CAESAREAN SECTION

TRANSFER FROM THE OPERATING THEATRE

Keywords: Recovery room discharge, transfer to the ward, collecting a patient after surgery, caesarean, PACU, recovery handover

AIM

- To provide a safe environment for the woman and baby during transfer from the operating theatre.

KEY POINTS

1. Two persons, one of whom is a Registered Nurse/Registered Midwife/Student Midwife, shall accompany the patient from the Recovery Area/Post Anaesthetic Care Unit (PACU) to the ward. When possible two orderlies shall facilitate the bed move.

2. Equipment for patient resuscitation shall be available during all transfers, at a minimum, oxygen and suction.

3. The baby may be transferred with the mother on the bed in the mother’s arms to recovery and the ward.

4. If the nurse/midwife is transferring the baby alone, the baby shall be transported in a transport cot.

5. The receiving nurse/midwife shall ensure the woman and her baby can adequately maintain their airway and adequate ventilation, be physiologically stable, comfortable, normothermic and assessed as unlikely to develop immediate complications as per the Recovery Room/PACU discharge criteria. See Recovery Room Discharge Criteria Clinical Guideline.

6. The woman and her baby shall be continuously observed during transfer.

PROCEDURE

1. Prior to collecting the woman from recovery/PACU, the nurse/midwife shall ensure all bedside equipment has been checked and is working.

2. The receiving nurse/midwife shall obtain a verbal handover from the Recovery Area/PACU staff member.

3. A minimum handover shall include:
   - The patient’s name
   - The procedure performed- including any adverse events.
   - Relevant medical, surgical and psychosocial history (past and present) including allergies.
   - Post procedure instructions/parameters.
   - Observations.
   - All medications administered.
   - Pain management plan.
   - Wound status.
   - Invasive access devices.
   - Fluids and medications infusing.

4. The receiving nurse/midwife shall visually check:
   - All wound sites and drains for type, patency and drainage volumes and ensure dressings are intact
   - All IV infusions (fluids and volumetric pumps delivering the infusions) shall be checked to ensure that they correspond to the written medical prescription with the recovery room nurse/midwife.

5. The receiving nurse/midwife shall:
   - Introduce themselves to the patient
Ascertain the patient is able to respond to verbal stimuli.
Ensure that pain is adequately managed.
Ensure any post procedure nausea and vomiting is addressed and anti-emetics are prescribed.
Be satisfied that the patient is suitable for transfer to the clinical area as they have met the Recovery Area / PACU discharge criteria and are in a stable condition.
If the receiving midwife determines that the patient may not be suitable for transfer to the clinical area and concerns are not able to be addressed by the PACU nurse / midwife they shall:
- Contact the ward shift co-ordinator and request review by the clinical area Clinical Midwifery / Nurse Manager or experienced Clinical / Registered Nurse / Midwife and / or the Anaesthetist on duty.

REFERENCES / STANDARDS
National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice
5- Patient Identification and Procedure Matching: Processes to transfer care
6- Clinical Handover
Legislation - Nil
Related Policies –
- Department of Health: WA Health Clinical Handover Policy (2013)
- WNHS W073 Clinical Handover (2014)
Other related documents – KEMH Clinical Guidelines Perioperative Services (Section F): Recovery Room Discharge Criteria

RESPONSIBILITY
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