

TCI Date:

The Arthur Levin Day Surgery Centre

King's Lynn and Wisbech Hospitals **NHS**

NHS Trust



Child 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

Name of school or health visitor:	
Any illness/operations your child has had:	
Any known allergies?	
Reaction	
Weight	Scales
Method	Dress
Signature	

ANAESTHETICS	
Has your child ever had an anaesthetic, any problems?	
Have any of your family, ever had any problems with anaesthetic?	
MEDICATION	
List any medication your child is currently taking. (including inhalers)	

PLEASE TICK CORRECT ANSWERS	YES	NO	COMMENTS
Will you:-			
1. be able to take your child home in a private car or taxi?			
2. have a telephone at home?			
3. be able to stay with the child for 24 hours after discharge?			

Has you child ever suffered from: -	YES	NO	COMMENTS
1. heart disease or rheumatic fever?			
2. bronchitis, asthma or other chest problems?			
3. jaundice (yellowness)?			
4. kidney or urinary problems?			
5. diabetes?			
6. anaemia, excessive bruising/bleeding, or any other blood problems?			
7. convulsions, fits or fainting?			
DOES YOUR CHILD: -	YES	NO	COMMENTS
Have menstrual periods? If so date of last period			
Presently/recently have diarrhoea or vomiting?			
Have any loose teeth or dental appliance?			
Are your child's immunisations up to date?			
Were there any problems following these?			

<u>Communication</u>	<u>Food/Drink</u>
Hearing	Appetite
Vision	Feeds self <input type="checkbox"/> assisted <input type="checkbox"/> Uses fingers <input type="checkbox"/> spoon <input type="checkbox"/>
Speech	Drinks from bottle <input type="checkbox"/> beaker <input type="checkbox"/> Cup <input type="checkbox"/>

<u>Elimination</u>		<u>Mobility</u>	
Uses: Nappies <input type="checkbox"/> Potty <input type="checkbox"/> Toilet <input type="checkbox"/>			
<u>Toys/comforter</u>		<u>Skin state</u>	
<u>Information</u>			
Children's Day Surgery booklet given		Admission date given	
Aware and understands surgery to be undertaken		Aware and understands the reasons why the child has to be starved	
Aware and understands the different methods of pain relief used e.g. suppository			
<u>Additional Information</u>			
Child's signature			
date			
Parent/Guardian signature			
date			
Assessment Nurse signature			
date			
Anaesthetic referral or other notes			

Admitted to Day Surgery Centre on	Date/...../..... a.m. / p.m.		
Primary Nurse	Named Nurse		
Nil by mouth from	Date/...../..... Time.....		
Check assessment data			
Any changes in Health or Social circumstances since Pre-Assessment	COMMENTS		
Have you had any recent infections	YES		NO
Transport & escort home arranged	YES		NO
Escorts name and telephone number	Name..... Telephone.....		
INFORM PATIENT OF IMPORTANCE OF THE FOLLOWING			
I understand that following my child's operation and anaesthetic he/she MUST NOT be left alone without a responsible adult for 24 hours Parent/Guardian signature:			
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			
Caps or crowns, loose teeth, appliances			
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>							

Recovery

Post-op anaesthetic instructions:

Time									
200									
180									
160									
140									
120									
100									
80									
60									
40									
20									
0									
SpO ₂									
Resps									
Temp									

Arrival in

Recovery_____

Awake at_____

Oxygen yes / no

Airway yes / no

LMA / NP / Guedel

Wound check

Clean

Dry

Intact

Leaking

Changed

Comments:

PAIN SCORING SYSTEM

Score: 1 (no pain) to 10 (worst pain imaginable)

Time				
Pain Score				
Action				

Problems and action

Post-op observations

Time												
200												
180												
160												
140												
120												
100												
80												
60												
40												
20												
0												
SpO ₂												
Resps												
Temp												
Wound check												
Urine												
Pain score												

Problems and action

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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.....

Parent/guardian happy with care and for child 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
Ametop gel					
Midazolam 5mg/ml					
Temazepam 10mg/5ml					

POST-OP

Drug	Dose	Doctor's signature	Time given	Nurse's signature	Witness
Paracetamol susp. 120mg/5ml					
Paracetamol susp. 250mg/5ml					
Ibuprofen susp. 100mg/5ml					
Co-codamol 8/500mg effervescent tab.					