

AFFIX PATIENT LABEL HERE

## Surgeons and Anaesthetists to complete

### Post Operative Orders Checklist instructions

#### Purpose:

To minimise gaps in information transfer through the use of a mandatory post operative checklist to prompt completion of the post operative orders for the first 24 hours or until the first surgical review.

#### Process

1. The form will replace the existing operation report and be included in the 'theatre pack'
2. The form will be completed by the surgeon, anaesthetist or their respective registrars who are to complete and sign the **Operation Report and Post Operative Orders form**
3. The orders are for the first 24 hour post operative period, or until the first surgical review. After this time orders are to be documented in the patient's progress notes

#### How to complete the checklist:

- 1) Place a tick in the appropriate boxes to identify relevant orders
- 2) If a specific order is not required, complete as 'NA'
- 3) The completed **Operation Report and Post Operative Orders** form will be part of a handover process from anaesthesia and surgery to the recovery staff, then from the recovery to the ward staff. The checklist will function as a passport out of theatre
- 4) For further assistance completing the form please contact: *(insert local contact)*

Please see over for Operation Report and Post Operative Orders checklist →

# OPERATION REPORT and POST OPERATIVE ORDERS

## SPECIFIC ORDERS

Post Operative tests/referrals ordered PLEASE TICK ✓

Pathology \_\_\_\_\_  Radiology \_\_\_\_\_  Allied Health \_\_\_\_\_

### Specific surgical orders

Completed by: .....

Designation: .....

Date: ..... Time: .....

### Specific anaesthetic orders

Completed by: .....

Designation: .....

Date: ..... Time: .....

Day Procedure Discharge Planning PLEASE TICK ✓

Discharge Prescription  Outpatients Appointment  Medical Certificate  Written Instructions

MR  
XXXX

**PATIENT POST OPERATIVE ORDERS CHECKLIST**  
**SURGEON & ANAESTHETIST TO COMPLETE**

U.R.

**ALERTS: Patient Co-morbidities &/or Operative Events**

PLEASE TICK  AND LIST CO-MORBIDITIES &/OR OPERATIVE EVENTS

YES (See Patient History for details)  NO

LIST:

**Escalation of Care**

- Make **DIRECT** contact with junior medical staff of the managing unit if reportable limits are met
- If no response, contact the unit registrar
- If no response, contact the consultant
- **Discussion & outcome must be documented in the patient history**
- If the patient's condition declines rapidly or meets MET criteria phone: **XXXX** for the MET team

**MANAGING UNIT**

PLEASE TICK

PATIENT SPECIFIC REPORTABLE CRITERIA IF LEFT BLANK DEFAULT TO MET CRITERIA →		EXAMPLE MET CRITERIA
<b>Standard</b> RECOVERY as per hospital protocol	<b>WARD: Every 30 minutes until stable Then Hourly for next 4 hours 4 Hourly for the next 24 hours</b>  HR < <input type="text"/> > <input type="text"/> RR < <input type="text"/> > <input type="text"/>  SBP < <input type="text"/> > <input type="text"/> T > <input type="text"/>	<b>AIRWAY</b> Threatened  <b>BREATHING</b> Resp Rate > 36 or <6 SpO <sub>2</sub> < 90% on Oxygen
<b>Oxygen</b>	commence <input type="checkbox"/> NP ..... L/min <input type="checkbox"/> Mask ..... L/min	<b>CIRCULATION</b> Systolic BP < 90 Heart Rate > 140 or <40
<b>SaO<sub>2</sub></b>	<input type="checkbox"/> Report < ..... %	<b>NEUROLOGY</b> Sudden fall in GCS > 2 points Prolonged seizures
<b>Blood Loss</b>	<input type="checkbox"/> Report if blood loss > .....	<b>OTHER</b> Serious concern about a patient Uncontrolled pain
<b>Urine Output</b>	<input type="checkbox"/> Report < ..... ml/hr	If in doubt as to call a Code Blue or MET - CALL A CODE BLUE
<b>Specific Observations</b>	<input type="checkbox"/> Neurological (MR-XXX) <input type="checkbox"/> Neurovascular (MR-XXX) <input type="checkbox"/> Chest Drain (MR-XXX)	<input type="checkbox"/> Acute Pain Service (MR-XXX) <input type="checkbox"/> Diabetic Treatment (MR-XXX) <input type="checkbox"/> Other

PLEASE TICK  N/A = Not Applicable

<b>Surgical Care</b>	N/A <input type="checkbox"/>	<input type="checkbox"/> <b>Wounds/Dressings:</b> ..... <input type="checkbox"/> Leave intact until review <input type="checkbox"/> complex (see over)
	<input type="checkbox"/>	<input type="checkbox"/> <b>Drains type/site</b> ..... <input type="checkbox"/> Suction <input type="checkbox"/> Free Drainage
	<input type="checkbox"/>	<input type="checkbox"/> <b>NGT</b> <input type="checkbox"/> Free drainage <input type="checkbox"/> Aspiration ..... /24 <input type="checkbox"/> Other
<b>Restrictions related to this Procedure</b>	<input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted (see overleaf)	<input type="checkbox"/> Spinal precautions (see over) <input type="checkbox"/> Head up: ..... Degrees
<b>DVT Prophylaxis</b>	<input type="checkbox"/>	<input type="checkbox"/> Chemoprophylaxis documented on current medication chart <input type="checkbox"/> Compression stockings <input type="checkbox"/> Pneumatic Calf Compressors <input type="checkbox"/> Nil
<b>Medication</b> <i>prescribed per medication chart</i>	<input type="checkbox"/>	<input type="checkbox"/> Antibiotics <input type="checkbox"/> Steroids <input type="checkbox"/> Regional analgesia <input type="checkbox"/> Insulin <input type="checkbox"/> Anticonvulsant <input type="checkbox"/> Analgesia <input type="checkbox"/> Antiemetics <input type="checkbox"/> Recommence pre-op anticoagulant .....
<b>IV Fluids</b>	<input type="checkbox"/>	<input type="checkbox"/> As per IV Fluid Chart
<b>Nutrition</b>	<input type="checkbox"/> Full diet <input type="checkbox"/> Nil by mouth ..... /24 then .....	<input type="checkbox"/> Feeding tube <input type="checkbox"/> TPN <input type="checkbox"/> Oral fluids

**OPERATION REPORT and POST OPERATIVE ORDERS**

**OPERATION REPORT**

Date:

Theatre:

Surgeon:

Surname

Given Names

Assistants

Operative Diagnosis:

Name of Operation

**Operation REPORT**

Findings - including normal

Please see over for Specific Orders checklist →

Signed

MR  
XXXX

**OPERATION REPORT**

MR  
XXXX