



**PATIENT PREPARATION AND ADMISSION TO OPERATING
THEATRE STANDARD OPERATING PROCEDURE**


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| Version Number | <i>Version 2</i> |
| Date of Issue | <i>September 2017</i> |
| Reference Number | <i>PPAOTS-12-2017-RCEC-V2</i> |
| Review Interval | <i>2 yearly</i> |
| Approved By Name: <i>Fionnuala O'Neill</i> Title: <i>Nurse Practice Coordinator</i> | Signature <i>Fionnuala O'Neill</i> Date: <i>December 2017</i> |
| Authorised By Name: <i>Rachel Kenna</i> Title: <i>Director of Nursing</i> | Signature <i>Rachel Kenna</i> Date: <i>December 2017</i> <small>Rachel Kenna Director of Nursing</small> |
| Author/s | Name: <i>Rosemary Clerkin</i> Title: <i>Clinical Nurse Facilitator</i> Name: <i>Emma Cooney</i> Title: <i>Clinical Nurse Manager III</i> |
| Location of Copies | <i>On Hospital Intranet and locally in department</i> |

Document Review History

| Review Date | Reviewed By | Signature |
|--------------------|--------------------|------------------|
| <i>2019</i> | | |
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Document Change History

| Change to Document | Reason for Change |
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1.0 Introduction

The aim and function of this document is to ensure that the Surgical Patient 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 OLCHC 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 perioperative, anaesthetic and recovery nurses will be known as nurse.

4.0 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. (See Appendix 1) | To ensure that the optimum safety standards are implemented and that all patients are cared for in a safe environment where all their needs are met. |
| Please use the 'Preparing a Patient for Theatre Poster' as a quick reference guide in all Nurses Stations. (See 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 & SaO ₂ , 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) |
| 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 |

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| <p>OLCHC pre-printed name band must be in situ with the correct patient's details. It must be in clear print.</p> <p>Consent must be signed.</p> <p>Correct site identified and marked</p> <p>Parental Concern</p> <p>All Charts available</p> <p>Medication Kardex and I.V. prescription sheet must accompany the child.</p> <p>Have charted medications been given Yes/No If Yes Detail names</p> <p>Pre-med given</p> <p>Peripheral / Venous catheter in situ</p> | <p>dressing materials used in theatre (AAGBI, 2010)</p> <p>Correct Patient identification is essential and must be checked thoroughly before arriving to theatre. (BARNA 2012)</p> <p>The patient and parent/ guardian have the right to be fully informed when signing the consent documentation. (OLCHC Safe Site Surgery Policy 2017).</p> <p>The consent must indicate the surgical procedure inclusive of the site and side of surgery, signed and dated. (CSS 2013) by the parent/guardian</p> <p>If parents/guardian shows any concerns, Surgeon must be requested to discuss with parents/guardian before patient comes to theatre (whilst the three points highlighted above are the responsibility of the surgeon-nursing must check that they have taken place</p> <p>This is to ensure full comprehensive medical history of the patient is available to the theatre team.</p> <p>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. (An Bord Altranais, 2007)</p> <p>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)</p> <p>Patient may be drowsy with pre-med and alterations to the patients environment will be applied. Also premeditated patients have a prolonged emergence from anaesthesia. (AAGBI 2013)</p> <p>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.</p> |
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| <p>Bladder/Catheter emptied.</p> <p>Loose teeth, caps, crowns and braces must be recorded.</p> <p>Jewellery must not be worn.</p> <p>Patient must be clean for theatre to reduce risk of intra-operative infection. Hair must be clean and free from lice</p> <p>Nail Varnish must be removed</p> <p>Theatre Gown must be worn.</p> <p>Blood results must be present in the chart if it is required for surgery.</p> | <p>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)</p> <p>In order to prevent damage and or airway obstruction during intubation this information is helpful to the anaesthetist. (AAGBI 2010)</p> <p>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)</p> <p>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.</p> <p>Coloured nail varnish prevents the observation of colour in the extremities and will alter SaO2 readings so it must be removed. (BARNA 2012)</p> <p>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 2005).</p> <p>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 influences patient care in theatre. (AAGBI 2010)</p> |
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| <p>Group & Cross matched</p> <p>Is blood available RCC / Platelets</p> <p>Recent Contact with Infectious Diseases e. g. contact with Chicken pox, measles, TB</p> <p>Recent or current infections e.g. gastroenteritis, respiratory tract infections, symptoms of viral illness such as high temperature, cough, vomiting and diarrhoea</p> <p>Multidrug resistant organism status details e. g. MRSA, ESBL, VRE, CRE, Multidrug resistant Pseudomonas aeruginosa, other MDRO</p> <p>Patient or family member known CRE positive</p> <p>Patient born in or has had any previous contact with another healthcare facility abroad including the UK & Northern Ireland since 1st June 2011 or Tallaght Hospital since 1st January 2015 as per OLCHC CRE algorithms/CRE guideline available on hospital intranet</p> <p>A Parent can be present, contact number, patient property and patient comforter must be recorded.</p> | <p>Please see Maximum Blood Order Schedule (Blood Transfusion & Blood product Policies/Guidelines Folder 2 2012)</p> <p>Blood Transfusion & Blood Product Policies / Guidelines Folder 2. Liase with Theatre Room as required.</p> <p>Ward Staff must liaise with Laboratory ensuring blood products are ready.</p> <p>Date of Contact is important, ensuring incubation period is considered and theatres are managed appropriately.</p> <p>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.</p> <p>This influences the management of patient in theatre</p> <p>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.</p> |
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| <p>Interpreter</p> | <p>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.</p> |
| <p>Soother / Comfort</p> | <p>Available to the child to comfort & alleviate anxiety (Woodhead & Wicker 2005)</p> |
| <p>Sickle Cell Status</p> | <p>Please refer to Sickle Cell guideline (AAGBI 2010)</p> |
| <p>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.</p> | <p>In the event that the document is not correct or the information is not forthcoming the patient will have to return to the ward. Please refer to appendix 1</p> |
| <p>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.</p> | <p>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.</p> |
| <p>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.</p> | <p>The perioperative Registered Nurse must ensure that the Consent is signed and correct to ensure patient safety in the OT Department. (CSS 2013) Refer to appendix 1.</p> |
| <p>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.</p> | <p>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)</p> |
| <p>Communication: Can the patient and or parents speak English?</p> | <p>Please indicate whether or not the patient can communicate in English. An interpreter should be present with the parents, to ensure there is full understanding (Woodhead & Wicker 2005)</p> |

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 | Ward staff must alert the theatre |

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| <p>Group and Cross Match</p> | <p>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</p> <p>Ensure Maximum blood order schedule is considered</p> | <p>staff about infection status issues</p> <p>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 nurses 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.</p> |
| <p>Sickle Cell Status</p> | <p>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.</p> | <p>Ward staff must alert the operating theatre staff of the Sickle Cell Status of the patient</p> |
| <p>Other blood test results deemed essential for Surgery e.g. Coagulation</p> | <p>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.</p> | <p>Ward staff</p> |
| <p>Interpreter</p> | <p>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</p> | <p>Ward Staff</p> |

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Appendix 2 – Preparing a Child for Theatre

Preparing a Child for Theatre

Please refer to Standard Operational Procedure (SOP) 'Patient Preparation and Admission to Operating Theatre'



1. Identify

- Ensure OLCHC ID band is in Situ
- Legible & Correct
- Name & number corresponds to chart cover

2. Informed Consent

- Are the Parents & child 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 of surgery is marked
- Date & Signatures is present

Ensuring consent is informed is acting as the patients advocate

3. Vital Signs

- Weight in Kgs for drug calculations
- HR, B/P, RR, Temperature & O₂ Sa on all patients
- Patients who require neurological observations, take chart to OT for baseline purposes
- Record Blood Glucose for Patients <1 yr & patients with diabetes

4. Fasting Status

- Time of last food
- Time of last clear fluids

Fasting times

- 6 hours food Formula / Cows Milk
- 4 hours Breast milk
- 2 hours clear fluids ie Water, Flat 7 up, Dextrose & water

5. Allergies Document clearly

- Medication
- Food – dairy / eggs - Citric Fruits *1
- Sticky Tape -> 5 different tapes used perioperatively
- Suxmethonium / Anectine apnoea
- Malignant hyperthermia
- ?any family history of allergies or problems with anaesthesia

6. Bloods

- Relevant bloods – Liaise with ward team
- If unsure telephone theatre 2500
- Anaesthetist covering list will confirm
- Be familiar with sickle cell policy
- Bleep Anaesthetist 528 after 5pm & weekends
- Be familiar with Maximum Blood Order Schedule (SOP)

7. Documentation

- All patient charts must be available for past medical Hx
- 1 Chart number for each patient
- Relevant ECHO & ECG in chart
- Drug & IV kardex
Displays administered & Prescribed Drugs
This ensures no overdoses or reactions perioperatively. Check infusions and levels on check in
- 4 sheets of Addressograph labels to label documentation & specimens

8. Infections

- If patient nursed in isolation, theatre must be informed in advance allowing theatre preparation.
- If recent chest infections, inform OT nurse at reception due to increased risk of airway compromise and also any recent fevers

9. Premedication

- If you feel a child would benefit from a pre medication, contact theatre covering the list, *2. for contraindications

10. Hygiene

- Ensure patient is clean, including hair & nails, this reduces infection
- No Nail varnish, this distorts O₂ Sa readings
- Hair may require treatment, ensure treatment is washed out prior to theatre

11. Gown

- Ensures easy access to the patient's chest & abdomen observing 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
- Urinary retention is complication of regional blocks
- Empty contents of urine bag before transfer *3

14. Piercing & Jewellery Removed

- Increases the risk of burns during use of diathermy in surgery.
- Infection source
- Tongue rings can cause airway obstruction

15. Interpreter

- If an Interpreter is required on ward, they must accompany parent and child to theatre to explain anaesthetic procedure

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 the anaesthetic room *4
- Liaise with theatre staff if in doubt prior to patient transfer *5

17. Contact numbers

- Ensure parent's mobile number is available

Appendix

1. Patients with an allergy to dairy products, milk & eggs must be noted as they must not have particular induction drugs in theatre. Also patients with allergies to citric fruits may have a latex allergy so this needs to be communicated.

2. Premedication contraindicated for patients with obstructive sleep apnoea

3. Ensures accurate monitoring of urinary output in theatre


4. Emergency patients often require a Rapid sequence induction. It is provided to patients who are at risk of aspiration during induction, ie patients not fasting, patients with bowel obstruction for Eg. Appendicitis or pyloric stenosis.

5. While theatre staff will make every effort to facilitate parents accompanying their child to the theatre suite, ultimately it is at the discretion of the theatre staff having regard for the child's best interest whether a parent will be admitted or not.

Please note

After 5pm & weekends
If any queries or delays
Please contact Theatre Coordinator
Bleep 805

.....where children's health comes first

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