

The Pennine Acute Hospitals 
NHS Trust

Integrated Care Pathways

For

**The Day Surgery Unit
Rochdale Infirmary**

Addressograph

Consultant _____

GP _____

Anaesthetist _____

2
THE PENNINE ACUTE HOSPITALS NHS TRUST
Rochdale Infirmary - THE DAY SURGERY UNIT
PRE-OPERATIVE ASSESSMENT FORM (1)

Addressograph

3

Proposed Operation	Date of Assessment
	Date of Operation
The Patient	Next of Kin
Age	Relationship
Male <input type="checkbox"/> Female <input type="checkbox"/>	Address
Marital Status	Telephone No.
Preferred Name	Home
Religion	Work
Telephone Number	
Overnight Carer:	Escort Name:
Contact Number:	Contact Number:
Communication	Mobility
Spoken Language	Fully Mobile <input type="checkbox"/> yes <input type="checkbox"/> no
Interpreter needed <input type="checkbox"/> yes <input type="checkbox"/> no	Limitations
Hearing aid <input type="checkbox"/> yes <input type="checkbox"/> no	Aids
Sight Problems <input type="checkbox"/> yes <input type="checkbox"/> no	
Hygiene/Dressing	Nutrition/Hydration
Independent <input type="checkbox"/> yes <input type="checkbox"/> no	Any Special Diet
Dependant) <input type="checkbox"/> yes <input type="checkbox"/> no	Vegetarian <input type="checkbox"/> yes <input type="checkbox"/> no

Will you: Please either Yes or No	<u>Yes</u>	<u>No</u>	Comment
Be escorted home by car?			
Have access to a telephone?			
Have access to a toilet?			
Have an adult at home to look after you for 24hrs after your operation?			
Do you wish to be treated as a day case?			
Do you live within 1hr travel from the hospital?			
Are you exempt from prescription charges?			

Do you have :

Hearing Aid?			
Pacemaker?			
If yes Date last checked			
Body Piercings?			
Other Prosthesis?			
Dentures?			
Contact Lenses?			
False Nails?			
Anxiety/ Fears / Worries?			
Do you smoke? If yes , How many per day?			
Do you drink alcohol? If yes , How many units per week			
Ladies:			
Are You Taking the Pill?			
Cycle in Days			
Could You Be Pregnant?			
LMP Date			

**THE PENNINE ACUTE HOSPITALS NHS TRUST
Rochdale Infirmary - THE DAY SURGERY UNIT**

PRE-OPERATIVE ASSESSMENT FORM (2)

Addressograph

Have you ever suffered from:	Yes	No	Comment
Chest pain on exercise or at night?			
Heart murmur?			
High blood pressure?			
Heart attack?			
Rheumatic fever?			
Anaemia or other blood problems?			
Excessive bleeding or bruising?			
Breathlessness?			
Asthma?			
Bronchitis?			
Chest infection within the last 2/12?			
Stroke?			
Fainting easily?			
Fits, epilepsy, convulsions?			
Diabetes?			
Jaundice (yellowness)?			
Indigestion or heartburn?			
Hiatus hernia?			
Kidney or urinary trouble?			
Arthritis/cervical spondylosis?			
Muscle disease or weakness?			
Deep vein thrombosis (DVT) or PE?			
Anxiety/depression?			
Disability/special needs or requests?			
Joint or back problems?			
Have You Ever:			
Had a serious illness?			
Had MRSA?			
Been a patient in the last month?			
Had any infectious diseases other Than childhood illnesses?			
Taken steroids			
Taken warfarin			
Taken MAOI			
Have you had an allergy or reaction to:			
General anaesthetics?			
Local anaesthetics?			
Medicines?			
Patches?			
Elastoplast?			
Latex?			
Eggs?			
Others : If Yes please state			

Do you take any medication? 0 yes 0 no If Yes, please list

Drugs	Medication Advice

**THE PENNINE ACUTE HOSPITALS NHS TRUST
Rochdale Infirmary - THE DAY SURGERY UNIT**

PRE-OPERATIVE ASSESSMENT FORM (3)

Addressograph

THE PENNINE ACUTE HOSPITALS NHS TRUST
Rochdale Infirmary - THE DAY SURGERY UNIT

DAY OF OPERATION – ADMISSION

The patient attendance?

Attended yes no

DNA yes no

CNA yes no , Reason:

Cancelled yes no , Reason:

Date of Admission: **Time of admission:**.....

Temperature	Blood glucose	BP	Oxygen sat. %
Pulse	Regular <input type="checkbox"/> Irregular <input type="checkbox"/>	LMP	HCG Test Results:
Orientated to environment		<input type="checkbox"/> yes <input type="checkbox"/> no	
Last had something to eat or drink.		TIME:	
Valuables? <input type="checkbox"/> yes <input type="checkbox"/> no If yes			
Allocated locker <input type="checkbox"/> yes <input type="checkbox"/> no			
Key Number _____			
Issue patient with:	identity bracelet	<input type="checkbox"/> yes <input type="checkbox"/> no	
	allergy bracelet	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Pre-op shave / preparation		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Change patient into theatre attire		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Has medication changed since pre-operative assessment? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes please list:			
Which medication have you taken today?			
Comments or additional relevant information			
Premedication (e.g Ametop, temazepam, GTN, Salbutamol etc.)			
Drug.....	Dose	Route.....	Dr. sig..... Time given.....
Drug.....	Dose	Route.....	Dr. sig..... Time given.....
Drug.....	Dose	Route.....	Dr. sig..... Time given
Nurse name		Nurse signature.....	

Named / Associate Nurse Taking Information

Signed **Date**.....

THE PENNINE ACUTE HOSPITALS NHS TRUST
Rochdale Infirmary - THE DAY SURGERY UNIT

Addressograph

PRE-OPERATIVE CHECK LIST

Part 1 To be completed by ward staff on the discharge of patient from the ward to theatre

Part 2 To be completed by Anaesthetic Practitioner during hand over of the patient from the ward nurse.

Patient's Preferred Name Yes No

Verbal Handover θ θ

Language Spoken

Written Handover θ θ

Hearing Problems θ yes θ no Visual impairment θ yes θ no

Patient's operation call slip received and checked θ yes θ no

Theatre Support Workers Name

Please ✓ yes, no or N/A If No then please write in variance column

Action	Part 1 Ward				Part 2 Theatre			
	Yes	No	N/A	Variance	Yes	No	N/A	Variance
Check Consent Form is signed and reflects patient's notes and operating list	θ	θ	θ		θ	θ	θ	
Operation site marked/shaved/prepared	θ	θ	θ		θ	θ	θ	
DVT prophylaxis	θ	θ	θ		θ	θ	θ	
Allergies list:	θ	θ	θ		θ	θ	θ	
Patient starved from:.....	θ	θ	θ		θ	θ	θ	
Dentures/caps/crowns	θ	θ	θ		θ	θ	θ	
Contact lenses removed	θ	θ	θ		θ	θ	θ	
Hearing aid in situ	θ	θ	θ		θ	θ	θ	
Jewellery covered/removed including body piercing	θ	θ	θ		θ	θ	θ	
Nail varnish removed	θ	θ	θ		θ	θ	θ	
Make up removed	θ	θ	θ		θ	θ	θ	
Hair grips removed, long hair placed in theatre cap	θ	θ	θ		θ	θ	θ	
Implants/prosthesis If yes state type and location	θ	θ	θ		θ	θ	θ	
Any joint or back problems	θ	θ	θ		θ	θ	θ	
Ensure the following accompany the patient:								
1. Case notes	θ	θ	θ		θ	θ	θ	
2. X-rays	θ	θ	θ		θ	θ	θ	
3. Prescription sheet	θ	θ	θ		θ	θ	θ	
4. Audit sheet	θ	θ	θ		θ	θ	θ	
Significant medical conditions	θ	θ	θ		θ	θ	θ	
Pre-op conscious level								

Checked out of the Ward by:..... Checked into Theatre by

Time:.....

Escort Nurse

THE PENNINE ACUTE HOSPITALS NHS TRUST
Rochdale Infirmary - THE DAY SURGERY UNIT

Addressograph

PERI-OPERATIVE CARE PLAN

Theatre NO Anaesthetic Practitioner / MTO.....

It is the responsibility of the MTO/Anaesthetic Practitioner to check that the correct patient has been brought to the anaesthetic room/theatre.

Action	Please ✓ yes/no		Variance	
	Yes	No		
Nurse/MTO introduced themselves to the patient and all procedures explained	θ	θ		
Assist anaesthetist, inform of any potential problems	θ	θ		
Patient is cannulated	θ	θ	Size.....	Site.....
Attach monitoring equipment to the patient	Monitor		Anaes. (✓ or ✕)	Theatre (✓ or ✕)
	Pulse Oximeter		θ	θ
	Co2		θ	θ
	Inspired O2		θ	θ
	E.C.G.			
	BP		θ	θ
	Temp		θ	θ
Transfer patient between trolley and operating table Safely	Patient remained on Trolley		(✓ or ✕)	
	Pat slide used		θ	
	Roller mat		θ	
	Other aids		θ	
				Transfer personnel.....
Position of patient on operating table/trolley ensuring no contact with metal	Supine		θ	
	Prone		θ	
	Lithotomy		θ	
	Trendelenburg		θ	
	Lateral		θ	
	Other (specify)		θ L θ R	
				Position of arms: Left: Right:
Tourniquet used	Yes θ No θ		If yes:	
	Site:			
Diathermy plate used	Yes θ No θ		If yes:	
	Mono-Polar θ Bi-polar θ			
Skin preparation used	Betadine Lathering/ Aqueous θ			
	Travsept θ Chlorhexadine θ			
Dressing applied	Type:			
	Site:			
Wound pack used	Type:			
	Size:			
Drains	Yes θ No θ		If yes:	
	Drain:			
	Type:			
	Size:			
	Batch:			
	Vacuum activated Yes θ No θ			

9

--	--	--

<p>Addressograph</p>

PERI-OPERATIVE CARE PLAN - continued

Action	Evaluation	Variance
Urinary catheter inserted	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Make: Size: Batch: Balloon size:	
Patient's skin washed and dried after surgery	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Wet/dirty canvas changed	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Swab, Needle and Instrument Check:

4 x 3	Pledgets	First Checked By:
9 x 9	Needles	Final Swab Check Correct Yes <input type="checkbox"/> No <input type="checkbox"/> Action taken if no:
Miscellaneous	Blades	Signature:

Specimens Type:.....

Actual Operation: _____

Anaesthetic Nurse /MTO _____ Signature _____

Scrub Nurse _____ Signature _____

Circulation Nurse _____ Signature _____

Date: _____

<p>Equipment Stickers here</p>
<p>For more space for equipment stickers use the back of this document.</p>

14

Addressograph

THE PENNINE ACUTE HOSPITALS NHS TRUST
Rochdale Infirmary - THE DAY SURGERY UNIT

Consultant in charge

Ward

SURGEONS NOTES

Date

Surgeon

Operation performed

Assistant (s)

Findings & Procedure

Anaesthetist

Drains.....Packs
Special instructions to the Day Surgery Ward

Post-operative Medication

Date.....

Signature.....

Addressograph

Stage 2 recovery

Time of admissionNurse in charge of patient.....

Level of Consciousness

⊖ Fully conscious ⊖ Alert ⊖ Orientated.

- Assess operation site for oozing.
- Observe colour, warmth, sensations and movement of operated limb if indicated.
- Commence oral fluids and diet IF NO NAUSEA / VOMITING.

Haemodynamics	Time	BP	PULSE	O2 sat%
Record BP, pulse, O2 sat% until approximate to patient's normal values and remain stable				

Pain & PONV

Pain & PONV	Time	Pain score	Nausea score
Reassess postoperative pain, nausea & vomiting & administer medication as prescribed if required.			

Addressograph

THE PENNINE ACUTE HOSPITALS NHS TRUST
Rochdale Infirmary - THE DAY SURGERY UNIT

Home Discharge Criteria

Criteria		Comments
The patient is fully conscious and orientated	θ	
Observations approximate to patient's normal values	θ	
Has a pain level acceptable to the patient	θ	
Has minimal nausea and has tolerated a drink and/or a snack	θ	
PV loss / operation site has been checked and is satisfactory	θ	
Can perform a straight leg raise (knee arthroscopy)	θ	
Can walk / mobilise without feeling faint	θ	
Intravenous cannula removed & site dressed	θ	
Has passed urine (specially for spinals)	θ	
Has agreed to discharge, has an adult escort home and Carer available for next 24 hours.	θ	
Has had property and valuables returned	θ	
District Nurse form has been completed if necessary & appropriate dressings given.	θ	
Has Doctor's letter & post-operative medications to take home	θ	
Has been given a sick certificate	θ	
Written post-operative instructions given & explained to the patient and escort	θ	
Has been given telephone number & advice about what to do in an emergency	θ	
Out-patient appointment booked	θ	Date.....

I confirm that these discharge criteria have been met and the patient is fit to go home & has been escorted from the unit by a responsible adult.

Time Collected **Nurse signature.....**

17

Addressograph

THE PENNINE ACUTE HOSPITALS NHS TRUST
Rochdale Infirmary - THE DAY SURGERY UNIT

Post-operative Medication (TTO's)

Asthmatic: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Weight Kg
COAD: Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Allergies	Prescription charges: Exempt : Yes <input type="checkbox"/> No <input type="checkbox"/>
------------------	---------------------------------------------------------------------------------------------------

PRESCRIPTION

Date	Drug (approved name)	Dose	Route	Directions	Doctor's signature	Pack
	PARACETAMOL					A
	CO- CODAMOL					B
	IBUPROFEN					C
	METOCLOPRAMIDE					D

Nurse issued supply : Name Signature

Patient signature:

Integrated Care Pathway For The Day Surgery Unit

Abbreviations used in this document.

COAD:	<i>Chronic obstructive airway disease.</i>
TTO's:	<i>Drugs to take home.</i>
PV:	<i>per vagina</i>
BP:	<i>Blood pressure</i>
O2 sat%:	<i>Oxygen saturation</i>
SpO ₂ :	Saturation pulse oximetry = oxygen saturation
EtC O ₂ :	<i>End-tidal carbon dioxide .</i>
DVT;	<i>Deep vein thrombosis</i>
DNA:	<i>Did not attend</i>
CNA:	<i>Could not attend</i>
MRSA;	<i>Methicillin resistant staph. aureus</i>
LMP:	<i>Last menstrual period</i>
MOAI:	<i>Mono Amine Oxidase Inhibitors</i>
PE:	<i>Pulmonary embolism.</i>

This document is prepared & designed by Dr. Osman Abdelatti – consultant anaesthetist & lead clinician of the day surgery unit.

Contributors:

Preparation: *Sister Maggie Davenport (preoperative assessment)*
Sister Jill Diggle (Theatres)
Staff nurse John Tattersall (theatres).

Facilitation: *Sister Debra Devany*
Mrs. Ann