

TCI Date:

The Arthur Levin Day Surgery Centre

King's Lynn and Wisbech Hospitals 
NHS Trust

Adult Documentation

<p>PATIENT ADDRESS LABEL</p> <p>TELEPHONE:</p>	<p>NEXT OF KIN</p> <p>RELATIONSHIP</p> <p>ADDRESS</p> <p>TELEPHONE</p>
<p>CONSULTANT</p> <p>PROPOSED PROCEDURE</p>	<p>PRE-ASSESSMENT NURSE</p> <p>NAMED NURSE</p>
<p>ETHNIC ORIGIN</p>	<p>INFORMATION CAN BE GIVEN TO</p> <p>Patient's signature</p>

Assessment for general or regional anaesthesia

DATE

	Additional BP readings
Height..... P.....	
Weight..... BP.....	
BMI	SpO2.....

ANAESTHETICS			
When was your last anaesthetic?			
Have you, or your family, ever had any problems with anaesthetic?			
CURRENT MEDICATION and ALLERGIES			
Drug	Dose	Allergies	Reaction

WILL YOU	YES	NAME/ NUMBER	NO	COMMENTS
1 have someone to take you home?				
2 provide your own transport?				
3 have access to a telephone at home?				
4 have someone to look after you for 24 hours?				
MOBILITY, SOCIAL ARRANGEMENTS OR ANY SPECIAL REQUIREMENTS:				

Have you ever suffered from:-	YES	NO	COMMENTS
1. chest pain?			
2. breathlessness?			
3. chest disease?			
4. a heart attack or heart murmur?			
5. high blood pressure?			
6. fainting easily?			
7. fits (epilepsy)?			
8. jaundice (yellowness)?			
9. indigestion or heartburn?			
10. kidney or bladder trouble?			
11. anaemia or other blood problems?			
12. excessive bleeding or bruising?			
13. arthritis?			
14. muscle disease or progressive weakness?			
15. diabetes or pass water very often?			
DO YOU?	YES	NO	COMMENTS
1. smoke?			How many?
2 take the pill / are you or could you be pregnant?			
3. drink over one & a half pints or 3 shorts of alcohol per day?			

List any serious illness/operations in the past

	Carried out today	Blood forms given	COMMENTS
FBC			
U & E's			
Group & Save			
HbA1c			
E.C.G			
Other Please specify			

Comments / additional information pre-assessment information given

Referral to Anaesthetist

(For patients not meeting normal criteria)

Reason for referral

Anaesthetic assessment

Suitable for DSC
 DSC23
 IP

Name

Date

Admission & pre-operative care

Admitted to Day Surgery Centre on	Date/...../..... a.m. / p.m.		
Primary Nurse	Named Nurse		
Nil by mouth from	Date/...../..... Time.....		
Date of last menstrual period	Date/...../.....		
Check assessment data			
Any changes in Health or Social circumstances since Pre-Assessment	COMMENTS		
Have you had any recent infections	YES		NO
Escorts name and telephone number	Name..... Telephone.....		
INFORM PATIENT OF IMPORTANCE OF THE FOLLOWING			
Do you understand that after your operation and anaesthetic YOU SHOULD NOT:			
<ol style="list-style-type: none"> 1. Drive a motor vehicle or any other vehicle for 24 hours 2. operate machines or home appliances for 24 hours 3. drink alcohol for 24 hours 4. make important decisions for 24 hours 5. be left alone without a responsible adult for 24 hours 			
Is a sick note required?	YES		NO
PRE-OPERATIVE CHECK LIST			
<i>Please tick box applying must be checked by two members of staff and signed</i>	YES	NO	COMMENTS
Identity band correct and sited securely			
Consent from corresponds to patients understanding			
Consent form is signed			
Operation site marked			
Operation site shaved			
Dentures			
Caps or crowns			
Jewellery and make up removed			
Prosthesis - identity			
Note & any test results accompanying			
ALLERGIES			
Signature	Date	<u>Comments</u>	
		Signature:.....	

Operation Summary

Operation							
Surgeon							
Surgeons assistant							
Anaesthetist							
Anaesthetists assistant							
Scrub person							
Circulating person							
Clean up used							
Sutures used							
Dressing							
L/a							
Date for suture removal							
Specimen taken							
Tourniquet	Y	N	Time on			Time off	
Diathermy	Y	N	Mono		Bi	Pad sited (please specify)	
Patient position	Prone		Supine	Lithotomy	Other (please specify)		
POST-OP INSTRUCTIONS/OTHER INFORMATION							
Signature:							
<u>TRACEABILITY STICKERS</u>							

Discharge

DISCHARGE ASSESSMENT CRITERIA			DISCHARGE ARRANGEMENTS		
	YES	NO		YES	NO
Alert and orientated			TTO drugs given and instructions		
Observations are within patients normal limits			Out patient appointment given		
Taking and tolerating fluids/foods			Dressing to be removed at home in.....days		
Able to stand and walk unaided			Dressing to be removed by practice nurse in.....days		
Is pain/nausea controlled			Sutures to be removed by practice nurse in.....days Appointment made?		
Wound checked			District Nurse referral		
Venflon removed			Sick certificate given		
ECG stickers removed			Instructions given and agreed		
Passed urine, clear / (if applicable)			Responsible adult escort		
Comments:			Transport		
			Help line number given out of hours & unit number		
			Seen by physio		
			Block/spinal leaflets given		

Discharge Nurse..... Time of discharge.....

Discharge address (if different from home address)

.....

Telephone number.....

Patient happy with care they received and happy to be discharged

.....

Drugs to be given in the Day Surgery Centre

PRE-OP

Drug	Dose	Doctor's signature	Time given	Nurse's signature	Witness
Paracetamol 500mg tab					
Diclofenac dispersible 50mg tab					
Nizatidine	150mg PO				
Metoclopramide	10mg PO				

POST-OP

Drug	Dose	Doctor's signature	Time given	Nurse's signature	Witness
Paracetamol 500mg tab.					
Coproxamol 32.5 / 325mg tab					
Tylenol effervescent tab					
Ibuprofen 400 mg tab.					