PRE OPERATIVE NURSING CARE

KEYWORDS
Admission, vital signs, urine pregnancy test

AIM
The appropriate admission of a woman to the day surgery unit.

KEY POINTS

1. If an interpreter is required this shall be arranged for the pre admission clinic visit and on admission on the day of surgery.

2. If on admission, pre-operative vital signs trigger a response on the Adult Observation and Response Chart or the Maternal Observation and Response Chart, and the patient has presented from home and appears well, the maximum response required is a Medical Review. It is at the nursing staff's discretion and clinical judgement, as to whether a Medical Review in DSU is obtained, or to ensure appropriate verbal and documented handover to theatre staff that the anaesthetist is informed and a Medical Review be undertaken prior to anaesthetising the patient.

PROCEDURE

1. Greet the patient and introduce yourself.

2. Ensure the patient has an adult to
   - Escort her home and
   - Has an appropriate mode of transport home
   - Stay with her overnight

3. Advise the patient that visitors are restricted in DSU.

4. Record baseline vital signs on the MR 335 and the Adult Observation and Response chart MR 285.02
   - Respiratory Rate
   - Oxygen saturations
   - Heart rate,
   - Blood pressure
   - Temperature
   - Level of Consciousness
   - Blood sugar level (diabetic patients only)
5. All women under 50 years of age who are scheduled for gynaecological surgery should have a urine pregnancy test prior to surgery. Exceptions to this are patients with pregnancy complications (miscarriage, ectopic pregnancy) and patients with previous history of hysterectomy. If the woman objects / refuses, inform the surgeon prior to the woman going to theatre. Record the Last Menstrual Period in the woman’s notes.

6. Ensure the consent form has been completed and signed and dated by the surgeon and the patient. See WNHS policy Consent W 082.

7. Complete the MR335 Day Surgery Unit Care Record.

8. Ensure the woman has fasted appropriately.

9. Ensure all pre operative tests requested have been performed and that the results are available in the medical record.

10. Orientate the woman to the unit and explain the pre and post operative routine.

11. Escort the woman to the change room and provide instruction on changing into the theatre gown. If the woman fits the criteria for the use of graduated compression stockings, the nurse / midwife must check they have been fitted correctly.

12. Hair removal should be performed as per the surgeon’s preference.

13. Premedications given if prescribed and a bed provided if required.

14. Ensure the woman’s personal belongings are securely placed in the locker provided.

15. The woman waits in the holding room pending anaesthetic review. If the woman requests her support person be allowed to stay with her, this must be discussed with the shift co-ordinator.

16. Ensure the woman is warm and comfortable.

17. Ensure the woman has voided before going to theatre and note the date and time on the pre operative checklist.

18. When the woman is called for, escort her to theatre. DSU patients walk to theatre.

19. The patient identification is checked by the registered nurse (in holding bay) and the DSU staff. The DSU staff must remain in holding bay until the check in process has been completed.

20. Provide the holding bay nurse with a verbal handover.

21. The patient remains in the holding bay in the care of the holding bay staff.