

	<p>POLICIES & PROCEDURES</p> <p>Title: PRE-ASSESSMENT CLINIC STANDARDS OF CARE</p> <p>I.D. Number: 1161</p>
<p>Authorization</p> <p><input checked="" type="checkbox"/> Unit Specific Manager of Nursing</p> <p><input checked="" type="checkbox"/> Nursing Practice Committee</p>	<p>Source: Nursing</p> <p>Reaffirmed: January 2020</p> <p>Date Effective: November 22, 2017</p> <p>Scope: SHR Urban Acute Care</p>

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1. POLICY

- 1.1 All nursing staff will adhere to the following Standards of Care when caring for patients in the Pre Assessment Clinic (PAC).
- 1.2 All nursing staff will incorporate Saskatoon Health Region (SHR) & site-specific policies and procedures into planning and care.
- 1.3 Patients will be assessed and prepared for surgery or other procedures, during the PAC visit.
- 1.4 Deviations from the Standards of Care will require notification to the physician.

2. PURPOSE

- 2.1 To ensure the provision of safe patient care, by ensuring that:
 - 2.1.1 Patient preoperative assessment and documentation is complete.
 - 2.1.2 Patient learning needs are met.
 - 2.1.3 Patients are prepared both physically and emotionally for the surgical procedure and discharge.
 - 2.1.4 Patients receive information to prepare for discharge.
Note: If necessary, nursing staff can access the Multilingual Community Interpreter Services (MCIS) by phoning 888-990-9014 to enhance patient comprehension. (See SHR Policy 7311-20-013)

3. PROCEDURE

3.1 The nurse collects patient data and checks that each patient has:

- 3.1.1 A completed History and Physical form which is signed and dated within 90 days prior to surgery date.

- 3.1.2 Tests completed, within 90 days prior to surgery date, as ordered with results available.
Note: *If any changes to the patient's medical condition, repeat tests as appropriate.*
- 3.1.3 Consults/referrals completed as ordered and available on chart.
- 3.1.4 If the patient's surgery is cancelled the PAC chart should be sent down to medical records.
- If the patient's surgery is postponed and there is reason to believe it will be rebooked within the next 30 days the unit may decide to keep the PAC chart on the unit and get direction from the surgeon regarding the need for the consults/tests to be repeated prior to the new surgery date. After the 30 days the chart should be sent to medical records.
 - If the patient's surgery is postponed after they have arrived at the hospital on the day of surgery, the chart should be sent to medical records.
- 3.1.5 Consent for Surgery (form #100362) signed and dated (See SHR policy 7311-50-002). This may be obtained the day of surgery.
- 3.1.6 A completed Nursing Admission Assessment (form #101500)/Acute Care Pediatrics Nursing Admission Assessment (form # 102691). The depth of the assessment is determined following the general observation of the patient and the documented and/or reported patient history.
Note: *If the patient is readmitted within 30 days with the same diagnosis, a copy of the Nursing Admission Assessment form can be revised for the present admission except the systems assessment must be redone.*
- 3.1.7 A completed and signed Preadmission Medication List/Physician Order Form (form #102728) with the best possible med history. This includes reviewing with patient all his/her prescriptions, over-the-counter and herbal medicine use and any prescriptions that will not show up on this list i.e. Cancer Centre and TB medications. The date and time of last dose will be included on the day of surgery.
- 3.1.8 A completed Allergy/Intolerance Record (form #103420 (NCR) / #103420-1(Non NCR)) or Allergy/Intolerance Record Addendum, if needed (form#103617 (NCR)/#103617-1 (Non NCR)). This includes reviewing the severity and symptoms of all the patient's allergies/intolerances, for medication and non-medication reactions.
- 3.1.9 If patient is interested in Nicotine Replacement Therapy the preprinted orders (#102844) are added to his/her chart.
- 3.1.10 Antibiotic Resistant Organism (ARO) Screening (form #102780) completed and swabs sent as applicable.
- 3.1.11 A completed Braden Scale (#103417) if the patient is bed ridden or wheelchair bound.
- 3.1.12 Applicable Clinical Pathways forms and orders on the patient's chart and completed as applicable.
- 3.2 The nurse ensures that patient learning needs are addressed by members of the multi-disciplinary team.**
- 3.2.1 The patient receives instruction regarding preoperative preparation, the surgical procedure, post-operative care, and discharge information/planning.

- 3.2.1.1 The patient's understanding of all pre-operative instructions will be assessed and documented on the Pre-Operative Teaching Record (#101725). (See Preparing a Patient for Surgery, pp 883-9, "Nursing Interventions & Clinical Skills, 8th Ed.).
- 3.2.1.2 The patient is instructed to follow the SHR Fasting Guidelines which are:
- 3.2.1.1.1 Children: Nothing other than the following after midnight:
- Breast Milk up to 4 hours prior to surgery time
 - Infant formula up to 6 hours prior to surgery time
 - Non-human milk up to 6 hours prior to surgery time
 - Clear fluids up to 1 hour prior to surgery time
- NOTE:** Children are encouraged to drink clear fluids until 1 hour before the surgery time.
- 3.2.1.1.2 Adults: Nothing other than clear fluids after midnight
- Clear fluids up to 2 hours prior to surgery time
- NOTE:** Clear fluids include water, apple juice, non-alcoholic and carbonated beverages, clear tea and black coffee. Sugar may be added to tea or coffee.
- 3.2.1.3 Teaching aides are utilized to reinforce verbal instructions, e.g. videos, pamphlets, handouts.
- 3.2.1.4 Each patient will receive the Same Day Admission for Surgery pamphlet (#102899) with specific instructions individualized for that patient.
- 3.2.1.5 The patient's family is included in the teaching and discharge planning, when appropriate.

3.3 The nurse ensures that patient physical needs are addressed:

- 3.3.1 All pre-operative physician orders are implemented including those on the OR Booking Slip, Practitioner's Orders (#101091) and Consultation Request (#4051).
- 3.3.2 According to patient condition/comorbidities, the nurse will obtain an order for consults as required, e.g. Anesthesiology, Physio, Enterostomal Therapist, etc.
- 3.3.3 Abnormal test results and concerns regarding the patient's medical condition and medication history, or untoward changes, which may have an impact upon the surgical procedure, or recovery, shall be reported to the surgeon/anesthetist.
- 3.3.4 Preoperative medications ordered to be taken at home prior to surgery will be dispensed by the hospital Pharmacy Department or by prescription. Instructions regarding administration are provided by the nurse and documented.
- Anticoagulant Bridging-the patient/family (or Home Care arranged) will be given instructions regarding injection technique and sites by the PAC RN. RUH and SCH PAC patients will pick up medication from SCH Pharmacy. SPH PAC patients will receive their medication from the SPH Pharmacist. Patients will also receive information about the medication, side effects etc. from the SHR Pharmacist.
- 3.3.5 As ordered by the physician, the patient will be instructed as to which regularly scheduled medications should be taken the morning of surgery.

3.3.6 The PAC RN will ensure each patient understands their pre op instructions and has written instructions to follow after all consultations are complete. Each consult and Practitioner's Order will be reviewed by the RN prior to patient discharge from the PAC unit.

3.3.7 The patient will be instructed to use the appropriate skin prep and timing of use, for his/her surgery.

3.4 The nurse ensures that the patient emotional needs are addressed by:

3.4.1 Giving the patient the opportunity to express concerns and questions regarding his/her entire pre/post-operative experience and by providing answers/reassurances as appropriate.

3.4.2 Treating his/her with dignity, respect, and sensitivity to privacy needs.

3.4.3 Giving care that demonstrates sensitivity to individual diversity and culture.

3.4.4 Handling personal information confidentially.

3.5 The nurse shall provide effective, professional nursing care for patients admitted to the PAC unit by:

3.5.1 Recognizing any instability of a patient and immediately communicating that concern to the RN charge nurse with initiating emergent actions to maintain patient safety.

3.5.2 Being familiar with the Code Blue policy and location and proper use of the resuscitation cart. The RN will ensure that the resuscitation cart is fully stocked at all times (if applicable).

3.5.3 Having current CPR certification.

3.5.4 Showing respect, building trust, practicing open communication, and valuing the education and growth of fellow co-workers.

3.5.5 Being responsible for reading communication notices to keep updated on new information.

3.6 Staff will maintain competence and enhance their practice with ongoing education and evaluations by:

3.6.1 Accepting responsibility for continuing education, upgrading of knowledge and skills relevant to their area of practice.

3.6.2 Attending inservice education lectures in the hospital when possible. Staff are encouraged to maintain competence through attendance at workshops, conferences etc.

3.6.3 Communicate with other health care providers and peers to remain current with relevant practice changes.

- 3.6.4 Acting as a resource person for staff in other departments and family members who has questions regarding the procedure, post-procedure observations and/or complications.
- 3.6.5 Becoming active members of their professional organizations.
- 3.6.6 Participating in performance appraisals and/or formal evaluations according to policy, to evaluate skill and knowledge in the field.
- 3.6.7 Participation in patient/staff satisfaction events, such as patient visits on the inpatient unit, audits, surveys etc.
- 3.6.8 Demonstrating a willingness to accept change in nursing practice intended to improve patient care, as substantiated by research.

3.7 A safe environment will be maintained for both staff and patients:

- 3.7.1 All equipment will be operated according to manufacturer's instructions.
- 3.7.2 Bed/crib side rails are up when appropriate and call bells within reach.
- 3.7.3 All staff will be familiar with the unit Fire Plan, WHMIS, and know how and when to initiate all EPP plans.
- 3.7.4 All staff will take reasonable care to protect his/her safety or the health and safety of others at work as per Occupational Health and Safety Regulations.
- 3.7.5 All staff will understand and utilize Standard Precautions.
- 3.7.6 All positive ARO patients will be placed on Additional Precautions. If appropriate, in the PAC unit, the patient may be asked to restrict contact with surfaces in the interview room and at the end of the visit the patient contact areas (chair etc.) in the room may be cleansed with a one-step cleaning and disinfecting wipe instead of a terminal cleaning by housekeeping.
- 3.7.7 If the patient is expected to remain in hospital after surgery only overnight or less than 24hrs they do not require ARO screening unless an alert from the lab is received requesting swabs.
- 3.7.8 If the patient is a known **contact** for a newly identified ARO case, the patient is not placed on Additional Precautions during their entire PAC visit. **If that patient is admitted to an in-patient unit**, communication is required to the in-patient unit regarding the patient being identified as a "Contact" of a known ARO client and appropriate additional precautions implemented. (See Infection Prevention and Control Policy and Procedure Manual, "30-10, Contact Precautions")
- 3.7.9 Staff members are encouraged to keep immunizations current.

3.8 Ethical and Legal issues will be addressed.

- 3.8.1 Staff will discuss client care problems with the Manager of Nursing who will at his/her discretion consult with the SHR Ethics Committee, the Client Care Representative, or the SHR Lawyer.

4. REFERENCES

National Association of PeriAnesthesia Nurses of Canada Standards for Practice 3rd Edition 2014.

Perry, A., Potter, P., & Ostendorf, W. (2016). Clinical Nursing Skills and Techniques, (8th Edition). Mosby.

Potter, P., Perry, A., Stockert, P., & Hall, A. (2017), Fundamentals of Nursing (9th Edition). Mosby.

Surgical Executive Committee, former Saskatoon Health Region, Saskatchewan Health Authority.
Increasing the accepted pre-operative test times from 30 days to 90 days.