

SUBJECT: AMBULATORY SURGERY REQUIREMENT	REFERENCE #1102
DEPARTMENT: AMBULATORY CARE SERVICES	PAGE: 1
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APPROVED BY:	EFFECTIVE:
	REVISED:

- The following are required before outpatient surgery can be performed:
 - Face sheet with patient information and identification;
 - A signed, informed consent;
 - History and physical;
 - Diagnostic and therapeutic orders;
 - A consultation, when the surgeon is not the admitting physician;
 - Preoperative anesthesia evaluation, when an anesthesiologist is required;
 - Appropriate screening tests, based on the needs of the patient, shall be accomplished and recorded within 72 hours prior to surgery;
 - Patients having a D&C or laparoscopy will have a pregnancy test performed not more than 72 hours prior to surgery;
 - Surgical preoperative checklist completed by the nurse;
 - Denial of ingested food after midnight or 2400 hours;
 - Nursing assessment notes which include:
 - Admission vital signs;
 - Height and weight;
 - Clinical observation and the results of treatments;
 - Listing of current medications;
 - Allergies;
 - Nursing Discharge Plan;
 - Plan for transportation home.
- Additionally, the following are necessary before the patient is discharged:
 - Postoperative note by a surgeon (progress note sheet);
 - Discharge by an anesthesiologist and/or surgeon;
 - Documentation of discharge criteria met;

POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Outpatient Surgery RN

Supervised by: Ambulatory Care Services Nurse Manager

Prepared by: _____ Date: _____

Approved by: _____ Date: _____

Job Summary: Provides care in the ambulatory setting directed toward meeting both the psychosocial and physical needs of the patient. Is a resource person and teacher. Care given reflects initiative and responsibility indicative of professional expectations. Utilizes initiative and strives to maintain steady level of productivity. Is a self starter. Is compatible and supportive; is a team player. Communication on behalf of the patient reflects the mission, ethics and goals of the Facility, as well as the focus statement of the department.

DUTIES AND RESPONSIBILITIES:

E = Exceeds the Standard

M = Meets the Standard

NI = Needs Improvement

Demonstrates Competency in the Following Areas:

	<u>E</u>	<u>M</u>	<u>NI</u>
Coordinates and supervises patient care.	2	1	0
Gives care to the patient, reflecting flexibility in rules and regulations, as indicated by individual patient needs.	2	1	0
Makes decisions reflecting knowledge of facts, knowledge of diseases/surgical conditions, care required and good judgment.	2	1	0
Performance reflects knowledge in all areas of care specific to the Outpatient Surgery (i.e., GI, autologous, conscious sedation).	2	1	0
Manages and operates equipment safely and correctly.	2	1	0
Organizes and manages nursing activities reflecting due consideration for patients' needs and the needs of the facility and staff. Flexibility is maintained.	2	1	0
Utilizes initiative; strives to maintain steady level of productivity; a self starter; compatible and supportive; a team player.	2	1	0
Knowledge of medications and IV fluids and their correct administration, based on age of the patient and patient's clinical condition.	2	1	0
Ability to perform a head-to-toe preoperative assessment on all patients and reassesses, as needed postoperatively. This includes pediatric, geriatric and the general patient population.	2	1	0
Ability to formulate an individualized plan of care, as indicated, and evaluates for effectiveness.	2	1	0
Formulates a teaching plan, based on identified patient learning needs, and evaluates effectiveness of learning; family is included in teaching, as appropriate, from preop to discharge.	2	1	0
Provides patient with explanation and verbal reassurance consistently.	2	1	0
Identifies physical symptoms and changes and takes appropriate action in a timely manner.	2	1	0

SUBJECT: ANESTHESIA RESPONSIBILITIES	REFERENCE #3003
DEPARTMENT: AMBULATORY CARE SERVICES	PAGE: 1
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APPROVED BY:	EFFECTIVE:
	REVISED:

PURPOSE:

To establish the responsibilities of the anesthesiologist caring for patients in the Outpatient Surgery Department.

POLICY:

- The Outpatient Surgery Department will care for patients receiving general anesthesia, local anesthesia with standby, regional anesthesia, local anesthesia and patients who receive no anesthesia.
- General anesthesia is used only for patients who are Class I or II anesthesia risks. Class III patients may receive general anesthesia at the discretion of the anesthesiologist.
- The ASA classifications are as follows:
 - Class I - Normal healthy patient
 - Class II - Patient with mild systemic disease
 - Class III - Patient with severe systemic disease that limits activity, but that is not incapacitating.
 - Class IV - Patient with incapacitating systemic disease that is a threat to life
 - Class V - A moribund patient.

RESPONSIBILITIES:

- All patients receiving general anesthesia, or local with anesthesiologist in attendance, will be seen preoperatively by an anesthesiologist.
- Postoperative recovery will be done in the Post Anesthesia Recovery Unit.
- Postoperative visits must be made by the anesthesiologist and the patient must be evaluated by a physician prior to discharge from the facility.
- Documentation of preoperative and postoperative anesthesia visits must be done on the anesthesia evaluation sheet by the attending anesthesiologist before the patient can be discharged from the facility.

SUBJECT: ADMISSION OUTPATIENT SURGERY	REFERENCE #4005
DEPARTMENT: AMBULATORY CARE SERVICES	PAGE: 1
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APPROVED BY:	EFFECTIVE:
	REVISED:

POLICY:

Patients will be admitted to the Outpatient Surgery Department via established procedure in the Admitting Department.

PROCEDURE:

- Preadmission
 - After the patient has been scheduled for surgery, the Admitting Department will contact the patient for admitting information.
 - Not longer than 7 days prior to surgery the patient will be scheduled to come to the facility for the following:
 - Preadmission interview with the nurse
 - Preop Lab work
 - Consent
 - Preop orders
 - Pre & Post op teaching
 - Orientation to the Outpatient Surgery Department and personnel
 - Questions answered
 - Obtain Medical Records, if any
- After obtaining orders, the preadmitting nurse will interview the patient and carry out the appropriate orders.
 - Assessment sheet will be filled out.
 - Ask the patient if he/she received complete information regarding his/her surgery MD's secure informed consent and if so that the appropriate consent form is completed.
 - Stress NPO after midnight.
 - Phone number in case of surgery delay or change.
 - Stress importance of a responsible adult to drive the patient home.
 - Inform patient where and when to report on the day of surgery.
 - Complete the Preop Instruction sheet for the patient, have the patient sign it and give him/her a copy after he/she verbalizes an understanding.

SUBJECT: DISCHARGE CRITERIA - SURGICAL PATIENTS	REFERENCE #4010
DEPARTMENT: AMBULATORY CARE SERVICES	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE: REVISED:

PURPOSE:

To establish the criteria for safe discharge of patients from the Outpatient Surgery Department.

POLICY:

- Surgical patients will only be discharged from the Outpatient Surgery Department by order of the attending anesthesiologist, physician or his/her designee. There will be no exceptions.
- It is the responsibility of the attending physician or his/her designee to write an order to discharge each patient from the Outpatient Surgery Department.
- This applies to patients receiving any type of anesthesia.
- Discharge will not be completed until the physician has seen the patient and written the discharge order.
- Each patient must meet the discharge criteria approved by the medical staff.
- Prior to discharge, patient must as a minimum meet all the following discharge criteria:
 - Vital signs consistent with patient's age and presurgical levels shall remain stable.
 - Shallow cough and gag reflex present, patient shall be able to swallow fluids, and either be able to cough or demonstrate a gag reflex.
 - Able to ambulate.
 - Minimal nausea, vomiting; patient can swallow and retain some fluids.
 - Minimal dizziness, patient experiences dizziness only upon sitting and is still able to perform movement consistent with what he/she could do preoperatively.
 - No signs of respiratory distress, patient displays no signs of stridor, or croupy cough.
 - Alert and oriented, patient is aware of surroundings, what has taken place, and is interested in going home.