

WD/OP CONSULTANT

CH 364377 K
ADAM STRAIN

S 04/08/91

AS - ROYAL

PRE-SURGERY ASSESSMENT OF PATIENT BY THEATRE

specify

Has patient been in Theatre before?

Patient's parent's understanding of sequence of events.

Specified anxieties expressed:

Specify

Has patient any problems with:

- 1. Hearing
- 2. Vision
- 3. Speech
- 4. Mobility
- 5. Weight
- 6. Condition of skin

Note any other information relevant to preventing complications.

OPERATION DATE: TIME:

PATIENT'S IDENTIFICATION CHECK LIST:

CHECK PATIENT'S ARMBAND WITH THEATRE LIST

Checked/Corre

NAME: Ask patient/ward staff/parent

Hospital Number

Date of Birth

Allergies

No Yes

Have the following been removed?

Jewellery

Hair Accessories

Prosthesis

Yes No N/A

Has consent form been signed?

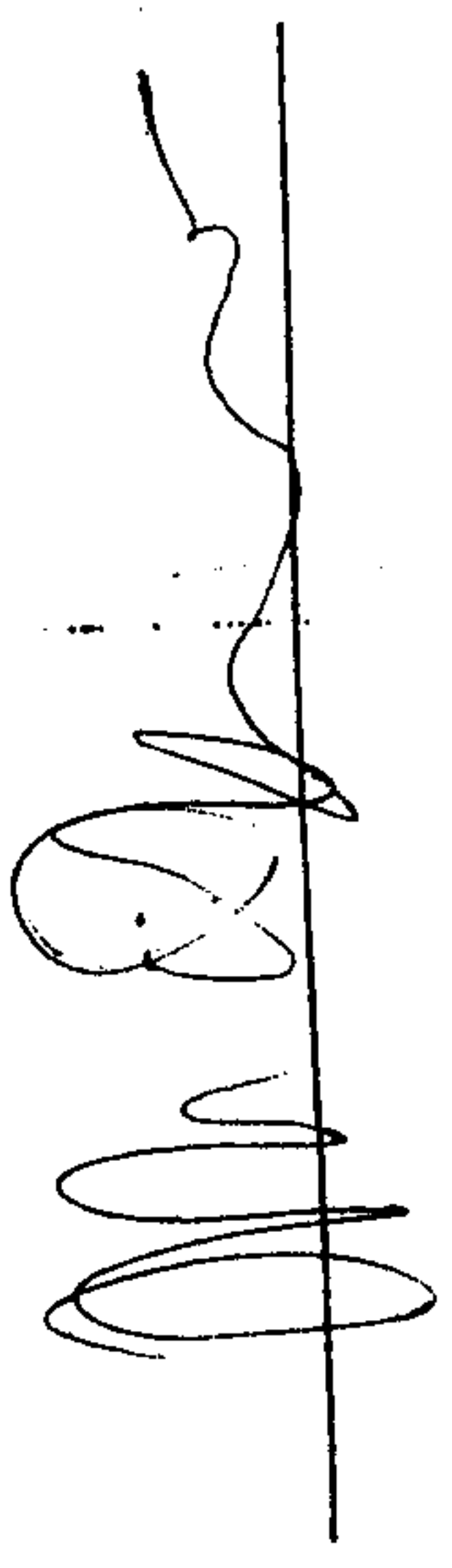
Has premedication been given?

Has the patient been fasting?

No

No

No



055-035-064

POTENTIAL PROBLEMS	AIM OF CARE	NURSING ACTION	SIGNATURE	COMMENTS/EVALUATION	SIGNATURE
<u>Communications</u> Anxiety due to illness and impending surgery	To express anxiety	Receive Patient, Assess perceived anxiety & anxiety of parents if present. Consider and respond to needs. Stay with patient.	MDA	Parent very upset in comfort & reassurance given	MDA
<u>Breathing</u> Airway obstruction	Maintenance of clear airway	Have all necessary equipment available. Check for loose teeth. Report to anaesthetist during Anaesthetic procedure.	MDA	Oxygen available Necessary equipment at hand	MDA
Excess loss of body fluids	Maintenance of fluid and blood volume	Monitor, record and report intake and output, if necessary. Weigh swabs & record & report to anaesthetist if necessary.			
<u>Express sexuality</u> Potential loss of dignity	Maintain dignity	Expose only as necessary	MDA	Privacy maintained	MDA
<u>Maintaining Safe Environment</u> Incorrect identification Incorrect surgery performed.	Correct identify patient and proposed surgery	Ensure checking procedure is complete and relevant details recorded and completed	MDA	checked checking procedure correct. All details given	MDA

DATE: 16/9/25

OPERATION PERFORMED: CA

TYPE OF ANAESTHETIC: GORD

(2)

(2)

PROBLEM	AIM OF CARE	NURSING ACTION	RE	COMMENTS/VALUATION	SIGNATURE
Ensuring a safe patient	Safe Transfer	At least 2 persons to assist and ensure brakes are on.	W.A.	Safe transfer	W.A.
Prevention of injury sustained with	Will not sustain injury	Position appropriate for Anaesthesia and surgery	W.A.	Safe	W.A.
Surgical patient	Will not sustain injury	Apply diathermy indifferent electrode appropriately. Correct size plaque applied. Connect to machine. Make sure skin is not in contact with metal.		n/a	
Minimise the risk of skin damage	Minimise the risk of skin damage	Assess skin condition - 1 Before surgery 2 After Surgery		1 Skin intact Numerous old abrasions Scars, healing.	
Prevention of foreign body	Ensure Foreign body is not retained	Check and record all swabs needles and instruments. Report count to Surgeon		n/a	
Minimise the risk of infection	Minimise the risk of infection	Ensure aseptic techniques and sterility are maintained		n/a	
Minimise risk of unnecessary Heat	Minimise risk of unnecessary Heat	Maintain adequate theatre temperature. Use heating aids as necessary		See notes	

AS ROYAL

PROBLEMS	AIM OF CARE	NURSING ACTION	EVALUATION	SIGNATURE
risk of obstruction	To maintain clear airway	Nurse in semi-prone position or similar recovery position, according to type of surgery procedure. Nurse beside O ₂ & suction. Emergency equipment and drugs at hand. at hand. a danger with the use of the correct administration of	Clear airway maintained	[Signature]
risk of shock	Early detection & swift action	To observe closely, maintaining 1 hourly T.P.R. Blood Pressure, colour sweating and drowsiness. Careful maintenance of body temperature with aids, e.g. blankets before admission and use of warm gangée. To observe administration of I.V. fluids as prescribed, checking site 1 hourly. Observation of any drains and catheter due to surgery.	Observations recorded. No reaction	[Signature]
pain	Control pain	Early detection of pain & discomfort before reaching peak. Administration of analgesia as prescribed.	Appears comfortable	[Signature]
risk of anaesthesia	To provide complete report of patient in theatre	To provide brief analysis of anaesthetic surgery recovery and pain relief procedures.	Full reports given to ward staff.	[Signature]
anxiety	Alleviate anxiety	Keep patient painfree and comfortable. Reassure patient by verbal and non-verbal communication. Allow patient to return to parents as soon as possible.	Patient reassured & returned to parents (s) & ward.	[Signature]

AS - ROYAL

DATE/TIME

EVALUATION

ADDITIONAL INFORMATION

SIGNATURE

SIGNATURE

16/9/93

~~15-10-10~~ Patient of Dr. Saw

of gastrostomy tube

Gaspar's family

Observations are - 0

P 124 R 36 Ewlo

Consent obtained:

went to breathe @ 4

Gastrosomy tube —

2 weeks for broers

600 Containe 13171

enough of hitting

Repair of Control

Price 7.50

Home after this

Page 2 of 2

N. R. B. B. B.

PATIENT'S NAME

Adelamy Strawn:

REG. No.

364377.

055-035-068