City Hospitals Sunderland

Surgical Day Case Unit

Information booklet for student nurses

KH/OCT/2003
IMPORTANT INFORMATION

EMERGENCY NUMBERS

CARDIAC ARREST 666

FIRE  333

In the event of a cardiac arrest on the ward your first line of action is to activate the emergency call bell and shout for help. Your mentor/assessor will outline your role as a student during your introduction to the ward. The crash trolley will be pointed out to you.

On your first day on the Day Case Unit you will be shown fire exits and fire fighting equipment.
Dear Student

We have designed this information booklet to help you understand how the Day Case Unit (DCU) works, how we address patient care and give you some 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. A reading list is also provided.

All staff have undergone further study and are interested in different topics. They are 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.

Enjoy your placement and ask many questions, as you want!

Day Case Unit staff

Regarding shift patterns

Usual shift patterns are 7.30 a.m. to 5 p.m. (full day)

7.30 to 1.30 (half day)

12 midday to 8 pm (late shift)

50% of your time worked should be with your mentor/associate mentor
The Day Case Unit

The Day Case Unit opened in March 1994 and cares for patients coming into hospital for the day to undergo planned, routine operations and investigations. The Unit is open Monday to Friday from 7.30am until 8pm. (On occasions it is open on a weekend). It is a consultant led service and includes the specialities of Gynaecology, Urology, General surgery and Chronic Pain Management, performed under general and local anaesthetics. Recently we have started to admit and nurse Orthopaedic and E.N.T. (Ear Nose and Throat) patients, although these patients have their procedures carried out in main theatres.

The Unit comprises a reception area, three theatres that operate from 9am until 1pm and from 2pm until 5.30pm. The Unit also has five recovery areas. Theatre 1 and Theatre 2 deal with patients who are having General anaesthetic and these patients go into recovery 1 immediately after surgery to be woken from anaesthetic. These patients are then transferred to Recovery 2 (female) or Recovery 3 (male) where they are looked after until able to get up and dressed. The patients can then be shown to the sitting room where they can rest before being discharged. The sitting room has variable height and reclining armchairs also a television. Newspapers are delivered daily.

The third theatre deals with patients who are having local anaesthetic. After surgery these patients are transferred to either Recovery 4 (female) or Recovery 5 (male). There is also a second sitting room, which accommodates these patients. We also admit and care for patients who have planned Angiograms / Angioplasty. Although their procedure is carried out in the X-ray department they are then transferred to the Day Case Unit for recovery.

The Day Case Unit staff also admits patients to the ‘Admission Lounge’. These patients are initially admitted and looked after by the Day Case Unit staff until their transfer to Main theatres for operations. They are then transferred to the relevant wards.

Due to the nature and the layout of the Unit, it is not possible to accommodate visitors. Close family and friends can however wait in the Day Case Unit reception if they so wish, where beverages are available. Although the department is a Day Case Unit and patients are expected to return home on the same day after surgery, there is always a possibility that patients may have to stay in hospital overnight on one of the wards.
within the hospital. Relatives or friends are contacted should this situation arise.

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 patients 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 patients immediately after their operation is also an important part of our role. Post operatively, after general anaesthetic, patients stay in the Day Case Unit for a minimum of two hours prior to their discharge. In some cases however, patients are kept in hospital overnight due to complications, in this instance a protocol is available to follow.

Prior to discharge from the Unit we always give health education, information about medication, wound care, sutures, pain relief, life style, work and play as well as contact numbers for help and advice. This ensures the patient is able to care for himself or 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 must have a responsible carer to look after them for 24 hours following surgery and to take them home in private transport. The Day Case Unit aim is to care for patients undergoing surgery with minimal disruption to their lifestyle.
**What is day surgery?**

Day Surgery is defined as surgery performed on a patient who is admitted for investigation or operation on a planned none resident 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, preferably, a dedicated Day Surgery Unit. Dedicated means that the unit has theatres within the department and patients are not operated on in main theatres. 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, psychologically 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) states that 'Day Surgery is now considered the best option for 50% of all patients undergoing elective surgical procedures though the proportion will vary between specialities'. The Royal College of Surgeons guides the types of operation and investigation 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 are strict and pre-assessment is recommended.
**Patient Selection Criteria & Pre-assessment**

Selection criteria have been developed using the Royal College of Surgeons Guidelines for Day Case Surgery (1992), with regular up-dates. 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 patients fit the criteria, and gives the opportunity for the patients and staff to familiarise themselves with one another, to provide information and advice 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 Patients 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. On admission the named nurse identifies any problems or needs (physical, social or psychological) and informs the relevant surgeon or anaesthetist. The named nurse completes an assessment 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 to the patients' wrist/ankle together with any allergy bands. The nurse needs to complete a pre-operative checklist, an example of which will be seen during your placement. Following assessment the patient needs to be dressed appropriately in a theatre gown, removing underwear, taping any jewellery and removing any nail varnish and make-up. The patients are then seen by both the surgeon and anaesthetist, who explain again what will happen to the patient and take the patients written consent for the procedure. Depending on the surgery the patient is to undergo there may be other procedures to be followed i.e. shaving the operative area, pregnancy tests, pre-medication to be administered.
The named nurses' 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 marked and shaved if necessary.
- had correct investigations, tests and preparation for theatre
- has signed the consent form
- he/she is dressed in a theatre gown and all make-up removed
- all jewellery removed or secured
- Blood pressure/pulse, temperature, oxygen saturation and weight/body mass index have been recorded.
- Individual health needs of the patient has been highlighted i.e. coughs and colds.
- The patients are prepared emotionally as well as physically

**Post-operative period**

Following the operative procedure/investigation, the patients are taken to primary recovery. This area is where they are woken from the general anaesthetic and monitored until they are deemed alert and recovered enough to be transferred to the secondary recovery areas. In primary recovery the patient's 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 of at least 95%. Once the patient is awake and stable and the recovery nurse is satisfied with the patients recovery, they are transferred on a trolley to recovery two, a seven bedded female area or recovery three, a male seven bedded area. Depending on the type of operation the patient has undergone, protocols are available on the unit, which guide nursing staff on the length of the recovery period in these areas. Patients are nursed here, observations recorded and pain relief administered if necessary. Wounds are also dressed if required. Patients are offered refreshments prior to getting up: this is to assess whether or not they can tolerate fluids without causing nausea and vomiting, prior to discharge home. Once patients are fit enough they are assisted up from the trolleys and get dressed. They are then escorted to the patient’s sitting room for a further period of recovery (as per protocols) prior to discharge home.
Patients who are having ‘local’ operative procedures, (which does not involve general anaesthetic) e.g. flexible cystoscopy, or lumps and bumps are usually recovered in recovery areas four, (female) or recovery five, (male). These recovery areas are also used to care for patients who have had their procedures carried out in the Main Theatres.

**Discharge**

Ensuring that the patient is fit for discharge is vitally important, as they will be expected to continue 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 not later than admission. There are strict discharge criteria that the patient must achieve if they are to be allowed home. These criteria are mainly built around safety issues for the patient, nursing staff and the patients carer. The patients named nurse will re assess 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
5. have a carer for 24 hours following their surgery
6. not have a problem with their wound ie. oozing or bleeding
7. be provided with contact numbers in the event of having problems following discharge
8. be given written and verbal information about recovery, their operation and aftercare
9. be given guidance on any dressing changes or sutures to be removed
10. be given information about do's and don'ts following a general anaesthetic
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.
Transfers (overnight stay)

Unfortunately some patients do not fit our discharge criteria either due to physical or social reasons. Patients who have physical problems i.e. nausea or vomiting, pain, wound problems, dizziness etc are transferred to an in-patient area for overnight stay. The named nurse informs the ward, doctor and relatives of the transfer following consultation with the patient. Patients who have social problems i.e. no overnight carer or no transport home etc. are transferred to our patient hotel for overnight stay.

Woodford Williams Lodge (patient hotel)

If patients are medically fit enough for discharge but they have no one to look after them for twenty-four hours after discharge and have no transport home, patients may stay in the Woodford Williams Lodge. This is a patient hotel where they are provided with accommodation, meals and support and require minimal care. Staff on the Woodford Williams Lodge hotel can contact medical staff on the wards, should the need arise. Patients must fit the DCU discharge criteria prior to transfer. Transfer and hotel accommodation is booked via a liaison form, see appendix ---.

Telephone Consent

The DCU promotes continuation of care following discharge and therefore operates a telephone follow-up service. On admission the patients are asked whether they would object to being contacted by phone the following day to ensure that a good recovery has continued. If the patient gives their permission, the nurse will telephone the patient 24 hours after discharge and assess the patient again regarding pain, sleep, wounds, vaginal blood loss (where appropriate) and eating and drinking. They also reinforce the taking of pain relief medication and reinforce information given on discharge if the patient is still unsure.

This telephone follow up service is beneficial for both staff and patients and their carers as it gives the opportunity to clarify any problems and it gives the patients a chance to ask questions.
Our Day Case Unit falls within the Theatre Directorate and our Clinical Directors are Dr. John Greene and Mr. Peter Samuels. Our Business Manager is Dave Robson and deputy Business Manager is Jackie Burlinson. The Matron is Andrea Stubbs.

The DCU staff are:

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<tr>
<th>Role</th>
<th>Name</th>
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<tbody>
<tr>
<td>Ward Manager</td>
<td>Anne Taggart</td>
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<tr>
<td>Sister</td>
<td>Tracy Leybourne</td>
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<tr>
<td>Sister</td>
<td>Lisa Fromme</td>
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<tr>
<td>Staff nurse</td>
<td>Chris Gray</td>
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<tr>
<td>Staff nurse</td>
<td>Kath Hudson</td>
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<td>Staff nurse</td>
<td>Jeanette Frier</td>
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<td>Staff nurse</td>
<td>Sandra Shipley</td>
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<td>Staff nurse</td>
<td>Karen Luker</td>
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<td>Staff nurse</td>
<td>Jane Lindsley</td>
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<td>Staff nurse</td>
<td>Emma Parks</td>
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<td>Staff nurse</td>
<td>Patricia Eagling</td>
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<td>Staff nurse</td>
<td>Olive Murray</td>
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<td>Staff nurse</td>
<td>Brenda Armstrong</td>
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<td>Staff nurse</td>
<td>Kerry Allan</td>
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<td>Staff nurse</td>
<td>Lynn Kincaid</td>
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<td>Staff nurse</td>
<td>Lynne Palmer</td>
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<td>Jean Snaith</td>
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<td>Margaret Cummings</td>
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<td>Donna Forster</td>
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<td>June Smith</td>
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<td>Julie Goldsmith</td>
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<td>Staff nurse</td>
<td>Lalitha Ramesh</td>
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<tr>
<td>Staff nurse</td>
<td>Loga Pillaiie</td>
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<tr>
<td>Staff nurse</td>
<td>Normita Guppit</td>
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<tr>
<td>Staff nurse</td>
<td>June Wilson</td>
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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.
SURGEONS

General surgeons

Mr. Boobis
Mr. Vetrivel
Mr. Surtees
Mr. Brown
Mr. Dunlop
Mr. Corson
Mr. Small
Mr. Adedeji
Mr. Gray (locum)
Mr. Vanleenhoff (locum)

Gynaecologists

Mr. Murray
Mr. Bailey
Miss Dalton
Mrs. Cameron
Mr. Hinshaw
Mr. Steele
Mr. McNab
Ms. Piegsa
Ms. Emmerson

Urologists

Mr. Ahmad
Mr. Greene
Mr. Johnson
Mr. Brekken

Head and neck surgeons

Mr. Ryan
Mr. Linsey
Mr. Martin
Mr. Linley
Mr. Hartley
FURTHER READING


FURTHER READING


