

Addressograph

NHS Lothian - University Hospital Division

Royal Infirmary of Edinburgh

**Generic Gynaecological
Day Case Pathway**

Consultant Gynaecologist

Patient registered on PAS: Date.....

Date of Operation:

Time of admission

NHS Lothian - University Hospital Division RIE Generic gynaecological day case 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.				

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 ICP should be notes as a Variance in notes.

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

PATIENT TO COMPLETE THIS SECTION Pages 4-6

<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">Addressograph</p> <p>Surname</p> <p>DOB/...../..... Age.....</p> <p>Hospital Number</p> </div> <p>Known as:.....</p> <p>Telephone Number.....</p> <p>Work 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>Mobile:</p> <p style="text-align: center;">Next of kin AWARE YES / NO</p> <p>Alternative Contact</p> <p>Relationship:.....</p> <p>Telephone No:.....</p> <p style="text-align: center;">Alternative Contact AWARE YES / NO</p>
<p>GP details</p> <p>Dr</p> <p>Address</p> <p>Telephone No:</p> <p>Fax Number.....</p>	<p><u>Pre-assessment clinic</u></p> <p>Date attended/...../.....</p> <p>Nurse assessor:</p> <p>Print</p> <p>Grade:</p>

Have you ever had :	Yes	No	Please list :
1. A previous hospital admission?			When, where, why (incl surgery, investigations etc)
2. Any anaesthetic or surgical problems?			
3. Is there any family history of anaesthetic problems?			
4. Any other 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?
HRT?

Yes

No

Date of Last menstrual period

.....

.....

Do you have any allergies or sensitivities?

Yes

No

Please list:-

Any drugs that disagree with you?

Yes

No

Please list:-

NHS Lothian-University Hospital Division RIE Pre-admission assessment (cont)	ADDRESSOGRAPH LABEL
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Do you smoke ? How many cigarettes (or ounces of tobacco) per day?	<u>Yes</u>	<u>No</u>
Do you drink alcohol? How many units per week ?	<u>Yes</u>	<u>No</u>
Do you use any recreational drugs? Cannabis <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Ecstasy <input type="checkbox"/> Other: How often used: (+ route eg smoke, IV)	<u>Yes</u>	<u>No</u>

	<u>Yes</u>	<u>No</u>
Do you have easy access to your home?		
Do you have stairs to climb ?		
If so, approximately 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.

We recommend that you have a supply of painkillers available at home, such as paracetamol and ibuprofen if **you are not sensitive to them**. Advice on managing discomfort or pain will be given at pre-assessment and before you are discharged home after surgery.

For patient requiring general anaesthesia:

- **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 :.....

NHS Lothian - University Hospital Division RIE Generic gynaecological day case pathway DAY OF SURGERY : PRE-OPERATIVE CARE	Addressograph
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Consultant : OPERATION :

Expected length of stay: Day case/23hr

***NB Please be alert to questions below which may be insensitive to patients undergoing investigations for infertility**

CATEGORY	DATE / /	Initial	Var code
EDUCATION/ DISCHARGE PLANNING	Patient orientated to ward Pathway discussed Special needs assessed Remaining questions answered
MEDICAL STAFF	<i>Gynaecologist reviewed the patient</i> <i>Anaesthetist reviewed the patient</i>
MEDICATIO N	Patient has taken regular medication <input type="checkbox"/> N/A Patient has discontinued appropriate medication <input type="checkbox"/> N/A Allergies/sensitivities noted on pink perioperative record
THROMBO EMBOLIC PROPHYLAXIS	Inform medical staff of risk factors noted page 7 and/or any change to those recorded <input type="checkbox"/> N/A Prophylaxis administered <input type="checkbox"/> N/A
VITAL SIGNS (Chart)	(TPBP) within acceptable limits Recorded on pink perioperative sheet
SPECIALTY INFORMATION	Parity Blood Group <input type="checkbox"/> N/A <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> LMP(record on check list) Anti D required YES/NO Contraception <input type="checkbox"/> N/A
TEST/ INVESTIGATIO N (Chart)	Quickvue(if indicated, please note result on check list) Other.....
FLUIDS/IV THERAPY (Chart)			
MOBILITY/ EXERCISES	Bedrest once premed given YES N/A
ADMIN	Valuables Listed <input type="checkbox"/> Not applicable
PREPARATION FOR THEATRE	Complete checklist on perioperative record

SIGN/PRINTNAME: Date/time.....

NHS Lothian- University Hospitals Division RIE PERI-OPERATIVE RECORD	Addressograph
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PREOPERATIVE CHECK LIST	Ward Initials		Theatre Initials	
	YES	NO	YES	NO
1. Correct patient / correct procedure?				
2. Bracelet in situ with name, date of birth, ward and unit number?				
3. Teeth, dentures and crowns : In <input type="checkbox"/> / Out <input type="checkbox"/> Comments:				
4. Operation consent form signed?				
5. Operation site marked if applicable?				
6. Prescribed pre-medication given?				
7. Taken routine drug therapy?				
8. Removed: make-up contact lenses glasses hearing aid Jewellery (incl. body piercing items) rings taped hairclips				
9. Items accompanying patient to theatre: Wigs hearing aids prosthesis glasses other.....				
10. Has patient passed urine?				
11. Urinalysis (if not recently tested at pre-admission ie<3mths) NAD protein glucose ketones blood				
12. LMP:.....N/A Quickvue test : positive negative				
13. Dressed for theatre?				
14. Anti-embolic stocking – N/A <input type="checkbox"/> , Yes <input type="checkbox"/> size				
15. Waterlow score recorded 				
16. Last food? Date Time				
17. Last drink? Date Time				
18. 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

Lothian University Hospital Division

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

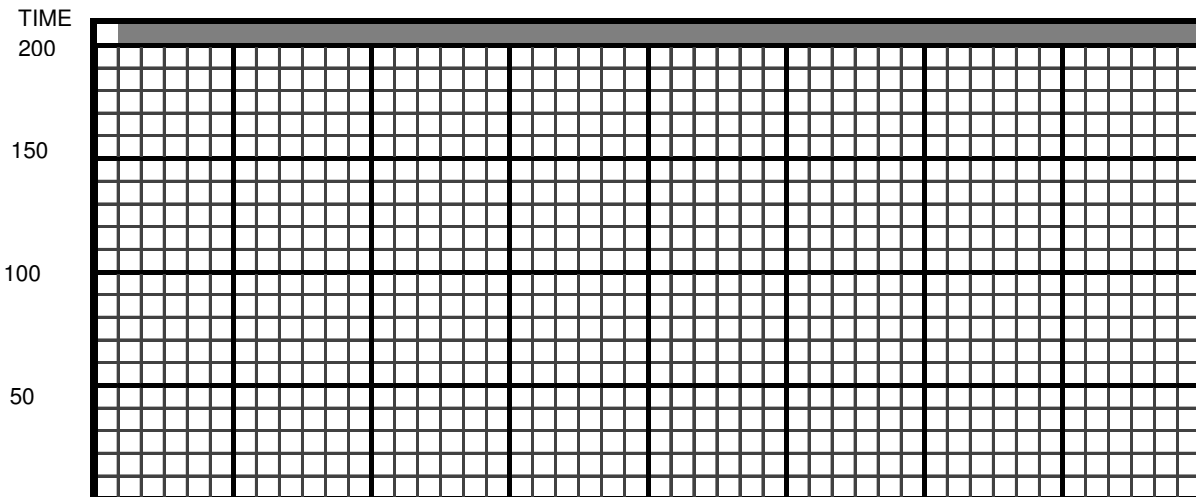
Yes

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"/> <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 _i O ₂ <input type="checkbox"/> ET CO ₂ <input type="checkbox"/> A-line <input type="checkbox"/> CVP Initial : Initial : <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
REVERSAL (R)			



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 Lithotomy Initials:	Equipment Used/Protection Eyes taped Arms secured 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:
Comments	
Print/sign.....	

NHS Lothian- University Hospitals Division INTEGRATED CARE PATHWAY	Addressograph or Name
	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.....	

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

NHS Lothian- University Hospital Division
Royal Infirmary of Edinburgh

Addressograph

Generic Gynaecological Daycase Pathway
Day Surgery / 23 hour stay

CONSULTANT :**OPERATION :**
DAY OF SURGERY/ POST-OP / DISCHARGE EXPECTED LENGTH OF STAY:.....

CATEGORY	DATE / /	TIME	INITIAL	VAR. CODE
MEDICAL STAFF	Patient reviewed by Surgeon Charts updated Discharge prescription completed N/A	.....	.....	.....
MEDICATION	Regular medication administered N/A Pre-discharge Patient provided with discharge medication with instructions N/A	.....	.....	.....
PAIN MANAGEMENT	Pain Sedation Nausea Score recorded Administer analgesia / anti-emetic as prescribed Pain score recorded 30 min post analgesia Pre-discharge Pain is controlled	.....	.....	.....
VITAL SIGNS (CHART)	P BP recorded Unless otherwise indicated, on return from recovery room : 1/2hrly x 1 hrly x1 hrly x1 Pre-discharge -vital signs are stable	.....	.....	.....
TEST/ INVESTIGATION (CHART)				
FLUIDS/ IV THERAPY (CHART)	When patient able fluids encouraged Pre-discharge - IV cannula removed <input type="checkbox"/> N/A	.....	.....	.....
DIET(CHART)	Diet resumed Pre-discharge Nausea controlled no vomiting	.....	.....	.....
OUTPUT(Char)	Passed urine post-op	.....	.....	.....
SPECIALTY OBSERVATIONS	PV Loss recorded <input type="checkbox"/> N/A Wound checks recorded <input type="checkbox"/> N/A Pre-discharge Wound intact <input type="checkbox"/> N/A Wound advice and dressings provided <input type="checkbox"/> N/A	.....	.....	.....
ACTIVITIES OF DAILY LIVING	Patient provided with access to washing facility Mobilisation encouraged Pre-discharge -normal mobility returned	.....	.....	.....
EDUCATION/ DISCHARGE PLANNING	Patient fit for Discharge (if not, note variance & commence pathway for overnight stay) Outpatient appointment actioned <input type="checkbox"/> N/A Discharge information reinforced verbally and written GP letter issued	.....	.....	.....
ADMIN	Discharge documentation completed Valuables returned <input type="checkbox"/> N/A Support services notified as appropriate i.e. Practice Nurse <input type="checkbox"/> N/A	.....	.....	.....

WARD NURSE..... sign/printname

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

