Guideline for Post-procedural Review of Patients

Each patient should have an individualised post-anaesthesia care plan in situ, to be implemented once they leave the theatre environment.

Planned day cases are reviewed and discharged by a nurse, according to the policy for day case discharge and using the discharge pathway on EPR. This may include ASA 3 / 4 patients. Patients who are not deemed fit for this day case pathway will be identified at pre-assessment, according to the guidelines for day surgery (1). If there are any concerns about a day case patient post-operatively, the nurse will contact the surgical team or the anaesthetist, depending on the concern, for advice or review before discharge. If a planned day case requires admission overnight, the SOP for admitting day case patients must be followed.

The Royal College of Anaesthetists recommends that the following groups of patients be visited by a member of the anaesthetic team within 24 hours of their operation:

- Patients graded ASA physical status 3, 4 or 5
- Patients receiving epidural analgesia in a general ward
- Patients discharged from recovery with invasive monitoring in situ
- Patients for whom a request is made to be seen by other medical, nursing or clinical colleagues
- Patients for whom there is any other appropriate need

High risk patients and patients requiring invasive monitoring will be admitted to HDU / ICU and reviewed twice daily, as a minimum, by anaesthetists on ICU.

Patients graded ASA physical status 3 or above, who are not planned day cases and are not admitted to HDU / ICU, should be reviewed post-operatively by an anaesthetist who has cared for them, where possible. This will usually be at some point on the day of surgery, but may be the next day. When the anaesthetist who has cared for a patient is not able to review the patient post-operatively, they should delegate this to an appropriate colleague, which may be a trainee, either on the day of surgery or the next day.

For example, if the last patient on the trauma list is ASA 3 or above, the anaesthetist can contact one of the anaesthetists doing the trauma list the following morning, and request that they review the patient the next day. Trainees should be encouraged to contribute to the good practice of post-operative patient review.

In the unlikely event that an anaesthetist from a theatre list is not able to review a patient post-op, then the anaesthetist who cared for the patient can contact the anaesthetic team on Acutes and ask for assistance with this.

After seeing the patient, an entry should be made on EPR or the back of the Anaesthetic chart to document that the patient has been reviewed.

Non-obstetric patients who have an epidural or PCAS are reviewed by the Acute Pain Team, which should include an anaesthetist, on Day 1 post-op, and then daily as required or more frequently if necessary.

For non-obstetric patients who have had a spinal anaesthetic, the Spinal Care Pathway gives specific guidance for follow-up and when to ask for anaesthetic review (2).

All patients who have had anaesthetic intervention on Labour Ward are reviewed by an anaesthetist the following day if still in hospital.

Additional review of patients post-op can be requested by surgical or nursing colleagues at any time according to the NEWS protocol (4) and will be performed either by the anaesthetist who cared for the patient, a delegated anaesthetist or the outreach team.

References

1) Pre-op Guide: Pre-operative Assessment Guidelines for Adults Undergoing Surgery Under GA or Regional Anaesthesia

2) https://www.rcoa.ac.uk/sites/default/files/documents/2020-02/GPAS-2019-04-POSTOP.pdf

3) The Immediate + Delayed Complications of Perioperative and Obstetric Neuraxial Blockade and their Management, Appendix 2 Spinal Pathway

4) NEWS Protocol – present on the back of the patient's theatre care pathway.

Author: Dr Maria Garside
Ratified by Anaesthesia Directorate: February 2020
Review Date: Feb 2022