

COME AND GO UNIT

PRE-OPERATIVE AND POST-OPERATIVE INSTRUCTIONS 02/2014

Patient Care Policy

POLICY:

All patients admitted to the Come and Go Unit (CGU) will receive general instructions and specific information relating to the OR environment, Radiology environment, Endoscopy treatment room, Yag Laser room, and CGU admission and discharge processes if applicable. The registered nurse (RN) will be responsible for pre-operative and post-operative education including surgical site infection prevention, hand and respiratory hygiene, activation of rapid response team (RRT), the prevention of adverse surgical event, and speak up. All staff will reinforce these instructions and relevant information to the patient and/or caregiver. The patient or caregiver must be able to verbally acknowledge the understanding of these instructions and information.

PURPOSE:

To prepare the patient physically and mentally, as well as to inform the patient of the procedures utilizing the established instructional information. To provide psychological support to the patient prior to the surgical procedures.

PROCESSES:

- I. Provide instruction for admitting the patient in CGU:
 - A. Patient's relative or significant other should, when possible, take valuables and excess clothing home. Lock clothing and valuables in a locker. The key is to be kept at the nurse's station. A Public Safety Officer may itemize and lock valuables in a safe deposit box and bring patient's home medications to inpatient pharmacy.
 - B. The patient's signature is required on the consent form. Patients may discuss with the physician if there is any question or concern regarding the informed consent. If a patient cannot sign the consent, follow the SFMH policy titled: "Patient Rights: Authorization and Consent to Surgery or Special Diagnostic or Therapeutic Procedures". If the patient does not understand English, the name of the translator must also be written on the consent form.
 - C. RN follows the SFMH Policy "Hospital plan of Patient and Family Education" to assess the education needs, abilities, learning preferences, and readiness of the patient to learn and understand the appropriate care and services provided. Instruction shall also include the following if appropriate:
 1. Prevention of adverse surgical event: Two Patient identifier, the use of sequential compression device on the legs, surgical site marking, and time-out before the incision.
 2. An intravenous (IV) catheter in the patient's arm or hand for fluid infusion.
 3. A Foley catheter if expected post-operatively.
 4. A Continuous passive motion device on their extremities if expected post-operatively
 5. A Patient controlled analgesia machine (PCA) if expected post-operatively.

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6. Plastic reconstructive patients should be informed that dressings may be tight and may require JP drains if expected post-operatively.
7. A firm fitting bra without wire and JP drains may be needed for post breast surgery if expected post operatively.
8. A motorized cooling unit to the operative site if expected post-operatively.
9. Arm in a shoulder immobilizer if expected post-operatively.
10. Surgical site infection prevention
11. Hand and respiratory hygiene
12. activation of rapid response team (RRT)
13. encourage to express safety concerns

II. Provide information regarding the trip to surgery:

- A. Require going to the OR on a gurney.
- B. Being interviewed by an OR nurse wearing surgical clothes. The patient will be asked his name, have his ID band verified, and asked a few questions related to his case.
- C. Anesthesia-related surgery patients will meet with the doctor who will be giving the anesthesia.
- D. The patient will have an opportunity to see the surgeon before going into the OR. The surgeon will mark the surgical site.
- E. The time the surgery is scheduled to begin and the length of time of the surgery.
- F. The type of anesthesia to be given.

III. Instruct patients on what to expect in Surgery:

- A. The Operating Room has many complicated equipment and machinery.
- B. The OR staff will have to place a mask over the patient's nose and mouth.
- C. The patient will be helped from the gurney to the operating table.
 1. The table will be narrow.
 2. Straps will be placed over the patient's abdomen and/or legs for safety and security.
- D. The OR nurse will be nearby to answer any questions and will make the patient as comfortable as possible.
- E. The anesthesiologist will attach some instruments for monitoring the patient's heartbeat, blood pressure, and oxygen saturation levels. He will start an IV in the patient's arm or hand if this had not already been done in the CGU.
- F. For local cases, the RN will attach instruments for monitoring the patient's heart, blood pressure, and oxygen saturation levels.
- G. Surgical site and the surrounding area will be cleansed with the skin preparing solution and will leave some color on the skin. The hair of surgical site may be clipped if necessary.

IV. Provide Information regarding what to expect in the Post-Anesthesia Care Unit (PACU):

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- A. The patient may have an oxygen mask or nasal cannula placed over his nose.
 - B. The nurse will call the patient's name frequently to wake him up
 - C. The patient will be asked occasionally to take deep breaths.
 - D. The patient will have monitoring instruments for monitoring his heart, oxygen saturation level and blood pressure.
 - E. The patient's blood pressure will be checked frequently.
 - F. The patient will be informed of the amount of time to be spent in the PACU.
 - G. The patient may ask for more medication if he feels nauseated.
 - H. The patient may ask for more pain medication if he is having pain. A numeral pain scale is used to assess the patient pain level
 - I. Outpatients will be discharged from PACU or CGU; Inpatients will be transferred to a nursing unit.
- V. Instruct patients on what to expect in phase II recovery:
- A. The patient's temperature, heart rate, respiration rate, blood pressure, oxygen saturation level will be checked
 - B. The patient's pain scale level will be checked
 - C. The patient's operative site dressings will be checked.
 - D. The patient's peripheral circulation, motion and sensation will be checked on patients who had extremity surgery.
 - E. The patient's IV will continue until he is fully recovered from the anesthesia.
 - F. The patient will be positioned for comfort to reduce pain, swelling and discomfort.
 - G. The nurse will verify that the equipment and supplies are being used by the patient as ordered by the surgeon. Patients will be instructed on the proper use of said equipment.
 - H. The patient will be given medication if necessary to ease any feeling of discomfort or nausea.
 - I. The patient will be able to drink fluids if the patient is not nauseated.
 - J. The patient will need to ask the nurse for assistance when getting up.
 - K. The patient's family may stay with the patient during his recovery in the Come and Go Unit.
- VI. Provide information regarding the discharge criteria for going home from the CGU:
- A. The patient's vital signs are stable.

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- B. The patient's operative site dressing must be intact and dry or with small amount of blood stain.
 - C. The patient's pain level is under control with PO pain medications.
 - D. The patient must be able to drink liquids before leaving the hospital.
 - E. The patient must be able to urinate before leaving the hospital. This applies to patients who have had urology procedures, lumbar epidural injections, Gynecology procedure, as well as those patients who have had their Foley catheter removed after surgery.
 - F. The patient is able to walk with minimal assistance or be at the pre-admission mobility status.
 - G. The patient must have a responsible adult present to drive him home or accompany him home by a taxicab. Or he can take the Saint Francis Memorial Hospital shuttle to get home safely.
- VII. Provide instructions to the family members or caregiver or friend.
- A. Include the pre-operative, post-operative as well as discharge instructions.
 - B. Inform the family when the patient will be going to surgery the length of time the surgery is scheduled to last, and the length of recovery time in PACU.
 - C. Give the telephone number of the CGU and the name of the nurse assigned to the patient's care, so that they may call back to get further information.
 - D. The physician will be available to talk to the family after the surgery. The family members are to wait in the waiting room.
 - E. The volunteer in the waiting room will answer any non-medical questions or he will ask a staff member if he does not know the answer. If there are no volunteers available, please have the family call the number on the sign posted, normally the CGU at extension 6220.
- VIII. Address any questions during the initial nurse screening and assessments regarding:
- A. Organ donation if a directive has been made.
 - a. Patient's Complaints and/or Rights
 - C. Blood transfusion consents
 - D. Potential physical and emotional harmful effects
 - E. Questions regarding Advance Directive
- IX. Instruct AM admission (AMA) patients on:
- A. The room the patient will be assigned after surgery
 - B. The patient's clothes, which will be transferred by the CGU staff after the room number has been assigned.

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Schick, L. , & Windle P. E. (Eds). (2010). *Perianesthesia Nursing Core Curriculum: Preprocedure, Phase I and Phase II PACU Nursing* (2nd ed.). St. Louis, Missouri: Saunders.

SFMH policy “Patient Rights: Authorization and Consent to Surgery or Special Diagnostic or Therapeutic Procedures”

SFMH Policy “Patient and Family Education Procedures”

Sponsoring Department or Committee	Approval Date
Department of Surgery Operations	2/14/2014
Other Approvals	Approval Date
Director of Perioperative Services	07/2010, 02/13/2014
MEC	09/2010
Board of Trustees	10/2010
Past Approval	Approval Date
Surgical Management Committee	07/2010 Revised: 02/1987, 01/1990, 01/1993, 02/1996, 06/1999, 03/2002, 11/2008

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