MANAGEMENT OF THE SURGICAL PATIENT

ROUTINE PRE OPERATIVE CARE

AIM
To standardise the pre operative care given to women at KEMH.

KEY POINTS

- Surgical procedures performed under anaesthesia require the woman’s written consent (general, regional and local).
- It is the responsibility of the medical officer to obtain consent.
- The Resident / Registrar who consents the patient in EC for a surgical procedure should discuss the case with either the Senior registrar or the Consultant on call prior to booking the case with Perioperative Services. If it is a procedure involving an abscess in the perineal region, an experienced medical clinician should examine the patient prior to deciding on a surgical route of management.
- The nurse / midwife shall check that a valid consent form is present in the woman’s notes prior to administering any pre medications. If there is a discrepancy, the theatre and medical team shall be notified immediately.
- Only when all aspects of consent are satisfied can the woman be given a premedication or be transferred to theatre.
- Fasting is required for all types of anaesthesia unless the surgeon or anaesthetist specifies / documents otherwise.
- All women admitted to KEMH must have a minimum of one patient identification band secured to them throughout their admission. Women undergoing a surgical procedure must have two patient identification bands in situ. These shall be on an arm and a leg, however if placing identification band on a limb is not practical, both wrists or both ankles is acceptable.
- Medi alert bracelets must be left in situ and must not be taped.
- All items of metal shall be removed (i.e. jewellery, body piercing, hairclips), although a wedding ring may be left in situ. Any items that cannot be removed shall be covered with adhesive tape.
• Hearing aids may be left in situ. A labelled receptacle shall accompany the woman for safe keeping, in case the hearing aid is removed intraoperatively.

• Dentures may remain in situ unless specified by the anaesthetist. If the woman chooses to wear their dentures to theatre, a labelled denture cup shall accompany her in case they are removed during intubation.

• Glasses or contact lenses shall be removed prior to transfer to theatre.

• All women under 50 years of age who are scheduled for intrauterine surgery or a hysterectomy shall have a urine pregnancy test prior to going to theatre. Exceptions to this are women with pregnancy failure.

PROCEDURE

1. Document any relevant past medical history on the perioperative nursing record.

2. Ensure any results from pathology or x ray are available.

3. Ensure the consent form has been completed and signed by the patient. If written consent has not been obtained inform the medical officer. Check the consent with the woman against the consent form to confirm that the consent fulfils the following criteria

   i. Verification that patient details (name, date of birth, unit medical record number) are the same on the consent form and the patient identification band.

   ii. Specific to the proposed procedure.

   iii. Valid: Consent is considered valid until the patient withdraws consent or there is a change on the patient’s circumstances. It is recommended that any written consent over three months old should be reviewed, consent over six months old must be renewed1.

4. Ensure the woman has two correct identification bands secured. These bands shall not interfere with the IV access site and must be placed on top of graduated compression stockings.

5. Ensure the woman has fasted from food for 6 hours and clear fluids for 3 hours. See Anaesthetic Clinical Guidelines

6. Assess the woman’s skin integrity. Document any skin problems. Ensure all wounds are covered.
7. Ensure assessment of the woman’s risk for venous thromboembolism (VTE). According to medical staff instructions, commence VTE prophylaxis.

8. Record the woman’s vital signs; temperature, weight and height on the preoperative record as close to the time of giving the pre medication as possible. Ensure a routine urinalysis has been performed.

9. Request / assist the woman to remove eye make up and nail varnish. If the woman has acrylic nails, they may be left on.

10. Complete the pre operative hair clip prior to a preoperative shower. This shall be done as close to the scheduled surgery time as possible. See clinical guideline [Pre operative Hair Removal]

11. Request / assist the woman to have a shower. Do not apply creams, deodorants or perfumes.

12. For patients undergoing a caesarean section, a 2% chlorhexidine wash cloth should be used following a shower when the skin has dried.
   i. where possible, wipes should be applied an hour before surgery.
   ii. Wipe the operative area in a back and forth motion to thoroughly cleanse the skin.
   iii. The Area closest to pubis to be left last.
   iv. Pay careful attention to skin folds and in abdominal creases.
   v. Let air dry.
   vi. Do not rinse.
   vii. Do not use on patients with a chlorhexidine allergy.
   viii. Record on Preoperative record.

   N.B. In non-elective caesarean sections when showering not possible chlorhexidine wipes should still be used, where practical.

13. Request / assist the woman into theatre attire.

14. Make the bed with clean linen.

15. Ensure the woman is warm and supply blankets as required.

16. The woman shall empty her bladder prior to surgery. Record the last void on the pre operative record. If a premedication is prescribed, request the woman to void before this is administered.

17. Administer the premedication as charted. Once given, advise the woman to remain in bed, raise the bedrails and ensure that the nurse call bell is within reach.

18. Collect the woman’s notes and escort her to theatre. The nurse / midwife shall remain with the woman until the perioperative nurse has checked all aspects of the perioperative nursing record and woman’s preparation.
19. The nurse / midwife escorting the woman shall sign the perioperative nursing record.

REFERENCES (STANDARDS)

National Standards – 1 Care is guided by current best practice.
4 Preventing and Controlling Healthcare Associated Infections

Legislation - Nil

Related Policies – Caesarean Birth
Management of the Surgical Patient

Other related documents – Nil

RESPONSIBILITY
Policy Sponsor | Nursing and Midwifery Director
Initial Endorsement | August 1993
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