

TCI Date:

The Arthur Levin Day Surgery Centre

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

NHS Trust

Local Anaesthetic

<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>

Admission and pre-operative care

Date admitted to Day Surgery Centre/...../..... am / pm

Named nurse:

<u>Past medical history and current medication</u>

Escort's name:

Escort's telephone number:

Sick Note Required: YES / NO

PRE OPERATIVE CHECK LIST			
<i>Please tick box/must be checked by & signed by admitting nurse</i>	YES	NO	COMMENTS
Identity band correct and secure			
Consent form corresponds to patients understanding			
Consent form is signed			
Operation site is marked			
Operation site is shaved			
Dentures			
Caps or crowns			
Jewellery and make up removed			
Prothesis - identity			
Notes & any test results accompanying			
ALLERGIES			
Signature			Date

Operation notes

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									
<p>Signature:</p>									
<u>TRACEABILITY STICKERS</u>									

Recovery and 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

Discharge

DISCHARGE ASSESSMENT CRITERIA			DISCHARGE ASSESSMENTS		
	YES	NO		YES	NO
Alert and Orientated			TTO drugs given & instructions		
Observations are within patients normal limits			Out patients 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 indays.		
Is pain / nausea controlled			Practice Nurse referral		
Wound checked			District Nurse referral		
Venflon removed			Sick certificate given		
ECG stickers removed			Instructions given and agreed		
Passed urine, clear / rosy (if applicable)			Responsible adult escort		
Comments			Transport		
			Help line number given out of hours & unit number		
			Seen by physio		

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

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Drugs to be given in the DSC

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.					
Cocodamol 8/500mg effervescent tab.					
Ibuprofen 400 mg tab.					