Nursing Practice Committee
Standard Operating Procedure on
Patient preparation and Admission
to Operating Theatre

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.

Responsibility 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. The Perioperative Registered Nurse provides safety and comfort to each patient on admission to the surgical suite (ORNAC 2003).

Peri-operative nurses and wards nurses are accountable for the care of patients attending the OT for Surgery under both criminal and civil Law. A duty of care between the nurse practitioner and the patient does exist and must be upheld. (Woodhead and Wicker 2005)

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.

Clinical Procedure for Patient Check in

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RATIONALE &amp; REFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>All patients arriving to theatre must have a completed check in list before being admitted to the OT Department. (refer to Appendix 1) Please use the ‘Preparing a Patient for theatre poster’ as a quick reference guide in all Nurses Stations.(refer to appendix 2) Patients must be admitted to the ward prior to transfer to theatre Department. (Except where a patient is admitted via the Emergency Department D). Patient Weight, Temperature, Respiration rate, Blood Pressure. Pulse rate &amp; SaO2, Blood Sugar, Fasting Status and Fluid intake, must be recorded as required. Allergies must be recorded. OLCCHC pre-printed name band must be in situ with the correct patients details. It must be in clear print. Consent must be signed. Medication Kardex and I.V. prescription sheet must accompany the child.</td>
<td>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. To ensure that all checks and aspects of preparation of the patient are accurate in accordance with best practice as set out below. A base line recording is essential to determine how the patient is and what treatment may be required intra-operatively (AAGBI 2005) It is important not to trigger an allergic reaction. Therefore having the base line information can prevent an anaphylactic reaction to medication or dressing materials used in theatre (AAGBI 2005) Correct Patient identification is essential and must be checked thoroughly before arriving to theatre. (NATN2005) The patient and parent have the right to be fully informed when signing the consent documentation. If is not correct they are not fully informed. The consent must indicate the surgical procedure inclusive of the site and side of surgery, signed and dated. (NATN 2005) The medical and nursing staff will need to know what</td>
</tr>
</tbody>
</table>
I.V. Cannula site must be documented.

Bladder/Catheter emptied.

Loose teeth, caps, crowns and braces must be recorded.

Jewellery must not be worn.

Patient must be clean for theatre to reduce risk of intra-operative infection. Hair must be clean and free from lice.

Nail Varnish must be removed.

Theatre Gown must be worn.

X-rays must be present.

Blood results must be present in the chart if it is required for surgery.

Recent or current infections E.g. MRSA, ESBL, Rotavirus, Chest Infections etc.

Parents present, contact number, patient property and patient comforter must be recorded.

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)

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.

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.

In order to prevent damage and or airway obstruction during intubation this information is helpful to the anaesthetist. (AAGBI 2005)

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 2004)

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.

Coloured nail varnish prevents the observation of colour in the extremities and can alter SaO2 readings so it must be removed. (NATN 2005)

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).

X-rays are delivered to the OT the day before surgery from the x-ray department.

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 2005)

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 (NATN 2005) 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.

Including all of this information assists the peri-operative nurse to care for the patient intra-operatively.
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.

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.

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.

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.

Communication: Can the patient and or parents speak English?

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

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.

The perioperative Registered Nurse must ensure that the Consent is signed and correct to ensure patient safety in the OT Department. (NATN) Refer to appendix 1.

To ensure correct site surgery the surgical site must be marked verified against patient documentation and ensuring patient dignity and privacy. (Woodhead & Wicker)

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. 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. (Woodhead & Wicker)

### Appendix 1  Delay factors

<table>
<thead>
<tr>
<th>Subject</th>
<th>Action</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Correct Name Band or Addressograph label or Chart</td>
<td>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.</td>
<td>The Registered nurse from the ward must replace any of the documentation that is incorrect.</td>
</tr>
<tr>
<td>Consent not signed</td>
<td>Patient will be returned to the ward to ensure an appropriate and informed consent is signed.</td>
<td>Medical staff carrying out procedure.</td>
</tr>
<tr>
<td>Fasting status is not correct.</td>
<td>Where the patient is found not to be fasting for the appropriate length of time the patient will be returned to the ward.</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Observations not recorded/inputted</td>
<td>The Registered nurse from the ward must attend to the correct documentation of the observations.</td>
<td></td>
</tr>
<tr>
<td>Documentation not present i.e. Medication Kardex as required, IV prescription sheet, x-rays and blood reports.</td>
<td>Full patient documentation should accompany the patient to Theatre. Absence of documentation will lead to cancellation.</td>
<td></td>
</tr>
<tr>
<td>The patient must have all Jewellery, and nail varnish removed and be hygienically clean for surgery.</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Infection Status not reported.</td>
<td>In the event that this does not occur the Registered Nurse from the Ward will be expected to wait with the Patient at the reception until the Operating Theatre is prepared.</td>
<td></td>
</tr>
<tr>
<td>Group and Cross Match</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Sickle Cell Status</td>
<td>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 the patient will have to return to the ward until it is.</td>
<td></td>
</tr>
<tr>
<td>Other blood test results deemed essential for Surgery e.g. Coagulation</td>
<td>In the event that the coagulation result is not available from the laboratory and is essential prior to surgery going ahead the patient must not be sent for.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nursing staff- RGN/RCN from the ward caring for the infant/child pre-operatively</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ward staff at ward level preparing the infant/child for OT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ward staff must alert the theatre staff about infection status issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ward staff must alert the operating theatre staff of the Sickelle Cell Status of the patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ward staff</td>
<td></td>
</tr>
</tbody>
</table>
Preparing a Patient for 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? If not 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 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
- 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, 7 up, Dextrose & water

5. Allergies Document clearly
- Medication
  - Food – dairy / eggs
  - Citric Fruits *1
- Sticky Tape -> 5 different tapes used respectively.
- ? 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

7. Documentation
- All patient charts must be available for past medical Hx
  - Chart number for each patient
  - X - Ray, if available on ward take to OT
  - Relevant ECHO & ECG in chart
  - Drug & IV Kardex
  - Displays administered & Prescribed Drugs
  - This ensures no overdoses or reactions perioperatively.
  - 4 sheets of Addressograph labels to label documentation & specimens

8. Infections
- If patient is known or suspected to have an infectious disease/multidrug resistant organism, 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
- 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 O2Sa readings
- Hair may require treatment 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 appropriate accompanies 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 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 905

…….where children’s health comes first
REFERENCES

AAGBI (2005) *the Anaesthesia Team* Association of Anaesthetists of Great Britain & Ireland London


---

**Document Number:** Ratified By: Nurse Practice Committee (NPC)

**Edition Number:** Date of Ratification:

**Number of Copies:** Approved By: Geraldine Regan, Director of Nursing.

**Responsibility for this Document:** NPC Signature:

**Date of Approval:**

© 2010, Our Lady’s Children’s Hospital, Crumlin, Dublin 12. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means without the prior written permission of the copyright holder. Our Lady’s Children’s Hospital makes no representation, express or implied, with regard to the accuracy of the information contained in this publication and cannot accept any legal responsibility for any errors or omissions that may be made.