Theatre Patient Pathway Protocol

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Non-Applicable

Version Control

Version	Summary of Changes/Amendments	Publication Date
1	Initial Issue	March 2019 - Revisited June 2021
2	Review - changed title of protocol, updated roles, appendices and added sign-out section 5.6	09/07/2025
3	Updated in line with new practice (Sip til Send) section 2.1	11/03/2026

1.0 Procedural Information

1.1 Scope

This protocol applies to Surgical Services across PTHB, specifically those involved in the Day Surgery and Theatre Unit patient pathway, from admission through to discharge from recovery.

1.2 Introduction

This protocol gives detailed descriptions of the steps taken to deliver care or treatment to a patient. It is designed at local level to implement the national standards, to be compliant with the National Safety Standards for Invasive Procedures (NatSSIPs) and Local Safety Standards for Invasive Procedures (LocSSIPs).

1.3 Objective

The purpose of this protocol is to define the processes in place for the patient's journey through the Day Surgery and Theatre Unit. Patients during the surgical procedure process pass through many different teams. In order to ensure that the correct patient is taken to the theatre, several checks are required to ensure patient safety. Team briefings and debriefs are to be carried out for every list and a WHO checklist must be completed for every patient.

1.4 Acronyms and Definitions

- ECG – Electrocardiogram
- MRSA – Methicillin-Resistant Staphylococcus Aureus
- NatSSIPs – The National Safety Standards for Invasive Procedures was created to bring together national and local learning from the analysis of Never Events, Serious Incidents and near misses, in an approach that will help NHS organisations to provide safer care to patients.
- LocSSIPs – To support trusts with implementing the NatSSIPs, a patient safety alert was issued, requiring all relevant NHS providers to work with their staff to develop their own Local Safety Standards for Invasive Procedures
- DOB – Date of Birth
- AFPP - The Association for Perioperative Practice
- WHO - World Health Organisation
- ID – Identification

- DGH – District General Hospital
- TSW – Theatre Support Worker

1.5 Role / Responsibilities

All staff have a responsibility to stop and challenge any discrepancies in the identification procedure. If any discrepancy is discovered the operation will not continue until a satisfactory explanation is given or the discrepancy is rectified.

1.5.1 Senior Clinician for Theatres & Endoscopy

The Senior Clinician for Theatres & Endoscopy must:

- Ensure all staff read and understand this protocol
- Arrange regular audits to monitor compliance with this protocol and report findings to relevant stakeholder groups
- Liaise with quality and safety unit to ensure all systems are functioning
- Ensure duty of care checks are carried out and maintained
- Lead and attend all relevant meetings

1.5.2 Theatre Co Ordinator

The Theatre Co Ordinator has responsibility to:

- Deputise in the absence of the head of department for relevant meetings
- Give help and advice to all staff members on this process
- Liaise with the head of department to ensure all systems are functioning
- Develop and deliver training in line with this protocol

1.5.3 Theatre Team Leader

The Team Leader has responsibility to:

- Give help and advice to all staff members on this process
- Ensure staff receive relevant training
- Liaise with the department manager to ensure all systems are functioning

1.5.4 All Other Staff involved in the Patient Journey

- To adhere to protocol and attend relevant training

2.0 Processes

2.1 Ward Admission, Patient Preparation & Pre-Operative Checking of Patients

Prior to admission the patient will have received a pre-operative assessment to determine their suitability for surgery at the Hospital. Relevant medical history, current medications and patient observations are taken together with any investigations that may be required for example electrocardiogram (ECG), Meticillin-Resistant Staphylococcus Aureus (MRSA) swabs and bloods. Information is given to the patient regarding their admission to the ward and the procedure planned.

When the patient arrives at the department for their surgery they are admitted to the ward. At this point a further check is made to ensure all information previously gathered at the pre-operative assessment is current and no changes have occurred and any results from investigations have been received.

The admitting practitioner carries out baseline observations, and the checklist is completed to ensure the patient is ready and prepared for theatre.

PTHB operates the Sip til Send protocol, which means that Sip til Send is the default for all patients. However, some patients may be considered high risk, due to delayed gastric emptying and taking weight loss medication which means that they may not be suitable for the Sip til Send protocol. Once the patient has been admitted and seen by the anaesthetist, a decision will be made and indicated by the anaesthetist as to whether the patient can follow the Sip til Send protocol.

If a strict nil by mouth strategy is required, it will be indicated by the team responsible.

Sip til Send means:

- Solids: no food for 6 hours prior to surgery.
- Clear fluids: unlimited up to the two hours prior to admission.
- On admission "Sip til Send" Up to 150ml/hour of clear fluids until patient is sent for.

The ward practitioner will ensure that the patient has a patient ID wristband, recording their surname, forename, DOB and NHS number, which must correspond with the patient's notes and all other documentation. If the patient has any allergies the above details are recorded on a red patient ID wristband. (The actual allergy will not be recorded)

N.B. The patient ID wristband should not be placed where it will interfere with the operation site.

The consent form must be signed and dated and the operation site/side marked, if the site has not been marked the surgeon should be informed and asked to mark the site before the patient leaves the ward. It is important that the patient understands the procedure to be undertaken and it has been explained to them by the person taking the consent. If the consent form is not signed, the patient should not be taken to theatre without prior agreement of the senior practitioner, as the patient cannot be accepted into theatre.

The consent form allows for two types of consent:

- Consent taken on admission, does not require confirmation of consent.
- Consent taken prior to admission requires re-confirmation of consent completed by the medical team concerned and the patient.

When a patient is collected for theatre and before the patient leaves the ward, the patient should be asked to verbally confirm their name, address, date of birth and the procedure they are having. All identifying information should correspond including the patient’s ID wristband and accompanying notes / documentation.

It is the responsibility of the registered practitioner to ensure that ALL preoperative checks are completed and signed. If there are any discrepancies the patient must not leave the ward until the senior practitioner has been contacted.

If the patient is not mobile or if movement would cause discomfort, and a wheelchair is not suitable, they may be transferred to the theatre on a theatre trolley. The trolley’s brakes, tilt, head and foot positions, including oxygen cylinder contents should be checked prior to the transfer.

2.2 Team Brief

Team briefing is to take place with the multidisciplinary team before the start of a list.

During the briefing a practitioner will confirm the patient's identity, proposed procedure, site of procedure and any allergies known.

Any anaesthetic or surgical concerns or preferences should be discussed at this time.

Any concerns or issues raised during team brief may result in changes to the order of the list or a cancellation of a patient. This means that everyone must be in agreement at the end of the team brief.

2.3 Collection of Patient for Theatre

Collecting the patient:

The practitioner in charge of the theatre will decide when to send for the patient. A check will be made to confirm the identity of the patient required against the operating list. They will then ask the theatre practitioner/Theatre Support Worker (TSW) to collect the patient from the ward, having confirmed the patient's name and details.

The theatre practitioner/TSW, on arrival at the ward, will ask the registered ward practitioner for the patient. The patient's identity will be confirmed against the operating list by a registered practitioner, the registered practitioner will then accompany the theatre practitioner/TSW to the patient. There the theatre practitioner/TSW will introduce themselves by name and title and explain to the patient that they will be escorting them to theatre.

The registered practitioner and theatre practitioner/TSW will together check the following:

- The patient's name, date of birth, hospital number, patient ID wristband, operating list, confirming the details with the patient if possible
- The pre-operative checklist has been completed and signed
- The consent form has been completed correctly.

Patients who have not had premedication will have the option to walk to theatre or be collected in a wheelchair if necessary.

Any discrepancy in the patient's checking procedure may result in a delay to and/or the cancellation of the operation.

2.4 Checking of Patients on Arrival in Anaesthetic Room (Sign in Appendix 3.2)

On arrival in the anaesthetic room, the qualified theatre practitioner will confirm the patient's details including their identity and carry out the pre-anaesthetic checks.

The primary checks are the patient's ID wristband compared to the patient notes and operating list.

Other items that must be checked are:

- Consent form
- Patient care pathway including theatre checklist.

It is essential that these checks are made to confirm that the patient has their own specific patient documentation and that the information is correct.

Important Notes

Staff must not rely solely upon the patient's name as identification; the patient's address, date of birth and patient number is the unique identifier.

Staff must not rely solely upon the patient to confirm their identity or the procedure to be undertaken, as they may have received pre-medication or be apprehensive or have difficulty in hearing.

Staff must not rely upon colleagues to correctly identify patients and their documentation. With the responsibility for patient safety comes accountability. It must be assumed that no one else has checked the patient.
To ensure patient safety, staff must not accept any patient if they are unsure of any aspect of the completeness of the identification.

The surgeon must ensure if appropriate that the correct x-rays are displayed as part of the WHO surgical safety checklist and confirm the site of the proposed operation before any preparation commences.

2. 5 Time Out (Appendix 3.2)

Time out is performed in the operating room, immediately before the planned procedure is initiated. The "time out" represents the final summary and reassurance of accurate patient identity, surgical site, and planned procedure. In addition, the correct patient positioning, the need for perioperative antibiotics, presence of allergies, and the availability of relevant documents and diagnostic tests, instruments, implants and other pertinent equipment are confirmed during this time. The following parameters are key to success for a surgical "time out":

- A "time out" is called by any member of the surgical team, but usually by a specifically designated person, e.g. the circulation nurse.
- If the patient is awake they should participate in the verification process of patient identity, surgical site, and planned procedure (so-called "awake time out").
- The "time out" process must be standardised at every institution.
- The immediate members of the procedure team (i.e. surgeon, anaesthesia provider, circulating nurse, and operating room technician) must actively participate in the "time out".
- During the "time out", all other activities are suspended to an extent which does not compromise patient safety.
- The "time out" must be repeated intraoperatively for every additional procedure performed on the same patient.

(WHO Surgical Checklist 2009) 9789241598590-eng-checklist.pdf

2.6 Sign Out

The sign out process is led by the scrub practitioner. Sign out is completed prior to the patient leaving the operating theatre. The sign out completes the patients procedure by being able to reconcile that all appropriate measures have been completed:

- The needles, swabs and instruments counts are correct.
- The correct name of the procedure has been recorded.
- Post-operative drugs have been prescribed.
- Blood loss has been recorded.
- Any equipment issues have been addressed.
- VTE prophylaxis has been prescribed as required.

The "sign out" process must be standardised at every institution.

2.7 Post-operative Hand Over and Recovery

First-stage recovery areas should be equipped and staffed to the same standards as an inpatient facility. First-stage recovery lasts until the patient is awake, protective airway reflexes have returned and pain is controlled. This should be undertaken in a recovery area with appropriate facilities and staffing (Guidelines for day-case surgery 2019 AAGBI).

All intubated patients must have an anaesthetist present and must not be taken to recovery before extubation. It is the responsibility of the anaesthetist to extubate the patient. If the patient requires long-term ventilation or transfer, the anaesthetist may leave the immediate vicinity, providing the individual carer for the patient is suitably trained. This would be to expedite appropriate clinical care.

The receiving recovery staff will ensure they have all relevant patient details and information including:

- Operation / procedure details
- Patient's general health
- Level of consciousness
- Haemoglobin oxygen saturation and oxygen administration
- Cardiovascular status / blood pressure
- Respiratory frequency
- Heart rate and rhythm
- Pain management (verbal rating scale none/mild/ moderate / severe)
- Regional anaesthesia (if appropriate)
- Temperature management
- Wound site
- Drains (if appropriate)
- Nasogastric tube (if appropriate)
- Intravenous fluids (if appropriate)
- Circulation, colour, movement, and sensation (if appropriate)
- Urinary catheter (if appropriate)
- Nausea / vomiting

- A plan for ongoing care

Following a successful handover of care, the recovery staff will:

- Ensure the airway is clear and observed at all times
- Administer oxygen, drugs, fluids or any other prescribed treatments
- Undertake general observations and report accordingly onto the relevant documentation and IT devices
- Airway patency
- Respirations
- Consciousness
- Pulse
- Blood pressure
- Pulse oximetry
- Temperature
- Pain Score

Other checks will include dressings, drains, IV sites, catheters, etc.

The general observations will be recorded between every five minutes and ten minutes or sooner if the patient's condition dictates. There must be a minimum recording of two sets of observations following general anaesthetic or regional block techniques, which are satisfactory before the patient is allowed to return to the ward. Depending on condition of local anaesthetic patients post operatively, one set of observations may be carried out before returning to the ward.

Any abnormal signs or concerns about the patient must be reported to the anaesthetist and the practitioner in charge.

Records of all observations, interventions and advice sought must be recorded in full, including names, dates and times.

Cross reference must be made to other relevant health board policies, including:

- PTHB / MMP 001 Medicines Policy MMP 001 - Medicines Policy Update April 2025 V7

On many occasions, patients will be handed over to the recovery practitioner with a supra-glottic airway in situ. The practitioner must be specifically trained in the management of these patients and in the removal of the supra-glottic airway.

An anaesthetist should be immediately available to assist if problems occur whilst the supra-glottic airway is in situ or being removed by a qualified member of the recovery room staff.

2.8 Handover from Recovery to the Ward

The process for handover of care will be adhered to at all times.
Only when the recovery staff are satisfied with the patient's condition will the patient be transferred back to the ward, accompanied by a recovery practitioner and a TSW.

Patients whose operations have been carried out under local anaesthetic should be transferred back to the ward, via a wheelchair, if required, dependant on the procedure undertaken.

The patient must be fully conscious without excessive stimulation, able to maintain a clear airway and exhibits protective airway reflexes.

Performance Criteria
The patient’s condition is assessed immediately prior to handover and potential problems referred to the appropriate person.
The patient is handed over to an appropriate person.

Any relevant documentation is correctly and legibly completed.

All relevant details are understood by the receiving person and all appropriate documentation handed over including:

- Theatre Nursing Process /care plan
- Operation / procedure details
- Anaesthetic chart
- Medication chart
- Conscious level
- NEWS Score
- Pain score
- Wound site inspection
- Drain / catheter inspection

- Limb circulation, colour, movement, temperature and sensation (if appropriate)
- Regional anaesthesia circulation, sensation and pressure points.

The handover will include:

- Respiration and oxygenation are satisfactory.
- The cardiovascular system is stable with no unexplained cardiac irregularity or persistent bleeding.
- The specific values of pulse and blood pressure should be approximate to normal pre-operative values or be at an acceptable level commensurate with the planned postoperative care.
- Peripheral perfusion should be adequate.
- Pain and emesis should be controlled and suitable analgesic and anti-emetic regimens prescribed.
- Temperature should be within acceptable limits. Patients should not be returned to the ward if significant hypothermia is present.
- Oxygen and intravenous therapy, if appropriate, should be prescribed.
- Discharge from the recovery room is the responsibility of the anaesthetist but the adoption of strict discharge criteria allows this to be delegated to recovery staff.

If the discharge criteria are not achieved, the patient should remain in the recovery room and the anaesthetist informed. An anaesthetist must be available at all times when a patient who has not reached the criteria for discharge is present in the recovery room.

If there is any doubt as to whether a patient fulfils the criteria, or if there has been a problem during the recovery period, the anaesthetist who administered the anaesthetic must assess the patient. After medical assessment, patients who do not fulfil the discharge criteria may need to be kept in recovery or transferred to a DGH.

All completed patient documentation will be returned with the patient to the ward.

A theatre trolley equipped with oxygen mask and tubing must always accompany the patient when returning to the ward following a general anaesthetic.

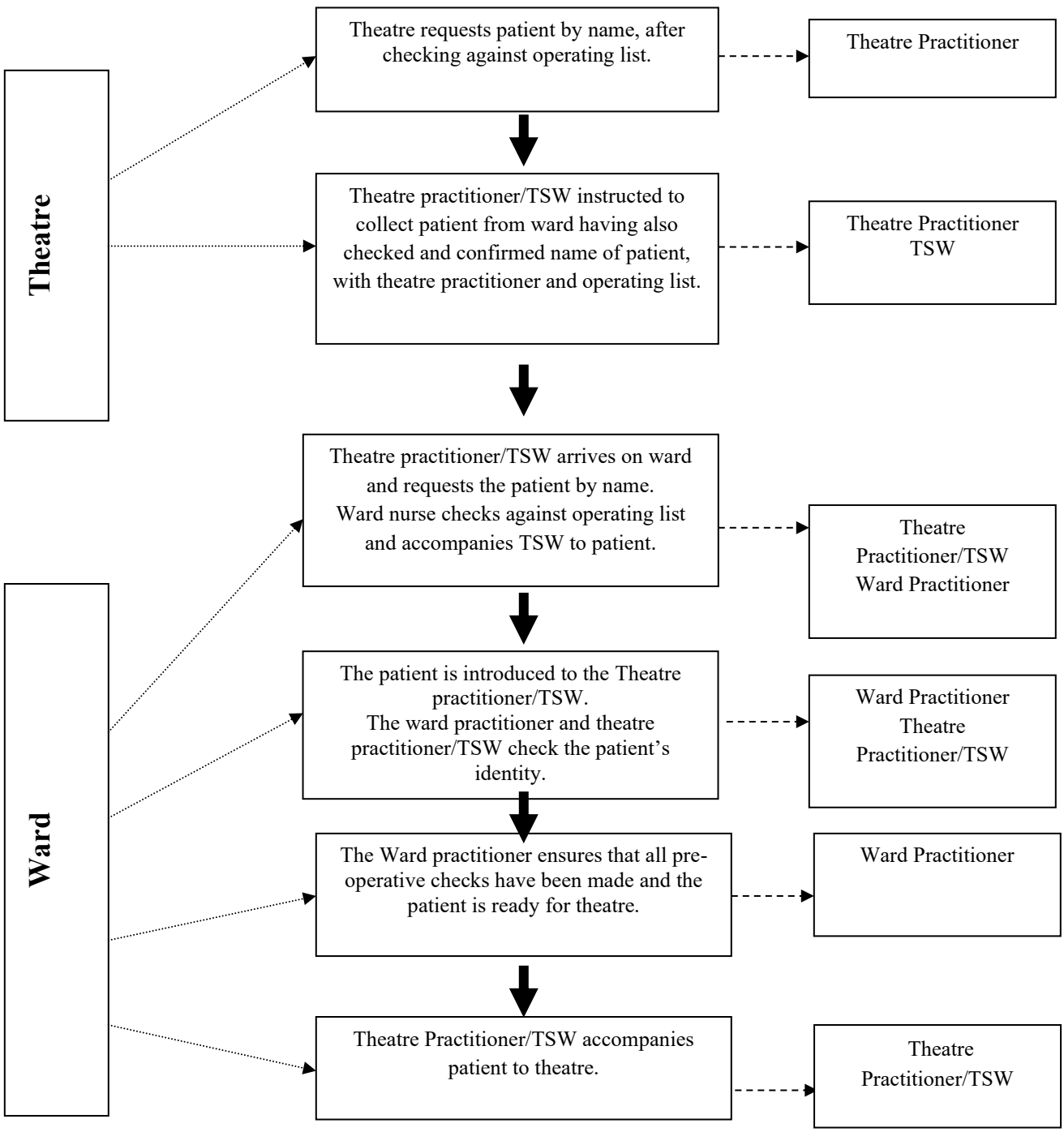
2.9 Monitoring Compliance / Audit

Staff compliance will be monitored by their competencies. As part of the surgical audit schedule, the unit undertakes a record keeping audit in a yearly cycle and is fed back to the team, Community Service Group and the Theatre Operational Group.

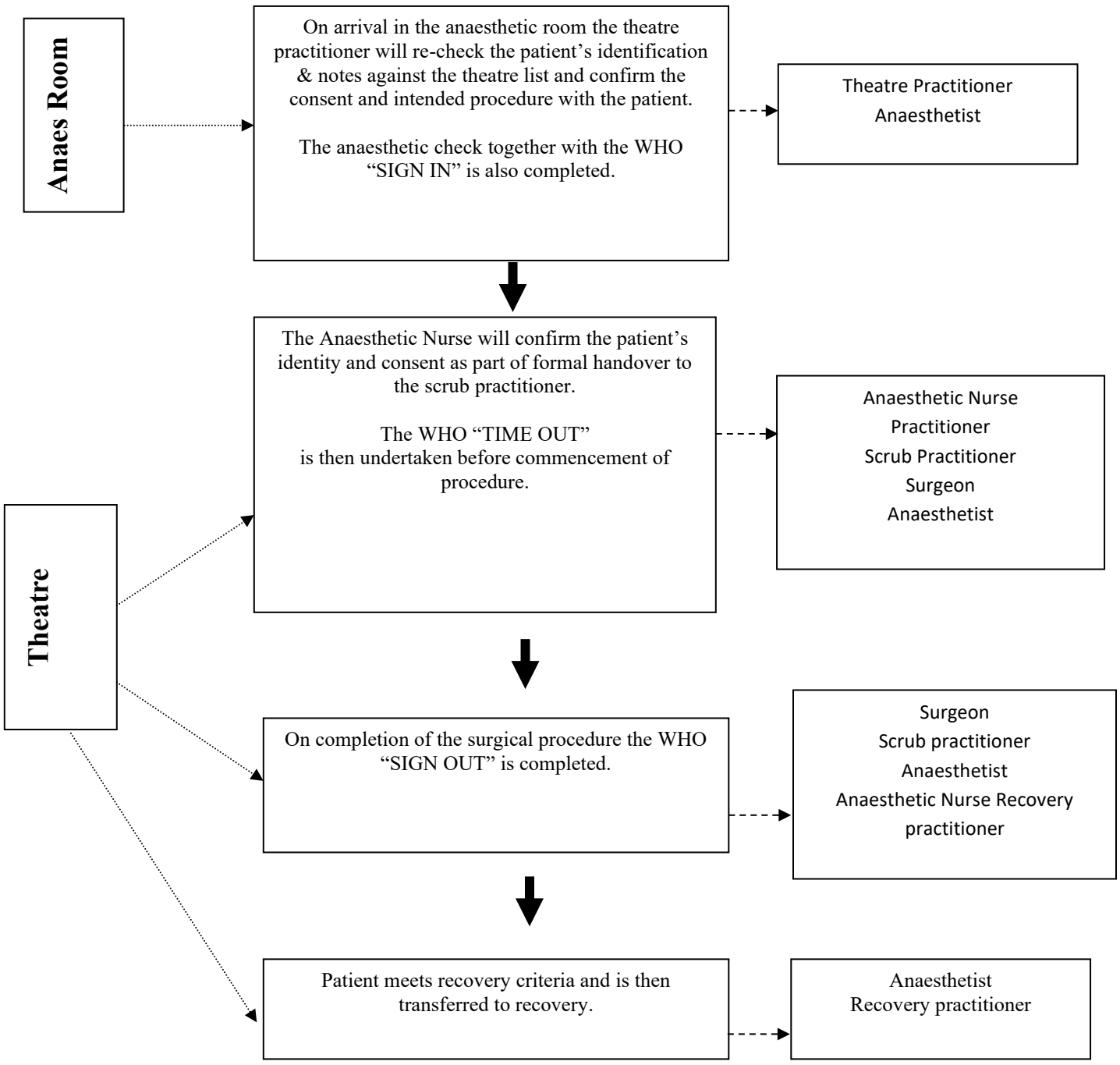
3.0 Appendices

Appendix 3.1

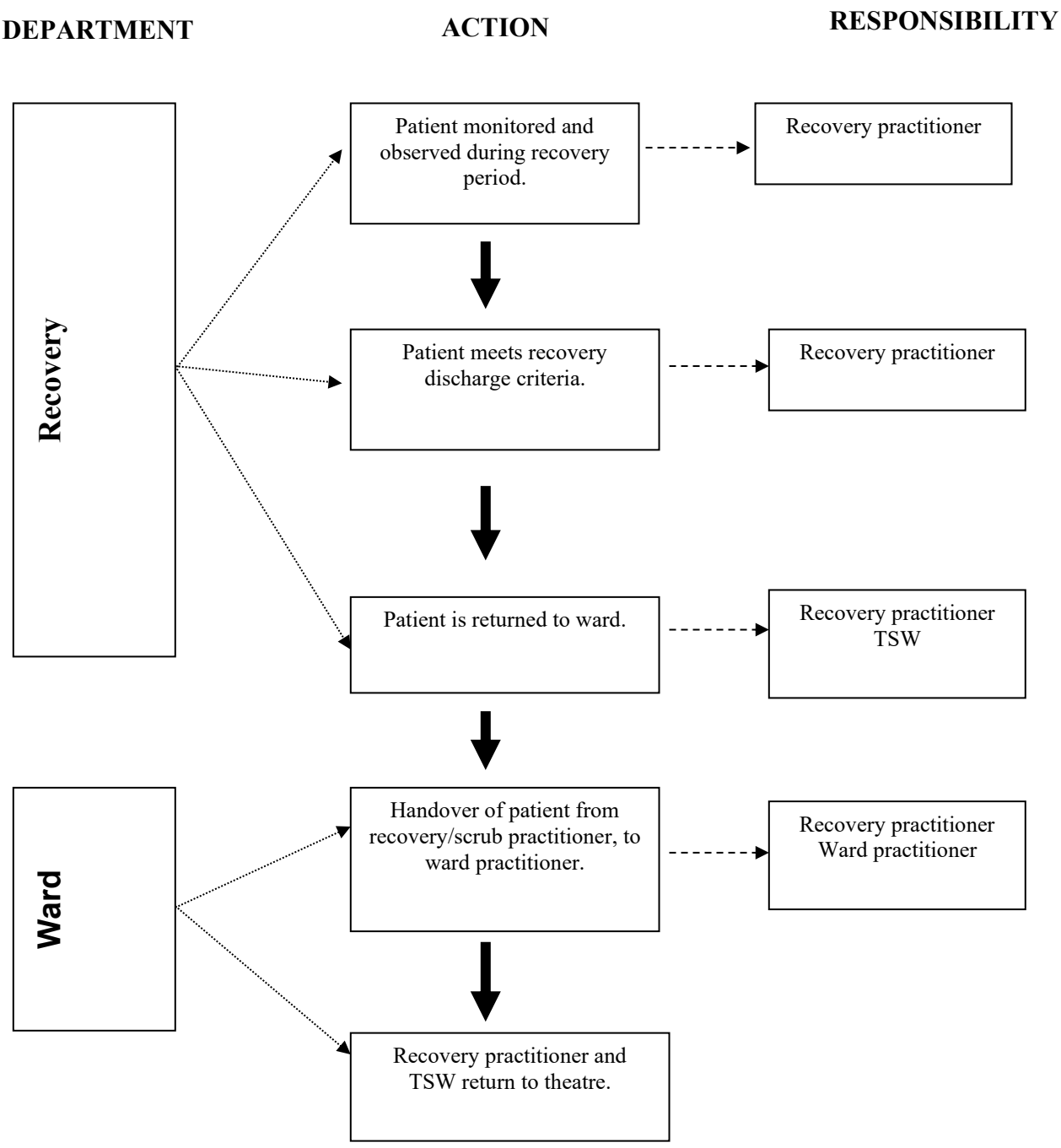
SENDING FOR PATIENTS FLOWCHART



GUIDANCE ARRIVAL OF PATIENTS INTO ANAESTHETIC ROOM & THEATRE FLOWCHART



RETURNING PATIENTS TO THE WARD FLOWCHART



4.0 References and Bibliography

- References have been made throughout the protocol to the standards and recommendations for Safe Perioperative Practice AFPP 2012.
- The protocol is also in line with The National Safety Standards for Invasive Procedures (NatSSIPs) 2022. The National Safety Standards for Invasive Procedures (NatSSIPs) | Centre for Perioperative Care
- MMP 001 - Medicines Policy Update April 2025 V7
- (WHO Surgical Checklist 2009) 9789241598590-eng-checklist.pdf

5.0 Equality Impact Assessment

Has an Equality Impact Assessment (EIA) been completed	YES:	NO: √
Name of the person giving this response	[redacted]	
If NO:	This protocol outlines standard processes applied consistently to all patients and does not introduce changes that impact protected groups; therefore, an Equality Impact Assessment is not required.	
If YES:	Attach EIA as an appendix to this document	