ID Label (attach once available):

Name:

DOB:

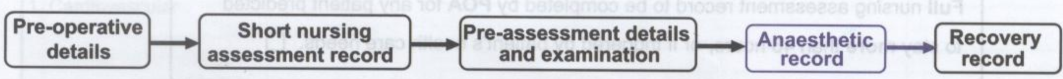
Hospital Number:

Appendix B2

Elective Surgical Patient Pathway

Salisbury NHS
NHS Foundation Trust

B Anaesthesia



Consultant :

Pre-operative details

Patient's preferred name :

Contact No :

Emergency contact :

Contact No :

Relationship :

Proposed operation

Estimated length of stay (days)

Allergies / Alerts

Booked POA visit ☐ TCI Date ..../...../.......

POA drop in ☐ 2 week wait ☐

Scheduled for : DSU ☐
Inpatient ☐
Either ☐

Pre-assessment outcome

Fit for surgery Yes → Suitable for : DSU ☐
Inpatient ☐
Either ☐

No ☐

Action :

If completed on different date

Signed: Date:

Print: Band:

Pre-admission question for anaesthetist ☐

?

Signed: Print name: Band: Date:

Pre-admission anaesthetic communication

Signed: Print name: Date:

Short Nursing Assessment Record

To be filled in by POA if patient stay is predicted to be **less** than 48 hours

Full nursing assessment record to be completed by **POA** for any patient predicted to stay **more** than 48 hours, or if triggered by patient's health care needs. ☐

Social circumstances and discharge planning:

Any possible cause for delayed discharge identified by either the nurse or patient: Yes ☐ No ☐

If Yes, state what:

Action to be taken (if any);

Nutrition assessment:

Risk: Low ☐ Moderate ☐ High ☐

Score Action taken :

Musculoskeletal - mobility & maintaining a safe environment:

Is patient independently mobile requiring no aids Yes ☐ No ☐

If no complete manual handling assessment ☐

Pressure ulcer assessment - BRADEN Score :

Risk: Low >18 ☐ At risk 15-18 ☐ Moderate 13 or 14 ☐ High risk 10-12 ☐ Very high risk <10 ☐

Complete full pressure assessment ☐

Skin inspection:

Any evidence of skin damage: Yes ☐ No ☐

If yes complete skin inspection assessment ☐

Falls assessment risk:

Does the patient have a history of falls Yes ☐ No ☐

Stability concerns Yes ☐ No ☐

Impaired judgement Yes ☐ No ☐

Impaired vision Yes ☐ No ☐

If yes to any of above questions - complete falls assessment ☐

Pain assessment:

Does the patient have any pain Yes ☐ No ☐

If yes - complete pain assessment ☐

Signed: ....

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

Print name: Band:

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

Full nursing assessment record to be completed by **ward staff** for any patient who has had the Short Nursing Assessment completed by POA, but then their stay exceeds 48 hours.

Patient Name / ID Label (attach once available):

DOB:

Hospital Number:

Details of abnormal responses to Health Screening Pro-forma

1. Cardiovascular

2. Respiratory

3. Endocrine / Renal / Hepatic / Haematogical

4. GI + GU

5. Neurological

6. Anaesthetic

7. General / Exercise Tolerance / Activities limited by:

Drugs: name	dose	frequency	name	dose	frequency

Allergies / alerts:

Patient normally taking : clopidogrel ☐ warfarin ☐

Timing of when to stop blood thinning medication discussed with surgical consultant in conjunction with local guidelines (see ICID) ☐

Comment :

Communication section : e.g. medication to commence, need for full nursing.

Signed: ....

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

Print name:

Band:

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

Summary of baseline observations		
	Pre-assessment	Admission
Date	....	....
Temperature		
Pulse		
BP		
Resp rate		
O_2 Sats		
BM (if applicable)		

Management of VTE risk

VTE Risk: Low ☐ High ☐ Very High ☐

According to local guidelines patient requires:

	Yes	No	TEDS details
Dalteparin	☐	☐	Ankle
TEDS	☐	☐	Calf
SCUDs	☐	☐	Thigh
Oral anticoagulant	☐	☐	Length

Height: cm	Weight: kg	BMI:	Pre-assessment ☐ Admission ☐

Examination

ASA 1/2 - Physical Examination required? ☐

CARDIOVASCULAR

Heart sounds

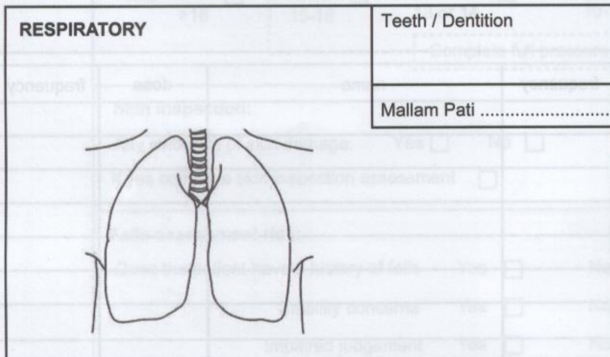
Oedema

JVP

Peripheral pulses

++/ +/-	R	L	++/ +/-	R	L
Fem			Radial		
Pop			Brachial		
DP			Skin colour		
PT			Skin intact		

RESPIRATORY

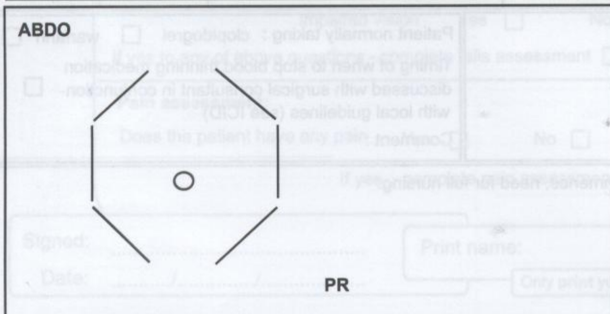


Teeth / Dentition

Mallam Pati ....

CNS/PNS/Other

ABDO



PR

Signed: ....

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

Print name:

Band:

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

Results summary - filled in by POA team

Investigations to be requested in addition to NICE requirements

Patient Name / ID Label (attach once available):

DOB:

Hospital Number:

Investigation requested as per modified NICE guidance: Date requested:

FBC ☐		U + E's ☐		LFT's ☐		Clotting ☐	Glucose ☐
Hb		Na		Bil		INR	
WBC		K		ALP		APTT	
Neut		Urea		ALT		PSA	
Plat		Creat		GGT		Glucose	
		GFR		Alb			

1st Group & Save ☐ Date .... Result ....

2nd Group & Save ☐ Date .... Result ....

X-match ☐ Date ....

Sickle / Electrophoresis ☐ Comments:

Other blood tests :

ECG	☐	Comments:
CXR	☐	Comments:
Urinalysis	☐	Results:
MSU	☐	Results: Copy to GP
MRSA	☐	Results:

Other comments:

Anaesthetic record

Name: **Grade:**

ASA Grade: I II III IV V

NCEPOD: Elective Urgent Emergency

History / Examination

Airway

Previous anaesthetics

Allergies

Investigations / Alerts

Pre-medication Time / Date:

Given by:

Pre-op instructions

Signature .... Date ....

Date: Surgeon: Grade: ODP:

TIME

DRUGS

I.V ACCESS (1).....................

I.V ACCESS (2).....................

250

200

150

100

50

0

INDUCTION:
Intravenous / Gaseous

MAINTENANCE:
Oxygen Isoflurane
Nitrous Oxide Sevoflurane
Air
TIVA
Other

AIRWAY:
LMA size Oral ETT size
Guedel Nasal ETT size
Face Mask Grade of view

VENTILATION:
Spontaneous IPPV
Jet Other

BREATHING SYSTEM:
Circle / Lack / T-Piece / Bain
Other
HME

SaO_2
FiO_2
$EtCO_2$
AGENT % (ET)
TIVA
TEMP
CVP
URINE OUTPUT
EST. BLOOD LOSS
IV FLUID
IV FLUID

MONITORS
SaO_2 Agent analyser
ECG Disconnection alarm
NIBP Temperature
FiO_2 Nerve stimulator
$EtCO_2$ Airway pressure
CVP Arterial line
C.O. Machine Check

Throat Pack in ☐ out ☐

TEMPERATURE SUPPORT
B.Hugger Fluid Warmer
Warm mattress

TECHNIQUES / PROCEDURES / COMMENTS ETC

POSITION

Eyes protected Pressure Points Padded

POST-OP INSTRUCTIONS:

Post Op
Day Surgery
Drugs
Page 8

Signature ....

Recovery / Immediate post-op

Patient Name:

Anaesthetist:

Surgeon:

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

Ward:

Operation:

TIME												
AVPU												
Pain												
Nausea												
Resps												
SaO_2												
O_2%												
PAC												
Wound												
Temp												
Airway												
BM												
Adult Early Warning System on discharge												
230												
220												
210												
200												
190												
180												
170												
160												
150												
Pre-op Blood Pressure 140												
130												
120												
110												
100												
90												
80												
70												
60												
50												
40												
30												
20												
10												
0												
CVP												
Circ. Sens. Move												
Flap Observations												
VTE												

Post op drugs for DAY SURGERY i.e. when no drug chart required (not TTO)						
Drug	**Dose**	**Route**	**Time**	**Doctor's signature**	**Given by**	**Time**
N Saline flush	5ml	IV	prn			
Oxygen			prn			

Recovery / Immediate post-op / handover

Peri-operative drugs:

Sedation ☐
General ☐
Local infiltration ☐

Regional block ☐
Spinal ☐
Epidural ☐ — Single bolus ☐ / Multiple boluses ☐ / Continuous ☐

Paracetamol ☐
NSAIDS ☐
Anti-Emetic ☐
Antibiotics ☐
Other ....

Opoid: IV ☐
IM ☐
Epi / Spinal ☐

Other: ....

Mode of post Op drugs prescribed

Local infiltration Pain Buster ☐

IV ☐ IM ☐
Oral ☐ Rectal ☐
Epidural ☐ PCA ☐
Inhalation ☐

Allergies:

Drugs given in recovery:

Time	Drugs / Therapies in Recovery	Dose	Route	Sign

Recovery / Immediate post-op

Drains Patent: Yes ☐ No ☐ Type		Notes complete and filed correctly: Yes ☐ No ☐
Packs	Property	X-rays
Catheter	medication	IV regime
Nasogastric	glasses/contact lenses	Skin for storage
Central line	dentures	Post-op oxygen: Recovery Ward:
Arterial line	jewellery & hearing aid	Other:
Other information: e.g. Bair hugger used, temp to be recorded ½ hourly or hourly		Pressure areas: Skin intact Yes ☐ No ☐ Pressure marks Yes ☐ No ☐ if concerns, complete form A page 3 Team contacted Yes ☐ No ☐
Post -op blood sugar and insulin regime if applicable:		HemoCue reading g/l Time: Anaesthetist informed? Yes ☐ No ☐

Any respiratory / cardiovascular / other problems in recovery: Yes ☐ No ☐
If yes, pleaase state

Review by anaesthetist prior to discharge: Yes ☐ No ☐ Time: ....

Agreed parameters, if applicable, for pulse, blood pressure, urine output (*formula for hourly urine volumes ½ ml/kg/hour)
Routine ☐ other:

Other charts required/commenced:

drug chart	Yes ☐	No ☐	neuro	Yes ☐	No ☐
IV fluid chart	Yes ☐	No ☐	orbital	Yes ☐	No ☐
observation chart	Yes ☐	No ☐	flap	Yes ☐	No ☐
carotid chart	Yes ☐	No ☐	nipple	Yes ☐	No ☐
			fluid balance	Yes ☐	No ☐

Time ward phoned: Adult Early Warning Score on discharge from recovery:

Discharged to: Same ward ☐ HDU ☐ ITU ☐ Reasons for Delay:

Other ward: ....

Relevant medical history/Communication/Post op instructions

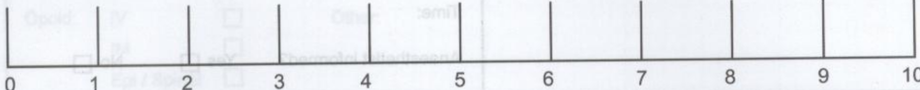
Discharge criteria met? Yes ☐ No ☐ see above

Ward nurse: Name: .... Signed: .... Band: .... Time: ....

Recovery nurse one: Name: .... Signed: .... Band: .... Date: ....

Recovery nurse two: Name: .... Signed: .... Band: .... Date: ....

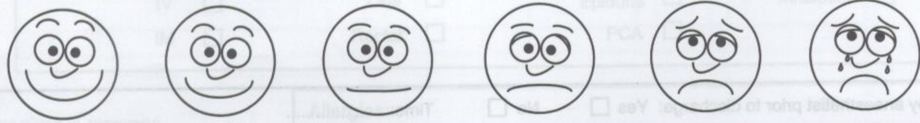
Adult pain score:



0 10 = worst pain

Child pain score:

Pain faces



0	1-2	3-4	5-6	7-8	9-10
No Hurt	Hurts little bit	Hurts little more	Hurts even more	Hurts whole lot	Hurts worst
	Mild pain	Moderate pain		Severe pain	

The Adult Early Warning Score

Score	0	1	2	3
Temp.	36.1 - 37.5	35.1 - 36.0 37.6 - 37.9	<35	>38
Heart Rate	51 - 100	41 - 50 101 - 110	<40 111 - 130	>130
Systolic B.P.	101 - 160	81 - 100 161 - 200	71 - 80 >200	<70
Resp. Rate	9 - 14	15 - 20	<8 21 - 29	>30
CNS Response	Awake	To Voice	To Pain	Unconscious

SEEK SENIOR HELP IMMEDIATELY IF THE PATIENT SCORES 3 OR MORE ON E.W.S.S.

AVPU:
A = Alert
V = Responds to voice
P = Responds to pain
U = Unresponsive

Nausea score:
0 = no nausea or vomiting
N = nausea without vomiting
V = vomiting

Airway code

Laryngeal Mask	LMA	Oropharyngeal	G	Airway	AS	Mechanical	M
Endotracheal tube	ET	Nasopharyngeal	N	Bag and Valve	BV	Spontaneous	S

Pathway authors: Carty, Baker & Cordingly
Original anaesthetic chart design by Dr Abbas

Continuation notes

Continuation notes

Advice/Patient Information Leaflets

- Anaesthetics ☐
- DSU Adult / Child ☐
- Paediatrics ☐
- Procedure Specific ☐
- SAL ☐
- Smoking ☐
- VTE ☐

Referrals	**Date and Initial**	**Comments**
Alcohol		
Anticoagulant clinic		
Cardiology		
Central Booking		
Colorectal Nurse		
Community Nurse		
Diabetic Nurse		
GP		
Haematology		
Infection Control		
Intensive Care / Radnor		
Mental Health		
Occupational Therapy		
Parkinson's Nurse		
Smoking		
Social Worker		
Stoma Nurse		
Other		