Medical Governance for Post-Operative Patients Procedure

1. Guiding Principles

Effective: 17 December 2020

Care of and the responsibility for the post-operative patient is shared between the nursing staff, the anaesthetist and with the practitioner performing the procedure.

There must be effective communication between all parties.

The purpose of this document is to outline medical governance arrangements for post-operative patients.

2. Procedure

Anaesthetist

The patient's anaesthetist is responsible for the following:

- Clinical handover to post-anaesthesia care unit (PACU) nurses. This will include a
  - 3 point identification check (name, date of birth and medical record number),
  - Surgical procedure, past medical history, anaesthetic technique (including drugs and fluid administration), airway management, pain management, any significant intra-operative concerns and specific post-operative instructions.
- Handover or delegation of care to the PACU nurses should not proceed if airway, respiratory and cardiovascular status is not stable. The anaesthetist remains responsible for the patient in PACU until discharge criteria is met. The anaesthetist should be readily available to deal with any unexpected problems or to ensure that another nominated anaesthetist is available.
- If the patient requires admission to the high dependency unit, a formal handover to the HDU doctor is essential. The HDU doctor will take over responsibility for the patient's care.
- Any other post-operative concerns should be handover to the treating team for follow up.

The patient's anaesthetist is responsible for the following documentation:

- Intravenous fluids for 24 hours (WACHS MR176/176P)
- On the inpatient medication chart (WACHS MR170A/D); appropriate analgesia and anti-emetic
- Prescription on the patient controlled intravenous analgesia (PCIA) chart (WACHS MR170.5) and post-operative nausea and vomiting chart (MR174A) as appropriate
- On the epidural chart (WACHS MR170.2), epidural prescription for labour and instrumental analgesia.

Surgical Team

The surgical team is responsible for the following:

- Deep vein thrombosis (DVT) assessment and prescription of post-operative anticoagulants and mechanical prophylaxis
- Prescription of post-operative antibiotics
- Prescription of the patient's normal medications
- Prescription of take home medications for day surgery patients and for patients expected to be discharged the next day

On the ward, the surgical team is responsible for all medical issues other than pain, nausea and vomiting and queries regarding epidural/ spinal anaesthesia. Nursing staff should escalate issues of deteriorating patient according to the WACHS Clinical Escalation of Acute Physiological Deterioration including Medical Emergency Response Policy.

The surgeon is responsible for documenting an appropriate post-operative care plan. If the surgeon is not available for post-operative care, they must handover the responsibility to a suitably credentialed surgeon at Albany Health Campus.

For visiting surgeons who are not available for their patients' post-operative care, a clinical handover to an appropriately credentialed surgeon at Albany Health Campus is essential before their departure.

The nurse or midwife is to contact the following medical staff for the following identified post-operative surgical patient issue:

Patient Issue	Medical Officer	0800-1800 hours Monday-Friday excluding public holiday	Out of hours, all other times
Normal medication, DVT prophylaxis, post-operative antibiotic and take home prescription	Surgeon	Patient's surgeon	On call surgical intern, registrar or consultant- refer to roster viewer
Concerns with wound care, bleeding and discharge planning. Pain management after 24 hours	Surgeon	Patient's surgeon	On call surgical intern, registrar or consultant- refer to roster viewer

Patient Issue	Medical Officer	0800-1800 hours Monday-Friday excluding public holiday	Out of hours, all other times
Concerns with wound care, bleeding and discharge planning. Pain management after the first 24 hours	Orthopaedic, gynaecology and visiting surgeon	Patient's surgeon	On call surgical intern, surgical / gynaecology registrar or consultants
For acute pain management for the first 24 hours post operatively and any persistent pain issues after 24 hours	Anaesthetist	Patient's anaesthetist	On call anaesthetist- refer to roster viewer
Persistent post-operative nausea or vomiting where the treating team does not believe the cause to be related to bleeding, post-op infection or other surgical matter	Anaesthetist	Patient's anaesthetist	On call anaesthetist- refer to roster viewer
Epidural care and concerns while epidural is in situ or for conditions after its removal e.g. haematoma, site infection, neurological deficit and headache	Anaesthetist	Patient's anaesthetist	On call anaesthetist
Post-operatively HDU surgical /ventilated patients	HDU Doctor	HDU Doctor	On call HDU doctor

3. Definitions

Nil

4. Roles and Responsibilities

The **anaesthetist** is responsible for ensuring the completion of relevant documentation, appropriate clinical handover and post-operative care of the patient as documented above.

The **surgeon** is responsible for ensuring the appropriate post-operative care plan has been documented and where required, hand over to suitably credentialed surgeon for post-operative care as documented above.

All Staff are required to work within policies and guidelines to optimise patient safety. Effective communication to the appropriate team is essential.

5. Compliance

Failure to comply with this procedure document may constitute a breach of WA Health Code of Conduct (Code). The Code is part of the Integrity Policy framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff. Failure to comply may constitute suspected misconduct under the WA Health Misconduct and Discipline Policy.

6. Records Management

Health Record Management Policy

7. Evaluation

Monitoring of compliance with this document is to be carried out using the following means / tools:

- Number of Datix Clinical Incident Management System (Datix CIMS) forms, complaints or Medical Emergency Response (MER) calls related to delayed contact of the appropriate medical officer to manage the patients' post-operative issue.

8. Standards

National Safety and Quality Health Service Standards - 1.25

9. Legislation

Nil

10. References

ANZCA Professional documents:

- PS53 Statement on the handover responsibilities of the anaesthetist 2013
- PS04 Statement on the post-anaesthesia care unit 2020

11. Related Forms

GS MR174A Post-Operative Nausea and Vomiting Pathway
MR170.2 WACHS Epidural-Spinal Prescription and Additional Observations Chart
MR170.5 WACHS PCIA-IV Opioid Infusion Prescription and Additional Observation Chart
MR170A WA Hospital Medication Chart – Adult Short Stay
MR170D National Inpatient Medication Chart - Paediatric Short Stay
MR176 Intravenous Fluid Treatment
MR176P WACHS Neonatal - Paediatric Intravenous Fluid Treatment Form

12. Related Policy Documents

WACHS Clinical Escalation of Acute Physiological Deterioration and Medical Emergency Response Policy
WACHS Medical Practitioners' Manual

13. Related WA Health System Policies

Nil

14. Policy Framework

Clinical Governance, Safety and Quality

This document can be made available in alternative formats on request for a person with a disability

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