

**1.2.3.1 STANDARD OPERATING PROCEDURE** - Preparation of the patient for elective surgery/procedures - completing the Patient Theatre Ticket

<b>Policy:</b> Food, Fluid and Nutritional Care		<b>Policy Reference:</b> 1.2.3	<b>Originator:</b> Anaesthesia Clinical Governance Group
<b>Operation</b>	Preparation of the patient for the operating theatre - completing the Patient Theatre Ticket (Appendix 4)		
<b>Part Number/ Name</b>	This Standard Operating Procedure (SOP) must be used in order to ensure the patient experiences a safe/efficient, person centred journey through the operating department. It is vital that the preparation prior to this journey is planned and completed as per this SOP.		
<b>Safety Tools/ Clothing</b>	Universal precautions		
<b>Tools/ Equipment</b>	Patient Theatre Ticket (THB 162)/Ophthalmology Theatre Ticket Your Trip to Theatre Patient Information Leaflet (LN0544) NEWS chart/Drug Kardex		
<b>No</b>	<b>Main Operating Steps</b>	<b>Rationale</b>	<b>Evidence/support</b>
<b>Part 1 - Patient/Carer Completion (page 1 of theatre ticket)</b>			
<b>1</b>	<p><b>Patient preferred name and concerns addressed</b></p> <p>Give the patient the <b>theatre ticket</b> to complete if able or nurse to support the patient to complete</p> <p><b>Nurse to check the patients' preferred name and any concerns or if the patient wishes to be accompanied documented on the theatre ticket</b></p> <p><b>Nurse to address any concerns as necessary If relevant - Nurse to inform surgeon/anaesthetist if any concerns Nurse to inform theatre if patient wishes to be accompanied</b></p>	<p>The provision of communication in various formats help to inform patients, reduce stress and alleviate anxiety</p> <p>Person centred care</p> <p>Your Trip to Theatre Patient Information Leaflet (available in BSL and Polish)</p>	<p>Department of Health (2000) Chapter 10</p> <p>Kennedy (2001) Section 2, Chapter 23</p> <p>NHST (2017) Interpretation and Translation Policy</p> <p>Liddle (2012)</p>
<b>2</b>	<p>The <b>patient is fasted</b> as per local NHST protocol Standard fasting is:</p> <ul style="list-style-type: none"> <li>• Clear fluids up to two hours pre-op</li> <li>• Solid food up to six hours pre-op</li> </ul> <p><b>Nurse to check the patient has completed the relevant section of the theatre ticket</b></p> <p>For maximum safety and comfort, patients must be actively encouraged to drink <b>clear fluids until 2 hours before surgery</b>. Patients <b>MUST</b> have a last drink at 6.30am if have been fasted solids from midnight please.</p> <p><b>Nurse to confirm prior to going to theatre and complete part 2 of the theatre ticket:</b></p> <ul style="list-style-type: none"> <li>• Last food</li> <li>• Last drink</li> </ul> <p><b>Nurse to inform anaesthetist if any concerns</b></p>	<p>Fasting reduces the risk of aspiration pneumonitis (due to aspiration of stomach contents) at induction of anaesthesia</p> <p>To reduce inappropriate fasting times</p> <p>Enhance post operative recovery time</p>	<p>AAGBI (2010)</p> <p>RCN (2005)</p> <p>DoH (2010b)</p> <p>WHO (2009)</p> <p>BADS (2013)</p>

No	Main Operating Steps	Rationale	Evidence/support
3	<p><b>Baseline recordings TPR and B/P</b> must be undertaken and <b>recorded on the NEWS chart</b> on admission.</p> <p>An accurate patient weight and calculation of <b>BMI</b> must be recorded in the patient's notes.</p> <p>In the event of a bariatric patient being scheduled for theatre, ward staff should inform nurse in charge of theatre - this will allow for planning individualised care</p> <p>Dipstick of <b>urine testing</b> (if applicable)</p> <p><b>Nurse to inform surgeon/anaesthetist if any concerns</b></p>	<p>To assess subsequent recordings during peri-operative journey; required for the correct calculation of anaesthetic drug administration</p> <p>May influence the positioning and use of pressure aids during surgery</p> <p>To identify urine infection, biliuria, glycosuria and irregular osmolality</p>	<p>Williams et al (2015)</p> <p>NHS Modernisation Agency( 2002)</p> <p>NHS Tayside (2010) Protocol for the safer handling of bariatric patients</p>
4	<p><b>Medication</b></p> <p><b>A) Routine drugs/including eye drops/inhalers should be administered at prescribed times unless otherwise stated by the Anaesthetist/at pre-assessment</b></p> <p><b>Nurse to check the patient has completed the relevant section of the theatre ticket and Nurse to confirm in part 2 of the theatre ticket</b></p> <p>As a rule routine medicines should be given to all patients including up to the time of surgery with a small amount of water Ensure pre-med administered/EMLA cream applied as prescribed</p> <p><b>B) Some routine drugs may require to be omitted due to the nature of surgery</b></p> <p><b>Nurse to check the patient has completed the relevant section of the theatre ticket and Nurse to confirm in part 2 of the theatre ticket</b></p> <p><b>Include time of last oral anticoagulant and/or Fragmin given</b></p> <p><b>Nurse to inform surgeon/anaesthetist if any concerns</b></p>	<p>To ensure that the patient is optimally prepared for anaesthesia and that existing ongoing medical conditions are managed appropriately</p>	<p>Appendix 1: Drugs: Quick Guide - What to stop before surgery</p> <p>NHS Tayside (2012) Clinical Guidance; Administration of Medicines in the Peri-operative Period</p>

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5	<p><b>Hearing Aids/Glasses</b></p> <p><b>Nurse</b> to check the <b>patient</b> has completed the relevant section of the <b>theatre ticket</b></p> <p>Hearing aid/glasses can be worn until induction of anaesthesia</p> <p>Prostheses such as wigs, false eyes and artificial limbs may be retained in situ until in the anaesthetic room to maintain the patients dignity/or may be kept on the ward for safekeeping</p>	<p>Hearing aids are essential for the patient to communicate with theatre staff, so can be left in until the patient reaches the anaesthetic room and is about to be anaesthetised</p> <p>The hearing aid should then be removed and given to recovery staff so that they can insert it once the patient regains consciousness</p>	<p>King (1998)</p> <p>Wicker (2000)</p> <p>James et al (2017)</p>
6	<p><b>Contact lenses</b> may be kept in – <b>check with anaesthetist</b> for longer operative procedures. If removed they must be kept on the ward for safe-keeping.</p> <p><b>Nurse</b> to confirm presence of <b>contact lenses</b> prior to going to theatre/or ask patient to remove as instructed by anaesthetist</p>	<p>Contact lenses may be worn, however during longer procedures there may be a risk that they can become dry and may scratch the cornea</p>	
7	<p><b>Loose teeth/caps/crowns/bridges/dentures</b> identified</p> <p><b>Nurse</b> to check the <b>patient</b> has completed the relevant section of the <b>theatre ticket</b> and <b>Nurse</b> to confirm in part 2 of the <b>theatre ticket</b></p> <p><b>Dentures</b>, if tight fitting, and if the patient does not normally remove them routinely, may be left in place until induction/or left in throughout the procedure at the anaesthetist's discretion</p>	<p>Caps, crowns, bridges or loose teeth can become dislodged or damaged during intubation and may compromise the airway</p> <p>Preserve patient dignity</p> <p>Retention of dentures can assist in providing a better mask seal during induction</p>	<p>King (1998)</p> <p>Wicker (2000)</p> <p>James et al (2017)</p>
8	<p>Patient has <b>bathed in the last 24 hours</b></p> <p><b>Nurse</b> to complete relevant section of the <b>theatre ticket</b></p>	<p>Microorganisms can originate from the patient's skin, to prevention of Surgical Site Infection (SSI) patients must bathe pre-operatively</p>	

No	Main Operating Steps	Rationale	Evidence/support
9	<p><b>Patient suitably attired for relevant surgical intervention</b> – see quick reference guide</p> <ul style="list-style-type: none"> <li>• Use of theatre gown (for GA/Spinal)</li> <li>• Patient own clothes (for LA/regional anaesthesia)</li> </ul> <p><b>N.B.</b> Some LA/regional anaesthesia patients may require a gown to protect their own clothing from peri-operative fluids For patient dignity <b>cotton pants/underwear may be worn</b> providing it does not impede surgical/anaesthetic access</p> <p><b>Bras</b> do not need to be removed unless this impedes the operative site, however patient preference must be taken into account e.g. patients with breast prosthesis who may wish to retain this until in the anaesthetic room</p> <p><b>Dressing gown/footwear (slippers/shoes) must</b> be worn if the patient is walking to theatre</p> <p>If the patient does not have a dressing gown then please use another gown as a robe</p> <p>The patients shoes may be worn if suitable or use disposable slippers</p>	To allow access for surgery	
10	<p><b>Hair adornments, nail varnish and make-up</b> to be removed pre-operatively before going to theatre</p>	Nail varnish and make-up removed to facilitate accurate monitoring of patient's condition	Wicker (2000) James et al (2017)
11	<p>A <b>wedding band</b> may be worn however this must be taped securely before going to theatre/or retained on the ward for safe-keeping</p> <p>Some items of jewellery are worn for religious or cultural reasons and may cause offence if removed; these must be secured/taped</p> <p><b>Body piercings and/or oral jewellery</b> must be removed and retained on the ward for safe-keeping or taped securely before going to theatre</p>	<p>Secure all rings and other jewellery to ensure that they are not lost during positioning or moving of the patient</p> <p>Some body piercings may interfere with the surgery or compromise the airway and may be removed if required</p>	NATN (2004) NATN (1999) Wicker (2000) James et al (2017)

No	Main Operating Steps	Rationale	Evidence/support
<b>Part 2 - Patient Theatre Ticket - Nurse Checklist (RED section, page 2 of theatre ticket)</b>			
1	<p>Ensure relevant <b>patient identity band</b> in situ (<b>WHITE/RED</b>)</p> <p>The patient identity band will be <b>WHITE</b>; except where the patient has a known allergy (including drug/food allergies) or alert or to distinguish patients who do not wish to receive blood products or components - then a <b>RED</b> identity band must be in place</p> <p><b>N.B.</b> A patient who requires transfusion of blood products or components must have a legible patient identity band applied before this takes place.</p> <p><b>N.B.</b> If applicable the <b>ID Band should not be placed on the patient's operative limb</b></p> <p><b>Nurse to complete relevant section of the theatre ticket</b></p>	<p>To ensure correct identity of patient. Details must be printed and legible with the following:</p> <ul style="list-style-type: none"> <li>• Forename</li> <li>• Surname</li> <li>• CHI</li> <li>• Date of Birth</li> <li>• Gender</li> </ul> <p>To manage the prevention of an allergic reaction</p>	<p>WHO ( 2009)</p> <p>NHS Tayside Use of Blood Products and Blood Components (2013)</p> <p>NHS Tayside (2017) Establishing Patient Identity Policy</p> <p>James et al (2017)</p> <p>NPSA (2007)</p>
2	<p>Check that patient <b>consent to treatment</b> has been obtained prior to patient going to theatre</p> <p><b>Nurse</b> to check this corresponds to the operative list</p> <p>Medical staff to complete Adult with Incapacity (Section 47) if required</p> <p><b>Nurse to complete relevant section of the theatre ticket</b></p> <p><b>Nurse to inform surgeon and theatre staff if any concerns/discrepancies</b></p>	<p>To ensure informed consent is sought</p> <p>Consent form should be:</p> <ul style="list-style-type: none"> <li>➤ Legible</li> <li>➤ With NO abbreviations and should describe the planned operative procedure <b>ACCURATELY</b></li> <li>➤ Must include CJD/vCJD status</li> <li>➤ Refusal of Blood products/blood components (if applicable)</li> </ul> <p>Where an adult patient is judged to lack the mental capacity to give or withhold consent for themselves, this must be assessed under the terms of the Adults with Incapacity (Scotland) Act 2000</p>	<p>Department of Health (2010 a)</p> <p>NHS Tayside (2018) Informed Consent Policy</p>

No	Main Operating Steps	Rationale	Evidence/support
3	<p>If applicable - <b>Check operative SITE/SIDE/LIMB</b> has been marked with indelible pen where practical</p> <p>This should then be confirmed with the patient's notes, X-rays and the operating list</p> <p><b>It is the responsibility of the person performing the procedure to ensure that the correct side/site is marked; alert operating surgeon if this has not been done</b></p> <p><b>Nurse to complete relevant section of the theatre ticket and indicate left or right side if applicable</b></p> <p><b>Nurse to inform surgeon and theatre staff if any concerns/discrepancies</b></p>	Prevent wrong site surgery	<p>NATN (2004)</p> <p>WHO (2009)</p> <p>WHO (2007)</p>
4	<p>Ensure all <b>relevant documentation</b> is available to accompany patient this <b>MUST</b> include:</p> <ul style="list-style-type: none"> <li>• Nursing record</li> <li>• Results from investigations /blood tests(specifically X match/G&amp;S)</li> <li>• NEWs chart</li> <li>• Drug Kardex</li> </ul>	All medical and nursing records should accompany the patient to the operating theatre so that an accurate assessment of the patient's history can be made for the delivery of safe perioperative care	NATN (1999)
5	<p>Check are there any <b>infection control risks</b> that the theatre team should be aware of?</p> <p>This can include:</p> <ul style="list-style-type: none"> <li>- recent diarrhoea</li> <li>- high risk patients e.g. HIV/Hep B or C</li> <li>- active infection - such as MRSA/C Diff</li> </ul> <p><b>Nurse to complete relevant section of the theatre ticket</b></p> <p><b>Nurse to inform surgeon and theatre staff if any concerns</b></p>	<p>To prevention of Surgical Site Infection (SSI)</p> <p>To ensure patients with infections are cared for appropriately and actions are taken to minimise the risk of cross-infection</p>	<p>Health Protection Scotland (2013)</p> <p>NHS Tayside (2018) Infection Prevention and Control Policy</p>
6	<p>If an <b>interpreter</b> is required they <b>must</b> accompany the patient to theatre</p> <p><b>Nurse to complete relevant section of the theatre ticket</b></p>	<p>Reduce patient anxiety</p> <p>Ensure informed consent</p>	NHST (2017) Interpretation and Translation Policy

No	Main Operating Steps	Rationale	Evidence/support
7	<p><b>Allergy</b></p> <p><b>Nurse to complete relevant section of the theatre ticket – confirm with pre-assessment (PAC) document/patients medical records (ALERT Box)</b></p> <p>Ensure this includes any food allergies, adverse reactions to anaesthesia or blood transfusions</p> <p><b>Nurse to record on TPAR</b></p> <p><b>Nurse to inform surgeon/anaesthetist and theatre staff if any concerns</b></p>	<p>Identify allergies to minimise risk for patient during surgery e.g.</p> <ul style="list-style-type: none"> <li>• Elastoplast</li> <li>• specific drugs (antibiotics, Suxamethonium)</li> <li>• Food allergy such as eggs or nuts</li> <li>• Iodine</li> <li>• Latex</li> </ul>	World Health Organisation (2009)
8	<p><b>Prostheses</b> to be identified and recorded on <b>theatre ticket</b>:</p> <ul style="list-style-type: none"> <li>➤ Pacemaker</li> <li>➤ Joint prosthesis</li> <li>➤ Nerve stimulator</li> <li>➤ Orbital prosthesis</li> <li>➤ Cochlear implant</li> </ul>	To prevent damage to the prosthesis through use of mono-polar diathermy/ movement of the patient	NATN (2004)
9	<p><b>Blood products</b></p> <p>If applicable, <b>nurse</b> to record if the patient has had a Group and Save sample or if blood is available</p> <p><b>INR - Nurse</b> to record last INR result for patients on anticoagulants</p> <p><b>Nurse to complete relevant section of the theatre ticket</b></p>	<p>Group and Save provision allows rapid blood delivery in an emergency</p> <p>Surgery and invasive procedures have associated bleeding risks that are increased by the use of anticoagulants</p>	<p>NICE (2015)</p> <p>NHS Tayside Use of Blood Products and Blood Components (2013)</p>

No	Main Operating Steps	Rationale	Evidence/support
<b>Part 2 - Patient Theatre Ticket - Nurse Checklist (AMBER section, page 2 of theatre ticket)</b>			
1	<p><b>Pregnancy status</b> should be determined for all females aged 12-55 years (if menstruating)</p> <p><b>Nurse to complete relevant section of the theatre ticket. Nurse to inform surgeon/anaesthetist if any concerns/patient refusal</b></p> <p><b>If consent is given, and the result is positive, the pre-operative preparation should be temporarily discontinued and the relevant surgeon informed immediately</b></p> <p>Staff should be sensitive to particular circumstances in which the question of possible pregnancy should not be asked, <b>such as women undergoing surgery for removal of retained products of conception (miscarriage)/ termination of pregnancy</b></p> <p>A sample of urine obtained for standard urinalysis <b>must not</b> be used for pregnancy testing without the patient's knowledge and consent</p> <p><b>N.B.</b> A child under 13 years is not legally capable of consenting to sexual activity; any offence under the Sexual Offences Act (2003) involving a child aged under 13 years is very serious and should be taken to indicate that the child is suffering, or is likely to suffer, significant harm (Working Together to Safeguard Children 2010)</p> <p><b>Pregnancies in children up to the age of 16 should always be discussed with a nominated child protection lead in the organisation</b></p>	<p>Some procedures are particularly high risk to an undisclosed pregnancy/foetus e.g.</p> <ul style="list-style-type: none"> <li>• lower abdominal surgery</li> <li>• those involving peri-operative X-ray screening</li> </ul>	<p>NICE (2016)</p> <p>NICE (2015)</p> <p>The Scottish Government (2014)</p> <p>Royal College of Paediatrics and Child Health (2012)</p>
2	<p><b>Menstrual protection</b> identified</p> <p><b>Nurse to ask the patient to remove tampons and use a sanitary towel - patient choice should always be considered</b></p> <p><b>Nurse to complete relevant section of the theatre ticket – indicate if tampon in situ or sanitary towel</b></p>	<p>Reduce the risk of Toxic Shock Syndrome- although this is <b>very rare</b></p> <p><b>N.B.</b> Although Toxic Shock Syndrome mainly occurs in menstruating women who use tampons and have positive vaginal cultures for Staphylococcus aureus, wound infection may also be a source for toxin production</p>	<p>Dornan et al (1982)</p>



No	Main Operating Steps	Rationale	Evidence/support
3	<b>Skin problems</b>  Skin problems identified e.g. open wounds/frail & fragile skin/risk of pressure ulcer  <b>Nurse to complete relevant section of the theatre ticket</b>  <b>If risk of pressure ulcer theatre staff to complete peri-operative Pressure Ulcer Risk Assessment</b>	Patient safety/ infection control risk  To identify individuals at risk of pressure ulcer development	NHS Tayside (2017) Pressure Ulcer Prevention and Care of Adult in Hospital Policy
4	<b>Anticoagulant</b>  Record time and date of last Fragmin given (if applicable)  Record time and date of last oral anticoagulant  <b>Nurse to complete relevant section of the theatre ticket</b>	Surgery and invasive procedures have associated bleeding risks that are increased by the use of anticoagulants	NICE (2015)
5	Ensure <b>relevant medication has been given and is available</b> to accompany patient e.g. ➢ GTN spray ➢ Respiratory inhalers ➢ Oxygen  For <b>Ophthalmology</b> this will also include information relating to: • Dilating drops • Flomax (Tamsulosin Hydrochloride) • Biometry measurement • Lens strength <b>Nurse to complete relevant section of the theatre ticket</b>	To reduce the risk of medically compromising the patient  To enable treatment of patient during the peri-operative phase, if necessary	NHS Tayside (2012) Administration of Medicines in the Peri-operative Period
6	<b>Anti-embolus (TED) stockings</b> applied according to local protocol  <b>Nurse to check/implement prior to going to theatre and complete relevant section of the theatre ticket</b>	To aid in prevention of Deep Venous Thrombosis (DVT) peri and post-operatively	NICE (2015)  NHS Tayside (2012) Prophylaxis of Venous Thromboembolism
7	Nurse to confirm and record time of <b>last food and drink</b>  If Diabetic <b>nurse</b> to check and record <b>most recent BM</b>  <b>Nurse to check prior to going to theatre and complete relevant section of the theatre ticket</b>	Fasting reduces the risk of aspiration pneumonitis (due to aspiration of stomach contents) at induction of anaesthesia  To reduce inappropriate fasting times and enhance post operative recovery time	AAGBI (2010)  BADS (2013)  WHO (2009)

No	Main Operating Steps	Rationale	Evidence/support
8	<p>Ensure patient <b>bladder has been emptied</b> prior to going to theatre (ask the patient before they leave the ward if they need to go to the toilet) or ensure that any urinary catheter is patent and draining</p> <p><b>Nurse to check and confirm time and complete relevant section of the theatre ticket</b></p>	Patient comfort	Liddle (2012)
9	<p><b>Pre- medication</b></p> <p><b>Nurse to complete relevant section of the theatre ticket</b></p>	<b>NOTE:</b> if pre-medication was a sedative than patient should be transferred to theatre on a bed or trolley	

No	Main Operating Steps	Rationale	Evidence/support
<b>Part 3 - Patient Theatre Ticket - Nurse Checklist (GREEN section, page 2 of theatre ticket)</b>			
1	<p><b>Nurse must sign and confirm that all information is completed on the theatre ticket</b></p> <p><b>Nurse to add any other relevant information in comments box</b></p>	Accountably	<p>NMC (2015)</p> <p>NHS Tayside (2016) Policy for Records and Record Keeping for Nursing and Midwifery Staff</p>
2	<p>On arrival to theatre confirm patient belongings on belongings checklist and keep safely</p> <p><b>Nurse to check and confirm on relevant section of the theatre ticket and document any discrepancy</b></p>	Personal belongings are accounted for and checked	
3	<p><i>The patient may take reading material/personal music player to use whilst in the theatre reception area.</i></p> <p><b>Mobile phones/ equipment with cameras are not allowed in theatre unless by prior agreement from the surgical team</b></p> <p><i>The patient may be accompanied to theatre by a relative/friend/carer/guardian if they wish</i></p>	<p>Reduce patient Anxiety</p> <p>There may be a lengthy wait in theatre</p>	<p>NHS Tayside (2017) Policy on Recordings (Photography and Video) for Clinical and Service Use</p> <p>Liddle (2012)</p>
4	<p>If any of the above has not been completed, (particularly where indicated on the <b>theatre ticket</b>) then theatre staff will discuss with the ward area concerned and complete a DATIX report</p>	Reduce risk and harm to patients	<p>World Health Organisation (2009)</p> <p>NHST Adverse Event Management Policy (2017)</p>

## **QUICK REFERENCE GUIDE FOR PATIENT PREPARATION FOR THEATRE**

- Identity band on patient? Details correct? Red alert ID band necessary?
- Is a Language Interpreter needed?
- Patient is in gown and has bathed?
- Jewellery/piercings taped or removed? Secure valuables/patient to sign PF1 disclaimer.
- Makeup/nail varnish removed?
- Underwear removed? (Pants and bra may be left on unless they obscure the operative site).
- Contact lenses removed - if applicable?
- Baseline observations on NEWS? Include temperature 1 hour pre-op.
- BM recorded if Diabetic?
- TEDs required?
- Fragmin required?
- X- Match/blood available?
- Last anticoagulant checked? INR checked?
- Pregnancy test/urine tested?
- Consent form signed and correlates with operating list?
- Surgical site marked?
- Allergies checked with PAC document/Alert box in medical notes?
- Bladder emptied and time noted?
- Patient to wear slippers (or appropriate footwear) and dressing gown to theatre.
- All notes to accompany patient including NEWS/TPAR.
- Inhalers and sprays with patient to theatre?
- Hearing aids/glasses with patient (if applicable)?
- Reading material/i-pod etc. with patient?
- Does patient wish to be accompanied to theatre?