

PREPARING A PATIENT FOR SURGERY - CHW

PRACTICE GUIDELINE[®]

DOCUMENT SUMMARY/KEY POINTS

- The following guidelines provide specific details on the requirements for preparing a patient for surgery.
- The guidelines are in reference to the Preoperative Checklist (M15A) and include:
 - Preoperative patient hygiene and clothing
 - Fasting times for Inpatients, Day Surgery, DOSA and 23-Hour Patients
 - Patient identification and Consent
 - Preoperative baseline observations and accompanying notes
- Preoperative preparation of the patient ensures that:
 - The correct procedure is performed on the correct patient
 - There are no unnecessary delays to allocated surgical time
 - Risk of harm to the patient (either through injury, an adverse event or infection) is minimised
 - Risk of harm to theatre staff (through infection control and manual handling risks) is minimised
- Following these guidelines ensures conformity in preoperative preparation of the surgical patient across the hospital.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st September 2014	Review Period: 3 years
Team Leader:	Nurse Manager	Area/Dept: CHW Operating Suite

Date of Publishing: 15 August 2014 10:51 AM Date of Printing:

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This Guideline may be varied, withdrawn or replaced at any time.

CHANGE SUMMARY

- Due for mandatory review. Changes made throughout – recommend staff re-reading the entire document.

READ ACKNOWLEDGEMENT

- All medical and nursing staff involved in preoperative patient care must read and acknowledge this document

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1 Patient Hygiene and Appropriate Clothing

1.1 Preoperative Wash

- Where possible all patients should be bathed and have their hair washed either the night before or day of surgery
- Fingernails/toenails should be clean and free from nail polish

1.2 Clean and Appropriate Clothing for Theatre

- All patients attending theatre should be dressed in clean loose clothing (pyjamas or a hospital gown). Outerwear (jumpers, jackets and jeans) and heavy footwear should be removed before entering the operating room/bay.
- Babies should have their nappy changed, if necessary, prior to admission to theatre and older children should be encouraged to empty their bladders
- Consideration should be taken regarding type of surgery and patient's weight – where clothing will interfere with the surgical site a hospital gown must be worn
- All jewellery, including body piercings, must be removed or earrings taped; metal hairclips should also be removed

1.3 Patients admitted through the Emergency Department

- Where appropriate, patients admitted through the Emergency Department should be made as clean as possible and changed into a hospital gown when type of injury/illness permits

2 Fasting

- In-patients are to be reviewed by a member of the Anaesthetic Department on the evening prior to surgery to be given fasting times and order intravenous fluids if necessary.
- The fasting times should be documented on the front of a Medication Chart, and are usually consistent with:
 - Clear Fluids – fast for minimum 2 hours
 - Cow's milk, formula or solids – fast for 6 hours
 - Breast milk – fast for 4 hours
- Day Surgery, DOSA and 23 hour patients will be phoned the night before by Middleton, or Turner staff where applicable, with fasting and arrival times.

3 Patient Identification and Consent

3.1 Patient Identification

- The patient must have two correct identification bands placed on non-operative limbs
- Where the patient has an allergy, two red allergy bands must also be placed on non-operative limbs, stating "*Allergy*"; if new identification bands are to be applied, patient details should be written on red bands (CHW Procedure [Admitting a Patient to the Ward: Nurses Role in Orientating Families/Carers](#))

3.2 Consent and Marking of Site of Surgery

- To prevent wrong patient, wrong side and wrong site incidents the following must occur before admission into the Anaesthetic Bay:
 - [Consent](#) must be correct and complete (preferably before arrival to the Operating Suite) and should directly identify the body part involved.
 - Patients shall *not* leave Middleton or the Operating Suite reception area without a valid consent. The only exception to this is when an action is necessary to save the life of, or prevent serious damage, to the health of the patient and there isn't time to obtain consent. ([Consent to Medical Treatment: Patient Information Policy](#))
 - Site of Surgery must be correctly marked with an indelible marker by the surgeon/proceduralist prior to admission to the Anaesthetic Bay in accordance with [Correct Patient, Correct Procedure and Correct Site Policy](#).
 - If the Site of Surgery cannot be determined by physical examination, the patient's imaging studies must be available

4 Baseline Observations

- A full set of clinical observations should be assessed and documented on the age appropriate Standard Paediatric Observation Chart prior to surgery ([CHW Between the Flags - Clinical Emergency Response System Policy](#))
- Patient's weight (and when applicable the patient's height) must be measured and documented.
- When applicable, a baseline set of Neurological and Limb Circulation Observations must also be assessed and documented.

5 Work Health and Safety

- All patients weighing 20kg or more should be placed on a draw sheet prior to leaving the ward to maintain safe manual handling practices in accordance with the [for Work Health Safety Risk Management](#).
- The need for additional infection prevention & control (IP&C) precautions must be communicated (if not recorded on electronic medical records) to the Perioperative team prior to a patient arriving in the Operating Suite. All staff should adhere To [Infection Control: Standard And Additional Precautions For The Operating Suite – CHW Practice Guideline](#) when transferring patients to the Operating Suite

6 Nurse Escorts and Accompanying Notes

- All patients must be escorted to the Operating Suite by a Registered or ~~Endorsed~~ Enrolled nurse
- Wherever possible the patient should also be accompanied by a parent or guardian
- The escorting nurse must complete and sign the Preoperative Checklist / M15A
- The escorting nurse must remain with the patient and assume responsibility for the patient's safety until the Anaesthetic nurse has received handover of the patient
- If the patient requires constant nursing supervision and the Anaesthetic Nurse is unavailable, the escorting nurse may be asked to remain with the patient until the patient is admitted into the Anaesthetic Bay
- A complete handover of the patient must be provided to the Anaesthetic Nurse receiving the patient, including:
 - Patient details
 - Infectious disease status
 - Procedure and consent
 - Medications / IV Fluids
 - Marked site of surgery checked
 - Any other significant information (e.g. monitoring, blood ordered, tests required)
 - Diagnosis / co-morbidities
 - Parent/Carer contact details
 - Fasting times
 - Allergies
- All current patient files, relevant medical records and medical imaging (not on EMR) must be sent with the patient to theatre. This includes any X-rays or ultrasound studies performed outside of CHW. If these images are not available the surgeon should be notified prior to commencement of anaesthetic
- A minimum of 2 sheets for Middleton and 3 sheets for DOSA/inpatients of identification labels/stickers must be sent with the patient to theatre
- If it is requested that blood samples are taken from the patient while under anaesthetic, all appropriate request forms and blood tubes must be sent with the patient to theatre

References

1. NSW Department of Health Correct Patient Correct Procedure Correct Site Policy Directive:
http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_079.pdf
2. ACORN Standards for Perioperative Nursing 2012-2013, Australian College Of Operating Room Nurses

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