Appendix B1

Elective Surgical Patient Pathway

Surgery

Salisbury NHS
NHS Foundation Trust

ID Label (attach once available):

Name:

DOB:

Hospital Number:

Preparing the notes → Pre-operative checklist → Intra-operative care plan → Surgeons note → DSU Ward Discharge

Operation date :

Consultant :

Preparing the notes

☐ **Pre-assessed** ☐ **Not pre-assessed**

- ☐ Part B of Elective Surgical Patient Pathway
  [Please remove Part B from within the notes and paperclip to Part A]
- ☐ **Signed and completed** consent form
- ☐ Drug chart
- ☐ Patient identity band x 3 (DSU x2)
- ☐ Allergy band if applicable
- ☐ Discharge summary / TTO Px (HAA)
- ☐ Patient identity stickers (x 2 sheets)
- ☐ Patient front sheet
- ☐ Obs chart

If required

- ☐ Pre-op bloods taken ☐ G & S required
- ☐ Blood results available ☐ INR required
- ☐ Self Administration Medicine form
- ☐ Nursing assessment documentation

The following filed in patient's notes

- ☐ MRSA status / micro results
- ☐ Xray reports ☐ ECG ...../...../.....
- ☐ CT scan reports ☐ Photos ...../...../.....

Pre-operative details

Emergency contact :

Contact No :

Relationship :

Patient's preferred name :

Person collecting :

Contact No :

For Day Surgery Use

Proposed operation

Allergies / Alerts

Signed: Print name: Band: Date:

Please record pre-operative obs in Part B of pathway and on ward obs chart

❶ Pre-operative checklist + baseline obs.

- Form B page 4 ☐
- obs chart ☐

Last ate Date : Time :

Last drank Date : Time :

	Yes ✓	No ✓	N/A ✓
ID bands x2 and correct			
Allergy arm bands correct (if appropriate)			
Correct notes with drug chart, fluid chart and labels			
Consent completed			
Operation site marked			
Previous surgery - metalwork / pacemaker Comments:			
Any broken skin or pressure sores Comments:			
Any medication with patient?			
Glasses / contact lens removed			
Dentures removed			
Loose teeth, caps or crowns			
Any property with patient?			
Jewellery removed or taped			
Hearing aid	Right ☐	Left ☐	N/A ☐
MRSA status			
Any deterioration in fitness/contact with doctor since pre-assessment?			
Any new medication since pre-assessment?			
Has VTE risk changed since pre-assessment?	Yes ☐	No ☐	N/A ☐
Current venous thrombo-embolism (VTE) risk:	Low ☐	High ☐	Very High ☐

According to local guidelines patient requires:
Dalteparin Yes ☐ No ☐
TEDS Yes ☐ No ☐ Size:
SCUDs Yes ☐ No ☐
Oral anticoagulant Yes ☐ No ☐

Prescribed: Yes ☐ No ☐
In situ: Yes ☐ No ☐

Public Health Data [Ask all patients] Is the patient a smoker Yes ☐ No ☐

If Yes Would they like to give up Yes ☐ No ☐

Would they like to be referred to the NHS stop smoking service Yes ☐ No ☐

Outcome : Date / Time of Discharge :

Pregnancy status [Ask all female patients 12 - 55 having surgery from below the diaphram to above the knee]

Is there any chance the patient may be pregnant?: Yes ☐ No ☐

If Yes / unsure : Perform a pregnancy test (with the patient's consent) Result :

If No, patient to sign: .....

Comments:

Signed: .....

Date: ...../...../.....

Print name: Band:

Only **print** your name the **first** time you sign this form

❷ Handover of patient with completed checklist between admission area and theatre team

Variances on pre-operative checklist for attention **before** anaesthetic:

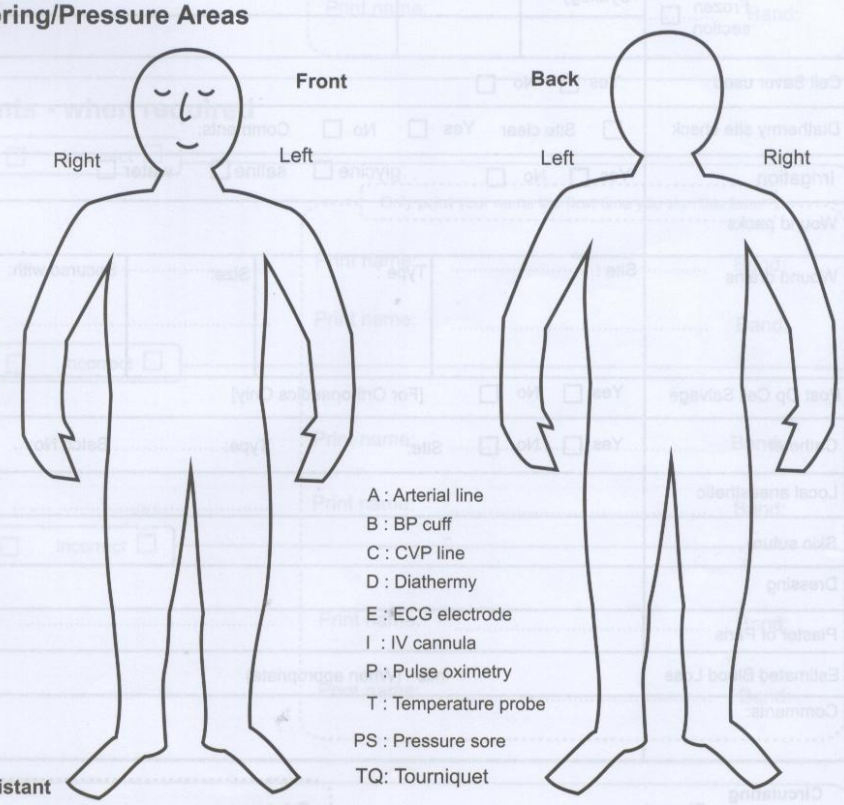
Only **print** your name the **first** time you sign this form

From: Signed: ..... Print name: ..... Band:

To: Signed: ..... Print name: ..... Band:

Date: ...../...../.....

❸ Monitoring/Pressure Areas



Right arm :
- At side ☐
- On board ☐
- Across chest ☐

Left arm :
- At side ☐
- On board ☐
- Across chest ☐

A : Arterial line
B : BP cuff
C : CVP line
D : Diathermy
E : ECG electrode
I : IV cannula
P : Pulse oximetry
T : Temperature probe
PS : Pressure sore
TQ: Tourniquet

Anaesthetic assistant

Signed: .....
Date: ...../...../.....

Print name: Band:

Only **print** your name the **first** time you sign this form

4 Intra-operative care plan

Surgeon:

Operation performed :

Anaesthetist:

Patient positioning	Supine ☐ Lithotomy ☐ Trendelenburg ☐ Prone ☐ Lateral R ☐ L ☐			
Supports (if applicable)				
Diathermy Site 1	Bipolar ☐ Monopolar ☐ site:			
Site 2	Bipolar ☐ Monopolar ☐ site:			
DVT prophylaxis	TEDS Right ☐ Left ☐	SCUDS Right ☐ Left ☐		
Skin preparation	Betadine ☐ Hibiscrub ☐ Chlorhexidine ☐ Other ☐ :			
Temperature	Fluid warmer ☐ Forced air warming blanket ☐ Warming mattress ☐			
Tourniquet Yes ☐ No ☐	Site :	Pressure :	Time on:	Time off:

Specimens sent	Number of specimens	Comment
Yes ☐	Microbiology	
No ☐	Histology	
Frozen section ☐	Cytology	

Cell Saver used	Yes ☐ No ☐			
Diathermy site check	☐ Site clear Yes ☐ No ☐ Comments:			
Irrigation	Yes ☐ No ☐ glycine ☐ saline ☐ water ☐			
Wound packs				
Wound drains	Site :	Type :	Size:	Secured with:
Post Op Cell Salvage	Yes ☐ No ☐ [For Orthopaedics Only]			
Catheter	Yes ☐ No ☐ Site:	Type:	Batch No:	Size:
Local anaesthetic				
Skin suture				
Dressing				
Plaster of Paris				
Estimated Blood Loss	mls (When appropriate)			
Comments:				

Circulating nurse: Signed: ..... Print name: ..... Band:

Scrub nurse: Signed: ..... Print name: ..... Band:

Date:

Only **print** your name the **first** time you sign this form

5 Swab, instrument & sharp count

1st count Correct ☐ Incorrect ☐

Only **print** your name the **first** time you sign this form

Circulating nurse: Signed: ..... Print name: ..... Band:

Scrub nurse: Signed: ..... Print name: ..... Band:

2nd count Correct ☐ Incorrect ☐

Circulating nurse: Signed: ..... Print name: ..... Band:

Scrub nurse: Signed: ..... Print name: ..... Band:

Final count Correct ☐ Incorrect ☐

Circulating nurse: Signed: ..... Print name: ..... Band:

Scrub nurse: Signed: ..... Print name: ..... Band:

Additional counts - when required

1st count Correct ☐ Incorrect ☐

Only **print** your name the **first** time you sign this form

Circulating nurse: Signed: ..... Print name: ..... Band:

Scrub nurse: Signed: ..... Print name: ..... Band:

2nd count Correct ☐ Incorrect ☐

Circulating nurse: Signed: ..... Print name: ..... Band:

Scrub nurse: Signed: ..... Print name: ..... Band:

Final count Correct ☐ Incorrect ☐

Circulating nurse: Signed: ..... Print name: ..... Band:

Scrub nurse: Signed: ..... Print name: ..... Band:

Pain Score

Time:																		
Pain Score:																		

ID Label (attach once available):

Name:

DOB:

Hospital Number:

Operation date :

Operation time :

Surgeon 1 :

Surgeon 2 :

Anaesthetist :

Operation note in speciality specific pathway : ☐

Operation note

Procedure :

Incision :

Findings :

Operative procedure :

Closure :

Dressings :

Drains / catheters :

Plan

Specific post-operative instructions

Antibiotics :

Duration :

Dalteparin / anticoagulants :

Post-op investigations :

Alerts :

Signed: .....

Date: ...../...../.....

Print name:

Grade:

WHO Surgical Safety Checklist

Salisbury NHS
NHS Foundation Trust

SIGN IN (To be read out loud) → TIME OUT (To be read out loud) → SIGN OUT (To be read out loud)

Before induction of anaesthesia

Has the patient confirmed his/her identity, site, procedure and consent?

☐ Yes

Is the surgical site marked?

☐ Yes ☐ not applicable

Is the anaesthesia machine and medication check complete?

☐ Yes

Does the patient have a:

Known allergy?

☐ No ☐ Yes

Difficult airway/aspiration risk?

☐ No ☐ Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?

☐ No ☐ Yes, and adequate IV access/fluids planned

Before start of surgical intervention
for example, skin lesion

Have all team members introduced themselves by name and role?

☐ Yes

Surgeon, Anaesthetist and Registered Practitioner verbally confirm:

☐ What is the patients name?

☐ What procedure, site and position are planned?

Anticipated Critical Events

Surgeon:

☐ How much blood loss is anticipated?

☐ Are there any specific equipment requirements or special investigations?

☐ Are there any critical or unexpected steps you want the team to know about?

Anaesthetist

☐ Are there any patient specific concerns?

☐ What is the patient's ASA grade

☐ What monitoring equipment and other specific levels of support are required, for example blood?

Nurse/ODP

☐ Has the sterility of the instrumentation been confirmed (including indicator results)?

☐ Are there any equipment issues or concerns?

Has the surgical site infection (SSI) bundle been undertaken

Antibiotic prophylaxis within the last 60 minutes Yes ☐ n/a ☐

Patient warming Yes ☐ n/a ☐

Hair removal Yes ☐ n/a ☐

Glycaemic control Yes ☐ n/a☐

Has the VTE prophylaxis been undertaken?

☐ Yes ☐ not applicable

Is essential imaging displayed?

☐ Yes ☐ not applicable

Before any member of the team leaves the operating room

Registered Practitioner verbally confirms with the team:

☐ Has the name of the procedure been recorded?

☐ Has it been confirmed that instruments, swabs and sharps counts are complete (or not applicable)?

☐ Have the specimens been securely sealed and labelled (including patient name)? ☐ n/a

☐ Have any equipment problems been identified that need to be addressed?

☐ Pressure Areas

Surgeon, Anaesthetist and registered Practitioner:

☐ What are the key concerns for recovery and management of this patient

Day Surgery Unit Discharge

Test	Assessment	✓	Score
Activity	Able to move 4 extremities voluntarily or on command		2
	Able to move 2 extremities voluntarily or on command		1
	Unable to move extremities voluntarily or on command		0
Consciousness	Fully awake and stable vital signs		2
	Waking on calling		1
	Non-responsive		0
Dressing	Clean and dry		2
	Wet but stationary or marked		1
	Growing area of wetness		0
Pain	Pain free		2
	Mild pain controlled by simple oral medication		1
	Uncontrolled pain		0
Ambulation	Able to stand and walk if appropriate		2
	Dizzy when standing		1
	Dizziness when supine		0
Fasting / feeding	Able to drink and eat		2
	Nauseated		1
	Nausea and vomiting		0
Urine output	Has voided		2
	Unable to void but comfortable		1
	Unable to void and uncomfortable		0

Total Score =

Score > 12 Patient safe for discharge
Score < 11 Continue observation or admit

Not fit for discharge

Specific reasons:

Admitted to :

Time:

Medical staff informed ☐

Relatives informed ☐

Additional information

Discharge check list

	✓	Comments
Sick certificate issued		
Follow-up call required		
Packs out		
iv cannula removed		
TTOs given with information		
Given discharge summary		
Given suitable aids (please state)		
Follow-up given (if appropriate)		
Audit form completed		
Medical review (if required)		
Post operative instructions:		
GP / District nurse informed: (If required)		

Patient / relative signature .....

Time of discharge.....

Signed: .....

Date: ...../...../.....

Print name: Band:

Only **print** your name the **first** time you sign this form