATIENT	When the patient's condition does not allow a particular event to take place : for example : existing medical condition, attitude, physically frail
2	MEDICAL	When the patient is unable to follow the ICP due to medical problems , for example: low Hb, pyrexia, nausea,
3	WOUND	For example : excess soakage, infection, haematoma.
4	NURSING	Goals not met: indicate reason
5	PHYSIOTHERAPY	Goal not met : indicate reason
6	OCCUPAT THERAPY	Goals not met : indicate reason
7	SOCIAL	For example : transport, support network, family / carer
8	OUTCOMES	When patient achieves an outcome EARLIER than anticipated.
9	OTHER	For example : public holiday, weekend, staff shortages.
10	THEATRE	Theatre Issues i.e. Lack of Theatre Time , equipment issues etc

DAY SURGERY GENERIC DRUG KARDEX

Prescriptions must be dated and signed before administration

<u>Allergies</u>

<u>Addressograph label</u>

ONCE ONLY and PREMEDICATION

Date	Time	Drug	Dose	Route	Doctor's Signature	Time given	Given by	Checked by

POSTOPERATIVE MEDICATION (REGULAR)

			Date →	Time ↓						
Paracetamol	1 g	Oral								
Start date	Signature									
Ibuprofen	400mg	Oral								
Start date	Signature									
Drug	dose	route								
Start date	Signature									
Drug	dose	route								
Start date	Signature									
Drug	dose	route								
Start date	Signature									
Drug	dose	route								
Start date	Signature									

Addressograph

POSTOPERATIVE MEDICATION (AS REQUIRED)

Diclofenac	50mg	Date												
Oral	8hrly for pain	Time												
Start date	Signature	Initials												
Dihydrocodeine	30mg	Date												
Oral	4hrly for pain	Time												
Start date	Signature	Initials												
Cyclizine	50 mg	Date												
IM/IV/Oral	6hrly for nausea	Time												
Start date	Signature	Initials												
Ondansetron	4 mg	Date												
IM/IV/Oral	4hrly for nausea	Time												
Start date	Signature	Initials												
Drug	Dose	Date												
Route	Frequency & instructions	Time												
Start date	Signature	Initials												
Drug	Dose	Date												
Route	Frequency & instructions	Time												
Start date	Signature	Initials												
Drug	Dose	Date												
Route	Frequency & instructions	Time												
Start date	Signature	Initials												
Drug	Dose	Date												
Route	Frequency & instructions	Time												
Start date	Signature	Initials												

DISCHARGE MEDICATION

Examples of take home analgesia packs. Please prescribe on triplicate form "immediate discharge letter".

Drug	Dose	Route	Frequency & Instructions	Pack size
Paracetamol	1 g	Oral	4-6hrly PRN pain	500mg x32
Ibuprofen	400mg	Oral	6hrly PRN pain	400mg x 21
Diclofenac	50 mg	Oral	8hrly PRN pain	50mg x 21
Dihydrocodeine	30mg	Oral	4hrly PRN pain	30mg x 30
Dihydrocodeine	30mg	Oral	4hrly PRN pain	30mgx 8
Kapake	30/500	Oral	6hrly PRN pain	30/500 x 30