

## **Pre-operative Care Policy – Adults and Children (excludes Neonates)**

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## Policy/Purpose

The patient must be prepared physically, psychologically and legally for theatre.

## Scope

Registered Nurses/Midwives (RN,RM)

Enrolled Nurses under the direction of an RN

Student Nurse/Midwife under the supervision of a RN/RM

## Associated Documents

[CDHB Informed Consent Policy](#)  
(see Diminished Capacity and Competence to Consent)

[CDHB Return of body tissue parts policy](#)

[CDHB Infection Prevention Control Manual/](#)

Pharmacology table – medications to give or omit

[CDHB Nursing and Midwifery Policies and Procedures Manual](#)

[CDHB Adverse Reactions Identification And Documentation Policy](#)

Consent to Treatment by Operation/Procedure QMR002A

Peri-Operative Care Plan C170003

CDHB Legal and Quality Manual

[The Blue Book - Management Guidelines for Common Clinical Conditions](#)

Multidisciplinary Care Pathway Emergency/Elective Caesarean Section (Ref 8636)

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## Policy Statements

- The Peri-operative Care Plan must be commenced as soon as possible and be fully completed before surgery
- In all circumstances refer to specific surgeon/anaesthetist or speciality guidelines in preparing the patient for surgery
- Patients are to be seen by an Anaesthetist prior to surgery unless the procedure will be done under Local Anaesthetic only
- Complete CDHB required risk assessments for all patients

Please note:

If the patient is a smoker, follow CDHB guidelines on advice to quit

If the patient wants body parts or tissue returned refer to the CDHB Return of Body Parts Policy (in associated documents section)

## Patient Identification

- Confirm patient identification as per the [CDHB Patient Identification Policy](#)
- If discrepancies are noted, make the necessary changes to the Patient Identification bracelet and Green Admission form (C110001).
- Ensure the Patient Identification bracelet is , accurate, legible and attached to a limb not being operated on. For hand surgery, place a bracelet on the other wrist or alternatively on the ankle if both hands are being operated on. Specialty Departments may require two bracelets per patient, ie. Neurosurgery, Orthopaedics.

## Informed Consent – Adults and Children

Please Note: Informed consent cannot be obtained after premedication has been administered.

Refer to the [CDHB Informed Consent Policy](#)

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- For operation and other consents relevant to surgery, eg. Anaesthetic, Blood Transfusions, etc. (refer to Informed Consent policy – CDHB Volume 11)
- Informed Consent must be completed using established CDHB Policy by a NZ Registered Medical Practitioner and the patient. This may include consent for possible blood transfusion, depending upon the operation.
- Informed Consent must be obtained as near to the procedure as feasible.
- Ideally the consent is obtained by the person completing the operation and may be obtained during the pre-admission procedure.
- Informed Consent for a child or patient incapable of understanding the treatment must be completed with the parent/legal guardian. (The exception to this is if the treatment is obstetric related on a pregnant minor - this person is legally able to give consent.)
- A new informed consent is required for each operative episode.

### **Venous Thrombosis Embolism Prevention**

Follow current policies on pre-operative management regarding Assessment and prophylaxis treatment

### **Multi Drug Resistant Organisms (MDRO) Management**

- All acute and arranged admissions, including inpatient transfers must be assessed in accordance with the MDRO risk assessment flowchart (refer to Infection Control Manual, Vol 10). The Patient Information System used must also be reviewed.
- Tests and investigations that are required pre operatively should be identified at preadmission and performed accordingly
- Results of tests and investigations should be available on the day of surgery

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## Adverse Reactions Management

- Follow the [CDHB Adverse Reaction Identification and Documentation Policy](#) requirements
- Medic Alert bracelets are to be taped on with hypoallergenic tape

## Pre-operative Fasting Instructions

- Follow Surgeon and Anaesthetist directions
- All patients are instructed they may drink water / pre-op drinks / cordials as per anaesthetist instructions or service guidelines
- Patients on PM lists may have a light breakfast as per anaesthetist instructions or service guidelines
- Infants under one year of age may be offered milk or water as per anaesthetist instructions or service guidelines
- Other food or fluids may be consumed **ONLY** on the instructions of an anaesthetist.
- Clear Fluids consist of: water, pre-operative drink, cordial
- A light Breakfast consists of: a small quantity of toast or cereal with tea, coffee or other drink.
- Patients are not allowed to chew chewing gum

## Premedication

- Ensure consent form has been signed correctly before administration of premedication. **Exception:** When an adult patient with special needs does not have the capacity to sign their own consent form, a premedication may be given without viewing the signed consent form if it has been prescribed

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- If the consent has not been signed, withhold the premedication, contact the assigned RMO and follow the RMO's instructions.
- To minimise accidental physical injury advise patient to remain in bed after administration of premedication
- Administer premedication as prescribed, or when notified by theatre. Document the administration legibly and legally. Follow the recommended observation guidelines for that medication.

### **Operative site/side marking**

The surgeon who is to perform the operation should mark the site/side. (Stoma Therapist or Registrar may be delegated to do this)

- Marking is to be done in indelible marker.
- Nurses **must not** mark the site/side.
- If site/side marking has not occurred, then consultant/theatre personnel are to be informed both by documentation and verbally.
- Refer to [CDHB Correct Patient Side Site policy](#)

### **Area preparation**

Refer to area specific or Medical Staff guidelines

### **Patient's use of Electronic Devices**

Refer to [CDHB Cell phones in Clinical areas Policy](#)

### **Patient Clothing**

Ensure that all underwear is removed and patient given disposable theatre underwear, if appropriate

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### **Patient Jewellery – rings, piercings, cultural jewellery etc**

- Remove where possible or cover with hypoallergenic tape. Inform Anaesthetist/Theatre staff and document on checklist and at a verbal handover when given
- Inform the patient that any jewellery left in place may need to be cut off in theatre, especially if it is on the operative side

### **Cosmetics**

Remove cosmetics/nail polish where possible

### **Hair**

Long hair is to be tied back preferably with an elastic band to ensure clear access to the airway.

### **Prosthetic /Assistive Devices**

- Prosthetic / Assistive Devices e.g. hearing aids, glasses are identified with patient identification label where possible
- Dentures and partial plates remain insitu

### **Bladder management**

Request the patient to empty their bladder as near as possible to time of transfer to Operating Theatre.

### **Routine medications**

- Refer to the [Guidelines for Peri-Operative Medication Administration](#) - To continue or omit

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- Unless otherwise instructed by an Anaesthetist, all routine medications are continued preoperatively on the day of surgery (given with enough water to enable comfortable swallowing).
- Medications that accompanies the patient must be identified with a patient identification label e.g. GTN, inhalers

## Transfer of patient to operating theatre

### Burwood Hospital

- Assemble all patient data as per Peri-operative Care Plan
- Patient checked in to theatre as per “peri-operative process at Burwood Hospital’ procedure

### Medical Surgical Division and Women’s Specific

#### Escorts

All patients are to be escorted during weekends and Public Holidays and between the hours of 1800 and 0730, Monday to Friday when the Holding Bay is NOT staffed. Outside of these hours:

#### The following patients require a nurse escort:

- Those who have had a sedative premedication
- Any patient requiring side/site identification – allows final check of correct limb/operation site,
- Those who are haemodynamically unstable
- Confused patients
- Patients with any IV infusion in progress (e.g. Phenytoin, Insulin, Narcotic infusions) IV infusions are not to be stopped without written Medical authorisation (this may be a Verbal Order).
- Anxious patient – in addition to nurse escort, if appropriate arrange for a support person to also accompany patient to theatre

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- An intellectually disabled person
- Patients with artificial /alternative airway communication without an interpreter,
- Patient with Special Needs / Equipment
- Orderly / Operating Theatre Assistant's request not to transfer patient unescorted,
- Patient on Oxygen Therapy
- The RN will assess the need for the patient to be escorted to theatre (or delegate appropriate patients to be escorted by an Enrolled / Student Nurse).
- The Transit Care Nursing Service may assist with escorting patients to Operating Theatre when there is insufficient nursing resource in the clinical area to allow ward nurses to conduct these transfers.
- The nurse and the OT RN/Anaesthetic Technician work through the preoperative checklist together to ensure the patient enters the peri operative experience prepared physically, mentally and legally.

**Please also refer to:**

Christchurch Hospital Volume A Policies and Procedures on Care of the Patient in Transit within Christchurch Hospital.

### Child Health Specific

#### Escorts

- All children who have an IV infusion
- All children who have a temperature >38.5 °C
- Any child who has had a convulsion in the last 24 hours
- All children who are receiving oxygen therapy.

Children under ten who do not require a nurse to accompany them for clinical reasons must still be accompanied by a suitably qualified staff member, if no parent/guardian is available to do so.

Any patients not meeting the above criteria may be transferred to theatre without a nurse escort. **Please Note:** This is not promoted as best practice and remains the discretion of the individual nurse

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## Lippincott Procedures

[Adult Pre-operative Care Procedure](#)

[Paediatric Pre-Operative Care Procedure](#)

## Additional References

- Perioperative Nurses College NZNO Standards and Guidelines
- AORN Perioperative Standards and Recommended Practices for Inpatient and Ambulatory Settings 2014

<b>Policy Owner</b>	Surgical CNS and CNE groups Burwood and Christchurch Campus
<b>Policy Authoriser</b>	Executive Director of Nursing
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