

## Safe Surgery and Safe Anaesthesia for Patient Safety

### Check List before inducing anaesthesia:

- An experienced and trained assistant is available to help you with induction.
- You have the **correct patient** scheduled for the **correct operation** on the **correct side**.
- Patient has been properly prepared for the operation and has had no food or drink for the appropriate period of time.
- Check the patient's progress through the hospital up to this moment and then check that your actions will be the right ones.
- Adequate intravenous access is obtained.
- The patient is lying on a table that can be rapidly tilted into a head-down position in case of sudden hypotension or vomiting.
- **Check your equipment** before you give an anaesthetic:
  - All the apparatus you intend to use, or might need, is available and working;

## **Check List before inducing anaesthesia (continued)**

- **If you are using compressed gases, there is enough gas and a reserve oxygen cylinder;**
- **Anaesthetic vaporizers are connected;**
- **Breathing system that delivers gas to the patient is securely and correctly assembled;**
- **Breathing circuits are clean;**
- **Resuscitation apparatus is present and working;**
- **Laryngoscope, tracheal tubes and suction apparatus are ready and are decontaminated;**
- **Needles and syringes are sterile: never use the same syringe or needle for more than one patient;**
- **Drugs you intend to use are drawn up into labelled syringes;**
- **Any other drugs you might need are in the room.**

## **Operating Room (O.R.)**

**The operating theatre is a room specifically for use by the anaesthesia and surgical teams and must not be used for other purposes.**

### **O.R. requires:**

- **Good lighting and ventilation**
- **Dedicated equipment for procedures**
- **Equipment to monitor patients, as required for the procedure**
- **Drugs and other consumables for routine and emergency use.**

**Ensure that procedures are established for the correct use of the O.R. and all staff is trained to follow them:**

- **Keep all doors to the O.R. closed, except as needed for the passage of equipment, personnel and the patient**
- **Store some sutures and extra equipment in the O.R. to decrease the need for people to enter and leave the O.R. during a case**
- **Keep to a minimum the number of people allowed to enter the O.R., especially after an operation has started**
- **Keep O.R. uncluttered and easy to clean**
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## **Operating Room (O.R.) (continued)**

- **Between cases, clean and disinfect the table and instrument surfaces**
- **At the end of each day, clean the O.R.: start at the top and continue to the floor, including all furniture, overhead equipment and lights, use a liquid disinfectant at a dilution recommended by the manufacturer**
- **Sterilize all surgical instruments and supplies after use and store them protected and ready for the next use**

### **Sponge and instrument counts**

- **It is essential to keep track of the materials being used in the O.R. in order to avoid inadvertent disposal or the potentially disastrous loss of sponges and instruments in the wound.**
- **It is standard practice to count supplies (instruments, needles and sponges)**
  - Before beginning a case
  - Before final closure
  - On completing the procedure.
- **Aim is to ensure that materials are not left behind or lost. Pay special attention to small items and sponges.**

## **Operating Room (O.R.) (continued)**

- **Create and make copies of a standard list of equipment for use as a checklist to check equipment as it is set up for the case and then as counts are completed during the case.**
- **Include space for suture material and other consumables added during the case.**
- **When trays are created with the instruments for a specific case, such as a Caesarean section, also make a checklist of the instruments included in that tray for future reference.**

*Leave the O.R. ready for use in case of emergency*

## **Operative procedure list**

- **An operative procedure list is needed whenever the surgical team will perform several operations in succession. The list is a planned ordering of the cases on a given day.**
- **Elements such as urgency, the age of the patient, diabetes, infection and the length of the procedure should all be considered when drawing up the list.**
- **Operate on “clean” cases before infected cases since the potential for wound infection increases as the list proceeds.**

- **Also consider other factors when making up the operative list: children and diabetic patients should be operated on early in the day to avoid being subjected to prolonged periods without food.**
- **Ensure that between operations:**
  - **Operating theatre is cleaned**
  - **Instruments are re-sterilized**
  - **Fresh linen is provided.**
- **It is essential to have clear standard procedures for cleaning and the storage of operating room equipment; these must be followed by all staff at all times.**
- **The probability of wound infection increases in proportion to the number of breaches of aseptic technique and the length of the procedure.**

## **Postoperative Management**

**If the patient is restless, something is wrong.**

**Look out for the following in recovery:**

- **Airway obstruction**
- **Hypoxia**
- **Haemorrhage: internal or external**
- **Hypotension and/or hypertension**
- **Postoperative pain**
- **Shivering, hypothermia**
- **Vomiting, aspiration**
- **Falling on the floor**
- **Residual narcosis.**

**The recovering patient is fit for the ward when:**

- **Awake, opens eyes**
- **Extubated**
- **Blood pressure and pulse are satisfactory**
- **Can lift head on command**
- **Not hypoxic**
- **Breathing quietly and comfortably**
- **Appropriate analgesia has been prescribed and is safely established.**