# PATIENT PREPARATION AND ADMISSION TO OPERATING THEATRE STANDARD OPERATING PROCEDURE

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<tr>
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<th>V2</th>
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<td>Signature Date: March 2018</td>
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## Document Review History

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## Document Change History

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1.0 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 Hospital's mission statement through the care and professional competence of the Nursing Staff.

2.0 Responsible 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).

3.0 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. (Appendix 1)</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.</td>
</tr>
<tr>
<td>Please use the ‘Preparing a Patient for theatre poster’ as a quick reference guide in all Nurses Stations. (appendix 2)</td>
<td>To ensure that all checks and aspects of preparation of the patient are accurate in accordance with best practice as set out below.</td>
</tr>
<tr>
<td>Patients must be admitted to the ward prior to transfer to theatre Department. (Except where a patient is admitted via the Emergency Department). Patient Weight, Temperature, Respiration rate, Blood Pressure, Pulse rate &amp; SaO2, Blood Sugar for &lt;1 year olds &amp; diabetics, Fasting Status and Fluid intake, must be recorded as required.</td>
<td>A base line recording is essential to determine how the patient is and what treatment may be required intra-operatively (AAGBI, 2010)</td>
</tr>
<tr>
<td>Relevant Medical History</td>
<td>Main points of patient medical history supported with all charts. This is important to have available to the medical teams</td>
</tr>
<tr>
<td>Allergies must be recorded.</td>
<td>It is important not to trigger an allergic reaction. Therefore having the base line information can</td>
</tr>
</tbody>
</table>
OLCHC pre-printed name band must be in situ with the correct patient’s details. It must be in clear print.

Consent must be signed.

Correct site identified and marked

Parental Concern

All Charts available

Medication Kardex and I.V. prescription sheet must accompany the child.

Have charted medications been given Yes/No If Yes Detail names

Pre-med given

Peripheral / Venous catheter in situ

prevent an anaphylactic reaction to medication or dressing materials used in theatre (AAGBI, 2010)

Correct Patient identification is essential and must be checked thoroughly before arriving to theatre. (NATN, 2005)

The patient and parent/ guardian have the right to be fully informed when signing the consent documentation. (OLCHC Safe Site Surgery Policy 2017).

The consent must indicate the surgical procedure inclusive of the site and side of surgery, signed and dated. (CSS 2013) by the parent/guardian

If parents/guardian shows any concerns, Surgeon must be requested to discuss with parents/guardian before patient comes to theatre

This is to ensure full comprehensive medical history of the patient is available to the theatre team.

The medical and nursing staff will need to know what 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)

Usual Drugs give e.g anticonvulsant meds, PPI, diuretics, this influences the anaesthetic management. Analgesia should be noted here if given in the past 24 hrs (AAGBI 2010)

Patient may be drowsy with pre-med and alterations to the patients environment will be applied. Also premeditated patients have a prolonged emergence from anaesthesia. (AAGBI 2013)

Note site, any special considerations. 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.
Bladder/Catheter emptied.

- 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. (BARNA 2012)

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

- In order to prevent damage and or airway obstruction during intubation this information is helpful to the anaesthetist. (AAGBI 2010)

Jewellery must not be worn.

- 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)

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

- 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. Patients are not to come to theatre with treatment in their hair as it is inflammable. In addition patients who have been treated within a 24 hour period who require head or Neck surgery must be deferred.

Nail Varnish must be removed

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

Theatre Gown must be worn.

- 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).

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

- 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)
<table>
<thead>
<tr>
<th>Group &amp; Cross matched</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is blood available RCC / Platelets</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Recent Contact with Infectious Diseases e.g. contact with Chicken pox, measles, TB</td>
</tr>
<tr>
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</tr>
<tr>
<td>Recent or current infections e.g. gastroenteritis, respiratory tract infections, symptoms of viral illness such as high temperature, cough, vomiting and diarrhoea</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Multidrug resistant organism status details e.g. MRSA, ESBL, VRE, CRE, Multidrug resistant Pseudomonas aeruginosa, other MDRO</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Patient or family member known CRE positive</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Patient born in or has had any previous contact with another healthcare facility abroad including the UK &amp; Northern Ireland since 1st June 2011 or Tallaght Hospital since 1st January 2015 as per OLCHC CRE algorithms/CRE guideline available on hospital intranet</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>A Parent can be present, contact number, patient property and patient comforter must be recorded.</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

Please see Maximum Blood Order Schedule (Blood Transfusion & Blood product Policies/Guidelines Folder 2 2012)

Blood Transfusion & Blood Product Policies / Guidelines Folder 2. Liaise with Theatre Room as required.

Ward Staff must liaise with Laboratory ensuring blood products are ready.

Date of Contact is important, ensuring incubation period is considered and theatres are managed appropriately.

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.

This influences the management of patient in theatre including all of this information assists the peri-operative nurse to care for the patient intra-operatively. One parent can accompany their child to the anaesthetic room for elective surgery. However Emergency cases often have a rapid sequence induction and it is not appropriate for parents to be present.

Interpreter to be present if the parents have little or no
Soother / Comfort

Sickle Cell Status

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 verbal 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?

96*8/ English. As it is paramount the child & parents are able to communicate with nurses & anaesthetist in theatre. 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.

Available to the child to comfort & alleviate anxiety (Woodhead & Wicker 2005)

Please refer to Sickle Cell guideline (AAGBI 2010)

In the event that the document is not correct or the information is not forth coming 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. (CSS 2013) 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 2005)

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 (Woodhead & Wicker 2005).
## Appendix 1

### Delay Factors

<table>
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<tr>
<th>Subject</th>
<th>Action</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorrect 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>Surgical site not marked &amp; no indication on the diagram on consent</td>
<td>Patient will be returned to the ward to ensure an appropriate consent is completed appropriately</td>
<td>Medical staff carrying out procedure</td>
</tr>
<tr>
<td>If Charts are not available</td>
<td>Patient will not be admitted into theatre</td>
<td>Nursing staff at ward level preparing the infant/child for OT</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>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>
</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>Nursing staff at ward level preparing the infant/child for OT</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>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</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>
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</table>
### Infection Status not reported.

In the event that this does not occur the Registered Nurse from the Ward will be expected return to the ward and the Operating Theatre will be prepared appropriately the patient will be called back.

### Group and Cross Match

Ensure Maximum blood order schedule is considered.

### Sickle Cell Status

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 determined the patient will have to return to the ward until it is.

### Other blood test results deemed essential for Surgery e.g. Coagulation

In the event that the coagulation result is not available from the laboratory the ward must let the theatre room know and if essential prior to surgery going ahead the patient must not be sent for.

### Interpreter

If an interpreter is required and not present at check in to OT, Patient must return to ward, an interpreter must be organised prior to admission to OT.

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**Patient.**

Ward staff must alert the theatre staff about infection status issues.

**Ward staff**

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. It is the ward nurses responsibility to ensure the blood is available in the Lab. 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.

**Ward staff must alert the operating theatre staff of the Sickle Cell Status of the patient.**

**Ward Staff**

**Ward Staff**
Appendix 2

Preparring a Child for Theatre

Please refer to Standard Operatiional Procedure (SOP) 'Patient Preparation and Admission to Operating 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? Parental concerns? 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 & Signature is present

Ensuring consent is informed is acting as the patient's advocate

3. Vital Signs
   - Weight in Kg for drug calculations
   - Hb, Hct, R. & T. Temperature & O2 SaO2 on all patients
   - Patients who require neurological observations, take chart to OT for baseline purpose
   - Record Blood Glucose for Patients <1yr & patients with diabetes

4. Fasting Status
   - Time of last food intake
   - Time of last clear fluids

Fasting times
   - 6 hours: solid food
   - 4 hours: milk
   - 2 hours: clear fluids

5. Allergies Document clearly
   - Medication
   - Food – dairy / eggs - Citrus Fruits
   - Sticky Tape - different types used peripherally
   - Suction catheter / Anesitc agents
   - Malignant hyperthermia
   - Any family history of allergies or problems with anaesthesia

6. Bloods
   - Relevant bloods – List with ward team
   - Ensure telephone theatre 2500
   - Anaesthetist covering list will confirm
   - Be familiar with sickle cell policy
   - Be familiar with Maximum Blood Order Schedule (SOP)

7. Documentation
   - All patient charts must be available for past medical Hx
   - 1 Chart number for each patient
   - Relevant ECG & EEG in chart
   - Drug & IV cardex
   - Displays administered & prescribed drugs
   - Ensures no omissions or reactions postoperatively. Check infusions and levels on check in
   - 4 sheets of Adressograph labels to label documentation & specimens

8. Infections
   - If patient is in isolation, 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 and also any recent fevers

9. Premedication
   - If you feel a child would benefit from a pre medication, contact theatre covering the list.

10. Hygiene
    - Ensure patient is clean, including hair & nails, this reduces infection
    - No nail varnish, this disturbs O2SaO2 readings
    - Hair may require treatment, ensure treatment is washed out prior to theatre

11. Gown
    - Ensure easy access to patient’s chest & abdomen observing breathing during induction & emergence of Anesthesia

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 urinary bag before transfer

14. Piercing & Jewellery Removed
    - Increases the risk of burns during use of diathermy in surgery

15. Interpreter
    - If Interpreter is required on ward, they must accompany 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
    - Liaise with theatre staff if in doubt prior to patient transfer

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 fruit 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 when require a Rapid sequence induction. It is provided in patients who are at risk of aspiration during induction, if patients not fasting, patients with bowel obstruction for Eg Appendicitis or pyloric stenosis

5. While theatre staff will make every effort to facilitate parent 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 Blip 885

..... where children's health comes first
9.0 References


Correct Site Surgery Policy (2013) Our Lady’s Children’s Hospital Crumlin


Operating Room Nurses Association of Canada (ORNAC) 2003 *Recommended Standards Guidelines, and Position Statements for Perioperative Registered Nursing Practice* 5th Edn. ORNAC. Canada.


Health Service Executive (2013) *National Consent Policy.* Dublin: Health Service Executive

Nursing & Midwifery Board of Ireland (2007) *Guidance to Nurses and Midwives on Medication Management.* Dublin: Nursing & Midwifery Board of Ireland.
Nursing & Midwifery Board of Ireland (201) *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives*. Dublin: Nursing & Midwifery Board of Ireland.

NMBI 2016 – Recording Clinical Practice


Nurses & Midwives Act (2011)

Medicinal Products (Prescription and Control of Supply) (Amendment) (No.2) Regulations 201 (S.I. No. 504/201)

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