MSTR ADAM STRAIN

[redacted]

04/08/91
Male

[redacted]
EHSSB
CONSULTANT

WD/OP

DATE OF

OPERATION DATE

PRE-SURGERY ASSESSMENT OF PATIENT BY THEATRE STAFF

Yes specify

Has patient been in theatre before? YES/NO

Patient's Parent's understanding of sequence of events

Specified anxieties expressed

Has patient any problems with

Specify

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

Note any other information relevant to preventing complications

PATIENT'S IDENTIFICATION CHECK LIST

CHECK PATIENT'S ARMBAND WITH THEA

Check

NAME: Ask patient/ward staff/parent ✓

Hospital Number ✓

Date of birth

specify

Allergies NO/YES

Have the following been removed

	YES	NO	N/A
Jewellery	✓		
Hair Accessories			✓
Prosthesis			✓

	YES	NO
Has consent form been signed?	✓	
Has premedication been given?	✓	5mgs Temazepam 2.30pm
Has the patient been fasting?	✓	

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AS - ROYAL

057-026-043

[redacted] CARE PLAN FOR PATIENTS UNDERGOING SURGERY

DATE:
OPERATION PERFORMED:
TYPE OF ANAESTHETIC:

POTENTIAL PROBLEMS	AIM OF CARE	NURSING INTERVENTION	NAMED NURSE	COMMENTS/EVALUATION	SIGNATURE
Communications 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.		Child accompanied by mother + wife from ward. Theatre staff present.	
Breathing Airway obstruction	Maintenance of clear airway	Have all necessary equipment available. Check for loose teeth. Report to anaesthetist during Anaesthetic procedure.		Equipment available & functioning. anaesthetist present.	
Excess [illegible] fluids	Maintenance of fluid and blood volume	Monitor, record and report intake and output, if necessary. Weigh swabs & record & report to anaesthetist if necessary			
Express sexuality Potential [illegible]	Maintain dignity	Expose only as necessary		Dignity Maintained	
Maintaining Safe Environment Incorrect [illegible] Incorrect surgery performed	Correct identify patient and proposed surgery	Ensure checking procedure is complete and relevant details recorded and completed		Identity correct. Consent signed	

057-026-044

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