City Hospitals Sunderland

SURGICAL DAY CASE UNIT

Portfolio of Learning Opportunities

P.O.L.O

March 2010
Dear Student

We have designed this information booklet to help you understand how the Surgical Day Case (DCU) works, how we address patient care and give you information that will hopefully make your placement with us as enjoyable and interesting as possible.

The booklet explains about pre-admission assessment, discusses admission and selection criteria, recovery and discharge as well as patient follow up.

General information is available on a variety of subjects that will give you an insight into day surgery. Protocols are available, please ask a member of staff.

All staff have undergone further study on a variety of subjects and are interested in different topics. They are all keen to help you in any way they can and will be more than happy to answer any questions that you may have.

We hope your placement with us is of value to your training and gives you a greater insight into day surgery and quality nursing care.

Please enjoy your placement and ask as many questions as you want!
Important Information

Emergency Numbers

Cardiac Arrest    2222
Fire       333

In the event of a cardiac arrest occurring on the unit your first line of action is to activate the emergency call bell and to shout for help, and if confident commence CARDIO PULMONARY RESSUCITATION (CPR).
Should you be asked to put out a cardiac arrest call you MUST dial 2222, and state clearly where the cardiac arrest has taken place.

    EG    Surgical Day Case Unit, Ward area Bay 1 D Level

You must ALLWAYS inform staff in other areas of the unit, this includes reception and theatre staff.
Because the unit has several entrances it is important that a member of staff is designated to go to the nearest entrance to direct the Cardiac Arrest team.

In the event of a fire or smell of burning you MUST break the glass and back this up by dialling 333 to inform the operator exactly where the fire is. As well as insuring all patients are removed from danger and all doors are closed, it is important to inform ALL staff.

If you HEAR a fire alarm sounding it is your responsibility to find out
where the problem is.

CONSTANT ALARM = Fire in your immediate area.

INTERMITTANT ALARM = near your area

On your first day on the unit you will be shown all fire exits, fire fighting and resuscitation equipment.

SHIFT PATTERNS

Starting times are flexible either 7:30am or 8am

Half days usually finish at 1 pm or 1:30 pm sometimes you may finish at 2pm.

Full days finish at 5pm, 5:30 or 6pm.

Late starts always start at 12 noon and finish at 8:30pm

At least 90% of your time will be spent with your mentor/associate mentor.

THE SURGICAL DAY CASE UNIT

There has been a Surgical Day Case Unit within the hospital since 1994 and was originally situated within the main hospital near the main entrance. On September 11 2006 a new larger unit was opened. This is situated at entrance 9 and can be reach via the Chester Road entrance.
The Day Case Unit now covers floor B, C and D and continues to care for patients coming into hospital for the day to undergo planned, routine operations and investigations.

OPENING TIMES

Monday to Thursday 7:30am - 8:30 pm (excluding bank holidays)
Friday 7:30am - 8:30pm (excluding bank holidays)
23 hr stay Monday - Friday night (excluding bank holidays)
On occasions the unit is open on a Saturday.

It is a consultant led service and includes the specialities of Gynaecology, Urology, General surgery, Chronic pain management, Orthopaedic, Head and Neck, Ear nose and Throat (ENT), oral and Facial (Fax Max) surgery is performed under local and general anaesthetic.

B LEVEL

Reception
Pre-assessment ...... pre-assessments can also take place on C+D level
Admin offices
G.I. Lab
Business Managers Office
Secretary to BM
C LEVEL

Unit manager's office
Patient's sitting room
Beverage room
Interview rooms
Ward area, Bays 1+2
Linen cupboard
Patient changing rooms
Dirty utility
Clean utility
Notes office
Theatres 7+8
Prep rooms
Anaesthetic rooms
Sterile stores
Anaesthetic recovery room

C37........23 hour stay ward

Ward area, bays 1+2
Sitting room
Interview room
Dirty utility
Linen cupboard
Storeroom
Clean utility
Kitchen
Matrons Office
D LEVEL

Ward staff change (female)  
Patient’s sitting room  
Beverage bar  
Interview rooms  
Ward area, bays 1+2  
Linen cupboard  
Clean utility  
Dirty utility  
Patient changing rooms  
Staff room (ward)  
Ward staff change (male)  
Theatres 7, 8 + 9  
Prep rooms  
Anaesthetic rooms  
Anaesthetic recovery room  
Team leader’s room  
Resource Room  
Theatre staff changing room (female)  
Theatre staff changing room (male)  
Staff room (theatre)  
Sterile store

Due to the layout of the unit, it is not possible to accommodate visitors. Close family and friends can however wait in the Day Case reception if they wish. Exceptions to this rule are made, if the patient is elderly, handicapped or needs assistance from a carer. In the event a patient needs an interpreter this is booked either at clinic or pre-assessment.

There is always a possibility that the patient may have to stay in hospital overnight, if this happens then patients are looked after on
the 23 hour stay ward. The ward has space for 8 patients. The bays are single sexed bays and beds are usually booked prior to the patient’s surgery. If an unplanned overnight stay is needed and all beds on 23 hour stay are in use then the patient would be transferred to a bed in hospital. This would be done by liaising with the bed manager or duty matron.

Any patients needing a longer recovery time can also be accommodated on C37, providing the beds have not already been booked. Patients booked for C37 can be identified by checking the daily bed planner. C37 patients that have stayed overnight are usually discharged by nursing staff between 7-8 am, unless post op instructions state otherwise.

Often C37 is closed overnight and inpatient beds are found for patients when there is a staff shortage within the hospital.

Our role as Registered Nurses is to admit patients into the Day Case Unit giving support, advice and as much information as possible prior to surgery, in order to reduce stress and promote a speedy recovery (Wilson-Barnett, J 1978). After the patient’s have been prepared for theatre their care is handed over to the theatre staff who will then act as the patients advocate whilst the patient undergoes surgery. Nurses are multi skilled and act in a scrub, floor, and circulating role. Recovery of the patient’s immediately after their operation is also an important part of our role.

Post operatively, after a general anaesthetic, patients stay on the unit for a minimum of 2 hours prior to discharge, unless post-operative instructions state otherwise.

The majority of patients having a local anaesthetic are able to leave as soon as they feel comfortable to do so, unless post-operative instructions indicate otherwise.

Prior to discharge from the unit we always give health education, information about medication, wound care suture removal, pain relief,
life style, work and play as well as contact numbers for health and advice. This ensures the patient is able to care for him/herself once discharged and feels happy and confident to go home. Day Case Unit nurses practice the extended role of the nurse and have the autonomy to decide if a patient should or should not go home. Patients undergoing a general anaesthetic MUST have a responsible carer to take them home in private transport and to look after them for 24 hours.

Patients needing an ambulance book it via their own G.P.

The Day Case Units aim is to care for patients undergoing surgery with a minimum disruption to their life style.

**What is Day Surgery?**

Day surgery is defined as surgery on a patient who is admitted for investigation or operation on a planned none residential basis, and who requires facilities for recovery in a ward or unit. Day surgical care should not be regarded as a sub-speciality of surgery. It is surgery, which is appropriate to be performed on a day basis from within a dedicated Day Surgical Unit (Dedicated means that the unit has theatres within the department). Some patients attending main theatres are admitted and discharged from the day case unit.

Day surgical care should be of a high standard through the provision of both written and verbal information. This will enable patients to arrive prepared physically, psychological and emotionally for their same day surgery and who will be equipped to care for themselves following discharge.

The Royal College of Surgeons of England (1992) stated that
Day Surgery is now considered the best option for 75% of all patients undergoing elective surgical procedures though the proportion will vary between specialities

The Royal College of Surgeons guides the type of operations and investigations that are performed in our department. Originally they set out a Basket of Twenty, which was a list of twenty operations acceptable to be done as day surgery. This basket however is now far exceeded. Careful patient selection is essential for a successful day surgery experience. Criteria is strict and pre-assessment before admission is recommended.

Patient Selection Criteria & Pre-assessment

Selection criteria have been developed using The Royal College of Surgeons Guidelines for Day Surgery (1993), with regular updates. Patient selection criteria are very important when it comes to day surgery because the patient’s stay is very short and they need to have no major health problems, which will hinder the recovery period at home. Guidelines for patient selection is available; please ask a member of staff.

The purpose of our nurse-led pre-assessment clinic is to assess whether the patient fits the criteria, and gives the opportunity for the patient and staff to familiarise themselves with one another, to provide information and advise and for the patient to ask questions. Pre-assessment also helps to reduce the number of patients cancelled on the day of surgery and reduce the fail to attend rates.
Preparing for Theatre

On the day of surgery the majority of patients will have been pre-assessed. If not the patient will be assessed on admission, prior to their operation/investigation. They will also have MRSA swabs taken then. Any patients not attending for pre-assessment will have MRSA swabs taken prior to surgery.

On admission to the ward the named nurse identifies any problems or needs (physical, social or psychological) and informs the relevant surgeon or anaesthetist. The named nurse will document any problems on the HISS system.

Correct patient identification is essential to ensure that the right person has the right operation. Name bracelets are used to identify individual patients and these are verified with the patient prior to them being secured on the patient’s wrist/ankle together with any allergy bands (allergy bands are always placed on the same wrist as the identity bracelet).

The nurse needs to complete a pre-operative checklist, an example of which will be seen during your placement. It is at this stage that the patient will be assessed and measured for TED stockings.

Following assessment the patient needs to be dressed appropriately in a theatre gown and foam slippers, removing underwear, taping rings, removing body piercing, nail varnish, hair bobbles and make up.

The patient is then seen by surgeon / anaesthetist who explain again what will happen to the patient and confirm the patient’s written consent for the procedure to go ahead.

Depending on the surgery the patient is to undergo there may be other procedures to be followed i.e. clipping the operative area, pregnancy
tests, pre-medications to be given.

The named nurse’s responsibility is to check that:

* The correct patient is consented for the right operation
* He/she is fit enough for surgery/general anaesthetic
* The patient has been fasted for an appropriate time, operation site is marked and shaved if necessary
* Had correct investigations, tests and preparation for theatre
* Has signed consent form, same is witnessed
* He/she is dressed in theatre gown and all make up is removed
* All jewellery is removed or secured
* Patient is wearing a second gown to protect their modesty if they do not have a dressing gown
* Individual health problems of the patient have been highlighted i.e coughs and colds
* The patient is prepared emotionally as well as physically
* If indicated Anti-thrombolytic stocking are worn.

**Post Operative Period**

Following surgery/investigation, the patients are taken to primary recovery. This area is where they are woken up from general anaesthetic and monitored until they are deemed alert and recovered enough to be transferred to the secondary recovery areas. In primary recovery LMA’s are removed, blood pressure, heart rate, oxygen saturation, level of consciousness, respiration and temperature are recorded. Oxygen is administered until they are able to maintain their own airway and have achieved an acceptable oxygen saturation level. This figure is a saturation level of 95%. Once the patient is awake and stable and the recovery nurse is satisfied that the patient is pain free they are transferred on a trolley to the ward areas.
Protocols are available on the unit to guide nursing staff on the length of time a patient spends in this area. Patients are nursed here, observations recorded, and pain relief / anti emetics are given if necessary. Wounds are also redressed if required. Patients are discharged from this area, they may also be given refreshments here, more than often they only have water and have a hot drink and biscuits in the sitting room. They remain here for a further period of recovery (as per protocols and post operative instructions) prior to discharge home.

Patients who are having a “local” operative procedure (which does not involve general anaesthetic) e.g. flexible cystoscopy or lumps and bumps are usually brought straight back to the ward area and recovered there.

**Discharge**

Ensuring that the patient is fit for discharge is vitally important, as they will be expected to continue with their care at home without the assistance of nursing staff. With this in mind discharge planning should always commence at pre-assessment if possible and no later than admission.

There are strict discharge criteria that the patients must achieve if they are to be allowed home. These criteria are mainly built around safety issues for the patient, nursing staff and carers. The patients named nurse will reassess the patients physical, social and psychological status, applying the criteria and not until the patient satisfies all criteria will they be discharged.
The patient must:

1. Be able to tolerate fluids without feeling nauseated or vomiting
2. Have a level of pain that is acceptable to them
3. Have passed urine
4. Have an escort home in private transport/ambulance
5. Have a carer for 24 hours following a GA
6. Not have a problem with their wound
7. Be provided with contact numbers in the event of having problems after discharge
8. Be given written and verbal information about recovery, their operation and aftercare
9. Be given guidance on any dressing changes or suture removal
10. Be given information about dos and don’ts following surgery
11. Be able to walk out of the department
12. State that they feel confident and happy to go home and continue their care in their own home.

Transfer (overnight stay)

Unfortunately some patients have to stay overnight, this may be due to the surgery they have had (ENT), social or physical problems. Patients who have unexpected or physical problems i.e. nausea, vomiting, pain, dizziness, wound problems, packs or drains can often be accommodated on the 23 hour stay ward. Unfortunately space is limited as beds on this ward (C37) are often booked for patients either at or before pre-assessment. In the event of no beds being available, patients would be transferred to an in patients bed in the hospital.

It is the responsibility of the named nurse to inform relatives, doctors, anaesthetist if there is a need to keep the patient overnight and to complete transfer documentation.
In patient beds are booked via the bed manager, duty matron or night coordinator.

**Telephone Consent**

The DCU promotes continuation of care following discharge and therefore operates a telephone follow up service. At pre-assessment patients are asked whether they would object to being contacted by telephone the following day to ensure that a good recovery has continued. If the patient gives permission the pre-assessment nurse will telephone them the next day and assess the patient again regarding pain, sleep, wounds, vaginal blood loss (where appropriate), eating and drinking. They also reinforce the taking of pain relief if the patient is still unsure. This telephone follow up service is beneficial for both staff and patients, and carers as it provides the opportunity to clarify any uncertainties and it gives the patient a chance to ask questions.

**DCU STAFF**

Our Day Case Unit falls within the Theatre Directorate. We have approximately 71 members on staff on the day case, this includes managers, nurses, hca and reception staff. The number of surgeons including consultants and anaesthetists is even greater.

During your placement you will be introduced to all ward staff, including Doctors, Anaesthetists. Sisters, Staff nurses, Health Care assistants, Porters, O.D.A's (operating department assistants), Clerical staff and Domestics.

The staff of this unit take every opportunity to extend their
knowledge at all times and therefore attend conferences, study days, seminars and workshops appertaining to Day Case Surgery.

In order to extend our practical skills and knowledge base our staff rotate between theatre, recovery ward areas and pre-assessment clinics.

A list of link nurses will be included in your introduction pack
THE DAY CASE UNIT PHILOSOPHY

Our aim is to care for you in comfortable surroundings with minimal disruption to your lifestyle.

We believe that each person is unique and has a right to high quality research based care according to identified needs.

Each client is assigned a named nurse who will be responsible for providing a partnership in care.

Every opportunity is given for you to participate in and make choices about your care.

Our aim is to maintain respect and dignity. Your opinions and beliefs are valued and involvement of your family or carer is encouraged, whilst maintaining confidentiality at all times.

The staff of the Day Case Unit are responsible for the promotion and maintenance of good health and prevention of ill health by education and example. They are highly committed with mixed skills.

There is a strong emphasis placed on continued education and training so that the care you receive will be of the highest standard.

We endeavour to give our patients holistic care that is evidence based.
LEARNING ZONE

Unlike most clinical placements we on the day case unit do not include structured learning zone diagram. Our rational is that you decide what you want to take away from this placement, with the assistance of your mentor aims are identified and realistic goals obtained. The majority of students have found that they can achieve their objectives by visiting other theatres. Visits to the library and nurse specialists are made as per students wishes.

It is important for students considering visiting any learning zone that any competencies they wish to achieve have been discussed with their mentor and are relative to their present placement. After a visit a Testimony of Witness must be countersigned by the practitioner with whom the competencies have been undertaken.

FIRST YEAR STUDENTS

As previously mentioned, you will decide what learning takes place, your mentor will guide you through your placement assisting you to set realistic goal to enable learning to take place. He / she will probably ask you to borrow an anatomy book from the library as it is rather pointless looking after patients who have undergone certain procedures if you no idea what part of the body is involved. You will gain experience from pre-assessment clinics, theatre, recovery and ward areas.

During your placement we hope to help you gain an insight into nursing in a Day Surgery unit. You will gain nursing skills whilst caring for both the conscious and unconscious patient. We hope you spend time in each clinical area, but if you feel you would like to revisit an area please discuss it with your mentor.
Although the programme is flexible to suit individual needs, your mentor will help you to understand the principles of basic nursing care and give you an insight into day surgery.
By the end of your placement you ought to have an understanding of :-

* How the SDCU operates.
* How the delivery of care is organised.
* Understand the diverse roles of the SDCU staff.
* Participate in the preparation of patients for day surgery.
* The reason for pre-operative screening.
* The reason for preparing the patient for surgery including physically, socially and psychologically,
* The use of selection criteria in identifying problems and ensuring a safe day surgical procedure
* Reasons for pre-operative investigations, including E.C.G., urine and blood tests ect.
* The principles of asepsis and developing a sterile field.
* Safety in the theatre whilst the patient is unconscious.
* The need to develop skills in hand washing/scrubbing for surgery.
* An understanding of why adequate preparation of the patient was essential in the build up to their surgery.
* The requirements for monitoring the unconscious patient.
* The recognition of common problems which can occur in this recovery period.
* The observation of patients, monitoring and recording vital signs.
* The administering of oral and intramuscular medication.
* Uniform policy

SECOND YEAR STUDENTS
You will follow a similar learning curve as set out for first year student. We hope that you will bring with you previous learned skills. Your mentor will assist you to set realistic and achievable goals. As you progress through your placement. By the end of your placement we hope you have a understanding of :-

* Risk management
* Health and Safety
* Infection control
* Team nursing
* Moving and handling
* We also hope you recognise that nursing is not a static environment. That it is constantly changing
* An understanding of team dynamics, and the diversity of the nurse’s role.

INTERNERSHIP STUDENTS

During you third year we hope to help you consolidate your previous learning,
We hope to assist you with the following:-

* Understanding time management
* Patient advocacy
* Knowledge of HISS
* Managing own case load
* Admission/discharge (under supervision)
* Theatre preparation patient/equipment
* Theatre MDT......role and responsibility
* Theatre protocol
* Anaesthetic and recovery room care
*Airway management
*Experience the difference between main theatre and day surgery
*Skill mix.... compiling off-duties
*Venisection and cannulation
*Preassessment
*Peri-optive care
*Safe use of equipment
*Caring for the healthy patient
*Knowledge of surgical procedures
*Health promotion
*Peer support
*Retrieving pre op test results
*Understand the role of the matron (accompany matron to select meetings)
FURTHER READING


AORN (1990) Perioperative Nursing Documentation. Denver, AORN Inc,


Reid J H (1997) Meeting the informational need of patients in a day surgery. An exploratory study. British Journal of Theatre Nursing. 7(3) 19-24