Children's Health Ireland at Crumlin

PATIENT PREPARATION AND ADMISSION TO OPERATING THEATRE STANDARD OPERATING PROCEDURE	
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1.0 Introduction

The aim and function of this document is to ensure that the child for surgery is fully consented and prepared for surgery and that all documentation is present and correct. The operating theatre (OT) Department endeavours to implement the Hospitals mission statement through the care and professional competence of the Nursing Staff.

2.0 Responsible for

All Registered Nursing staff working on the Wards and in the OT Department of CHI at Crumlin are responsible for the patient being prepared for surgery.

3.0 Indications for Use

This document applies to all patients being admitted to the OT for surgery and undergoing general or local anaesthesia. For the purpose of clarity throughout the guideline, registered ward, perioperative, anaesthetic and recovery nurses will be known as nurse.

Clinical Procedure for Patient Check in

ACTION	RATIONALE & REFERENCE
All patients arriving to theatre must have a completed check in list before being admitted to the OT Department. (Appendix 1)	To ensure that the optimum safety standards are implemented and the patient is cared for in a safely maintaining continuity of care (NMBI 2016 and NMBI 2014)
Please use the 'Preparing a Patient for theatre poster' as a quick reference guide in all Nurses Stations. (appendix 2)	To ensure that all checks and aspects of preparation of the patient are accurate in accordance with best practice as set out below.
Patients must be admitted to the ward prior to transfer to theatre Department. (Except where a patient is admitted via the Emergency Department). Patient Weight, Temperature, Respiration rate, Blood Pressure. Pulse rate & SaO2, Blood Sugar for <1-year olds & diabetics, Fasting Status and Fluid intake, must be recorded as required.	A base line recording is essential to determine how the patient is and what treatment may be required intra-operatively (AAGBI, 2010) Fasting from Food/Milk &Formula 6hours Fasting from breast 4 hours Clear fluids i.e Glucose, flat 7Up & apple juice can up to 1 hour preoperatively. CHIatCrumlin(2019)
Relevant Medical History	Main points of patient medical history supported with all charts. This is important to have available to the medical teams

Allergies must be recorded.	It is important not to trigger an allergic reaction. Therefore, having the base line information can prevent an anaphylactic reaction to medication or dressing materials used in theatre (AAGBI, 2010)
CHI at Crumlin pre-printed name band must be in situ with the correct patient's details. It must be in clear print.	Correct Patient identification is essential and must be checked thoroughly before arriving to theatre. (BARNA 2012)
Consent must be signed.	The patient and parent/ guardian have the right to be fully informed when signing the consent documentation.
Correct site identified and marked	**The consent must indicate the surgical procedure inclusive of the site and side of surgery, signed and dated.** (Safe Site Surgery 2017) by the parent/guardian
Parental Concern	If parents/guardian shows any concerns, Surgeon must be requested to discuss with parents/guardian before the child comes to theatre (whilst the three points highlighted above are the responsibility of the surgeon-nursing must check that they have taken place
All Charts available	This is to ensure full comprehensive medical history of the patient is available to the theatre team.
Medication Kardex and I.V. prescription sheet must accompany the child.	The medical and nursing staff will need to know what medication the patient has received as the patient will be administered analgesia and I.V. fluids intra-operatively and post –operatively as required. (NMBI, 2015)
Have charted medications been given Yes/No If Yes Detail names	Usual Drugs give e.g anticonvulsant meds, PPI, diuretics, this influences the anaesthetic management. Analgesia should be noted here if given in the past 24 hrs (AAGBI 2010)
Pre-med given	Patient may be drowsy with pre-med and alterations to the patient's environment will be applied i.e., transferring patient on trolley. Also premedicated patients have a prolonged emergence from anaesthesia. (AAGBI 2013)
Peripheral / Venous catheter in situ	Note site, any special considerations. The patient

	may then have an intravenous induction and any Solutions in progress must be discussed with the theatre perioperative nurse on admission to theatre & recorded on theatre checklist.
Bladder/Catheter emptied.	Fluid balance will have to be recorded intra-operatively, in order to ensure accurate contents of the catheter bag should be communicated to the theatre perioperative nurse. An empty bladder will prevent discomfort to the patient on induction. (BARNA 2012)
Loose teeth, caps, crowns and braces must be recorded. If loose front tooth present, parents will be informed by the anaesthetist that it may be safer to remove tooth and return it to child's family for the tooth fairy.	In order to prevent damage **and or airway obstruction during intubation** this information is helpful to the anaesthetist. (AAGBI 2010)
Jewellery must not be worn. This includes tongue and body piercings.	Patients will be in contact with electrical equipment and for their safety must not wear jewellery. It can also interfere with surgical site incisions, and contribute to surgical site infection. (Berry & Kohn 2017)
Patient must be clean for theatre to reduce risk of intra-operative infection. Hair must be clean and free from lice	If the patient is obviously unclean, they must have a shower or bath prior to surgery to prevent contamination. Patients with hair lice are at risk of having their surgery deferred until they are lice free. Patients are not to come to theatre with treatment in their hair as it is inflammable. In addition, patients who have been treated within a 24-hour period who require head or Neck surgery must be deferred.
Nail Varnish must be removed	Coloured nail varnish prevents the observation of colour in the extremities and will alter SaO2 readings so it must be removed. (BARNA 2012)
Theatre Gown must be worn.	It is unsafe and unhygienic for patients to wear their own clothes for a procedure in theatre. The use of a theatre gown facilitates the easy access to chest and abdominal observations during anaesthesia to ensure no airway compromise. Removing clothes after anaesthesia induction interferes with the airway and should not be permitted (AAGBI 2010).

Blood results must be present in the chart if it is required for surgery.	Patients should not present to theatre without blood results, as it causes unnecessary delays and can be traumatic for the patient to wait for them in the OT reception. Please contact theatre if unsure of bloods required before escorting patient to theatre. Necessary blood results influence patient care in theatre. (AAGBI 2010)
Group & Cross matched	Please see Maximum Blood Order Schedule (Blood Transfusion & Blood product Policies/Guidelines Folder 2 2012)
Is blood available RCC / Platelets	Blood Transfusion & Blood Product Policies / Guidelines Folder 2. Liase with Theatre Room as required. Ward Staff must liaise with Laboratory ensuring blood products are ready.
Recent Contact with Infectious Diseases e.g. contact with Chicken pox, measles, TB and COVID 19.	Date of Contact is important, ensuring incubation period is considered and theatres are managed appropriately.
Recent or current infections e.g. gastroenteritis, respiratory tract infections, symptoms of viral illness such as high temperature, cough, vomiting and diarrhoea	The infection status of the child must be reported to the Perioperative nursing staff in theatre. The operating theatre has to be prepared for patients with infections and receiving this information at the reception causes delay for the patient **Patients Nursed in Isolation on the ward/unit must have isolation procedure in place in OT, this takes at least 15 minutes to organise.** If not communicated it will also put other patients and staff at risk of transmission. This is unacceptable patient care. Chest infections have an impact on maintaining a patent airway.
Multidrug resistant organism status details e. g. MRSA, ESBL, VRE, CRE, Multidrug resistant Pseudomonas aeruginosa, other MDRO	
Patient or family member known CRE positive	This influences the management of patient in theatre
Patient transferred from/born in or has had any previous contact with another Healthcare facility abroad (including the UK & Northern Ireland) since	As per CHI at Crumlin CRE/CPE Algorithm for Inpatients

June 2011	
A Parent can be present, contact number, patient property and patient comforter must be recorded.	Including all of this information assists the peri-operative nurse to care for the patient intra-operatively. One parent can accompany their child to the anaesthetic room for elective surgery. However Emergency cases often have a rapid sequence induction and it is not appropriate for parents to be present.
Communication: Can the patient and or parents speak English?	Interpreter to be present if the parents have little or no English. As it is paramount the child & parents are able to communicate with nurses & anaesthetist in theatre. It is imperative for the recovery nurse to know the child's communication status, as emergence from anaesthesia is confusing for the child. The child will need reassurance.
Soother / Comfort	Available to the child to comfort & alleviate anxiety (Woodhead & Wicker 2005)
Sickle Cell Status	Please refer to Sickle Cell guideline (AAGBI 2019)
It is the responsibility of the ward nurse to ensure that he/she knows all of the above information and documents it accurately. The patient check in sheet is a legal document and must correctly complete in the interest of excellent patient care.	In the event that the document is not correct or the information is not forth coming the patient will have to return to the ward. Please refer to appendix 1
The Nurse from the Ward ensures that all documentation and records are available for the receiving Peri-Operative Registered Nurse to check on arrival at the OT Suite reception.	It is the Registered Nurse from the wards/units responsibility to ensure that all documentation, records and observations are present and correct. It is best practice that the nurse **caring for** the patient on the ward/unit brings the patient to the OT suite.
The consent form must be signed and **validation of the correct site and side for surgery** made with the patient or patients/guardian prior to admission to the OT Suite by the competent medical person.	The perioperative Registered Nurse must ensure that the Consent is signed and correct to ensure patient safety in the OT Department. (CSS 2017) Refer to appendix 1.
The surgical site for surgery must be marked on the patient and verification of the marked site to be made verbally with the nurse /patient and parents and guardians.	**To ensure correct site surgery the surgical site must be marked verified against patient documentation and ensuring patient dignity and privacy.** (Wood head & Wicker 2005)

Female Children: age >12years, who have commenced menarche, must have pregnancy status evaluated prior to their surgery	Pregnancy Assessment for female Children requiring General Anaesthesia in CHI at Crumlin (2019) .

5.0 References

AAGBI (2010) *Pre-operative Assessment & Patient Preparation* Association of Anaesthetists of Great Britain & Ireland London Association of Anaesthetists of Great Britain & Ireland London

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British & Anaesthetic Room Nurses Association (BARNA) Standards of Practice (2012) M&K Update Harrogate

OLCHC (2017) *Safe Site Surgery Policy* Our Lady's Children's Hospital Crumlin

Woodhead K. & Wicker P. (2005) *A Textbook of Perioperative Care*. Elsevier, Philadelphia

Health Service Executive (2013*) National Consent Policy.* Dublin: Health Service Executive

Nursing & Midwifery Board of Ireland (2020) *Guidance for registered Nurses and Midwives on Medication Administration.* Dublin: Nursing & Midwifery Board of Ireland.

Nursing & Midwifery Board of Ireland (2014) *Code of Professional Conduct and Ethnics for Registered Nurses and Registered Midwives.* Dublin: Nursing & Midwifery Board of Ireland.

NMBI (2016) – *Recording Clinical Practice: professional guidance.* Nursing and midwifery Board of Ireland, Dublin, Ireland.

Nursing & Midwifery Board of Ireland (2015) *Scope of Nursing and Midwifery Practice Framework.* Dublin: Nursing & Midwifery Board of Ireland.

Appendix 1 - Delay Factors

Subject	Action	Responsibility
Incorrect Name Band or Addressograph label or Chart	In the event that the chart is not correct the patient will be returned to the ward as it is unsafe to admit the patient to theatre.	The Registered nurse from the ward must replace any of the documentation that is incorrect.
Consent not signed	Patient will be returned to the ward to ensure an appropriate and informed consent is signed.	Medical staff carrying out procedure.
Surgical site not marked & no indication on the diagram on consent	Patient will be returned to the ward to ensure an appropriate consent is completed appropriately	Medical staff carrying out procedure
If Charts are not available	Patient will not be admitted into theatre	Nursing staff at ward level preparing the infant/child for OT
Fasting status is not correct.	Where the patient is found not to be fasting for the appropriate length of time the patient will be returned to the ward.	If these are omitted it is the responsibility of The Registered nurse from the ward to instate them without undue stress to patient and parents.
Observations not recorded / inputted	The Registered nurse from the ward must attend to the correct documentation of the observations.	Nursing staff at ward level preparing the infant/child for OT
Documentation not present i.e., Medication Kardex as required, IV prescription sheet, x-rays and blood reports.	Full patient documentation should accompany the patient to Theatre. Absence of documentation will lead to cancellation.	
The patient must have all Jewellery, and nail varnish removed and be hygienically clean for surgery.	In the situation that the patient is deemed not clean by the Perioperative Registered Nurse the patient will not be admitted to Theatre for surgery as they are an infection risk to themselves post –operatively.	It is the responsibility of the Registered Ward nurse to ensure that patients are properly cleaned for theatre and have all Jewellery and varnishes removed to avoid refusal of entry and distress to the patient.

Infection Status not reported.	In the event that this does not occur the Registered Nurse from the Ward will be expected return to the ward and the Operating Theatre will be prepared appropriately the patient will be called back	Ward staff must alert the theatre staff about infection status issues
Group and Cross Match	Ensure Maximum blood order schedule is considered	It is the responsibility of the registered Nurse from the ward to communicate the availability of blood for the patient on arrival to the Operating Theatre Department. It is the ward nurse's responsibility to ensure the blood is available in the Lab. It is the responsibility of the Peri-Operative registered Nurse to ensure that the Blood Products are available in the satellite fridge outside the Operating Theatre and to organise for its transfer up in the event that it is not.
Sickle Cell Status	The status of the sickle cell patient must be determined before the patient arrives to the Operating theatre Department. In the event that it is not determined the patient will have to return to the ward until it is.	Ward nurse must alert the operating theatre staff of the Sickle Cell Status of the patient
Other blood test results deemed essential for Surgery e.g. Coagulation	In the event that the coagulation result is not available from the laboratory the ward must let the theatre room know and if essential prior to surgery going ahead the patient must not be sent for.	Ward nurse
Interpreter	If an interpreter is required and not present at check in to OT, Patient must return to ward, an interpreter must be organised prior to admission to OT	Ward Staff

Appendix 2 – Preparing a Child for Theatre

Sláinte Leanaí Éireann
Children's Health Ireland

Preparing a Child for Theatre

Please refer to the Standard Operational procedure (SOP) ' Patient Preparation and Admission in Operating Theatre

1. Identify
- Ensure ID Band in situ
- Legible & Correct
- Name & Number corresponds to medical record

2. Informed Consent
- Are the child and parents aware of the procedure? Parental concerns? Ensure a senior surgeon informs parents on the ward, prior to coming to Theatre
- Interpreter available if required
- Correct site surgery is marked
- Date & signatures is present

Ensuring consent is informed, is acting as the Patients advocate.

3. Vital Signs
- Weight in Kgs for medication calculations
- HR, B/P, temperature, O2 Sa an all patients
- Patients who require neurological observations, take chart to OT for baseline purposes
- Record blood glucose for patients < 1 year and patients with diabetes
- Pregnancy assessment for girls > 12yrs who have reached menarche

4. Fasting Status
- Time of last food
- Time of last clear fluids

Fasting Times
- 6 hours from food/milk/formula
- 4 hours from breast milk
- 1 hour from clear fluids- Glucose, flat 7.up and apple juice

5. Allergies : Document carefully
- Medication
- Food- dairy/eggs – citric fruits*1
- Sticky tapes > 5 different tapes used perioperatively
- Suxmethonium/Anectine apnoea
- Malignant Hyperthermia (MH)
- ? Any Family History of allergies or problems with anaesthesia

6. Bloods
- Relevant Bloods – Liaise with team
- If unsure call theatre* 2 to confirm
- Be familiar with sickle cell policy
- Be familiar with Maximum Blood Order Schedule (SOP)

7. Documentation
- All patient HCR's must be available for past medical Hx
- 1 HCR number for each patient
- Relevant ECHO & ECG in chart
- Medication Kardex displaying administered and prescribed medication. This ensures no overdoses or reactions perioperatively. Check infusions and levels on check in.
- 4 sheets of addressograph labels to label documentation and specimen
- Take patients PEWs chart to Theatre.

8. Infection
- If patient nursed in isolation, theatre must be informed in advance of allowing theatre preparation
- If recent chest infection, record and inform OT Nurse at reception due to increase risk of airway compromise and also any recent fevers

9. Premedication
- If you feel a child would benefit from a premedication, contact theatre covering the list *3 for contraindications

10. Hygiene
- Ensure patient is clean, including hair & nails , this reduces infection
- No nail varnish
- Hair may require treatment for head lice, ensure treatment is washed out prior to theatre

11. Gown
- Ensures easy access to the patient's chest and abdomen to observe breathing during induction & emergence of Anaesthesia

12. Loose teeth
- Aware of location of loose teeth to reduce risk of airway obstruction

13. Empty Bladder
- On induction patient will void if urine in bladder
- Urinary retention is a complication of regional blocks
- Empty contents of urine bag before transfer to OT*4

Please note to contact theatre/ anaesthetist After 5 pm & weekends Bleep 8805 Anaesthetist 8528

14. Piercing & Jewellery Removed
- Jewellery increasing the risk of burns during the use of diathermia
- Infection source
- Tongue rings can cause airway obstruction

15. Interpreter
- If an interpreter is required on ward, they must accompany child and parent to theatre, liaise with theatre

16. Parents
- 08.00 – 17.00 One parent can accompany child to anaesthetic room
- When patients require emergency surgery it is not appropriate to have parents present in anaesthetic room *5
- Liaise with theatre staff if in doubt prior to patient transfer *6

17. Contact Numbers
- Ensure parent's mobile number is available

Appendix

1. Patients with an allergy to dairy products, milk and eggs must be noted as this will influence the choice of anaesthetic medication administered
2. Theatre 1 – 2511 Theatre 5 – 2515
   Theatre 2 – 2512 Theatre 6 – 2516
   Theatre 3 – 2513 Theatre 7 - 2517
   Theatre 4 - 2514 Theatre 8 - 2523
3. Premedication contraindicated for patients with obstructive sleep apnoea
4. Ensure accurate monitoring of urinary output in theatre
5. Emergency patients often require a rapid sequence induction. It is provided to patients who are at risk of aspiration during induction, i.e. patients not fasting, patients with bowel obstruction for e.g. Appendicitis or pyloric stenosis
6. While theatre staff will make every effort to facilitate parents accompanying their child to the theatre room, ultimately it is the discretion of the Anaesthetist having regard for the child's best interest whether a parent will be admitted