Standard Operating Procedure: FREQUENCY OF POST-OPERATIVE OBSERVATIONS FOLLOWING A GENERAL ANAESTHETIC FOR SIMPLE SURGERY

Change Description	Reason for Change
New	

APPROVERS	POSITION	NAME
Person Responsible for writing procedure:	Head of Nursing	Louise Evans
SOP Owner:	Deputy Sister and Ward Sister	Rachael Burbage and Rebecca Morley

Introduction and Background:

Current practice for post-operative observations appears to be based on historical teaching passed down from nurses to students/ junior nurses. The universities do not teach frequency of observations so the students are only taught in practice, further reinforcing the relay of information in the clinical setting. Further investigation involving the education team and communication with other children's hospitals found that most areas were doing the same practice as us and no policies were found in local hospitals. Although the RCN do have an evidence based document, it is currently not being followed in the Children's Hospital. Post-operative observations are currently conducted every 15 minutes for 1 hour, every 30 minutes for 1 hour, then 4 hourly thereafter or as condition dictates. Theatre recovery also obtains observations every 15 minutes for the duration of their stay in the recovery department.

No policy or SOP could be found to reinforce the practice we currently have, the practice is not unsafe due to an increased frequency of observations however it is also not very achievable due to the acuity and capacity on the wards. As registered practitioners regular assessment and evaluation of our patients is determined on the basis of their presentation and condition. On review of the RCN guidance, it is achievable and aligned to practice, therefore preferable and acceptable for the majority of patients post operatively.

Purpose of the Nursing Handover sheet:

- The purpose of this standard operating procedure is to standardise post general anaesthetic observations in all clinical areas: excluding ITU/HDU areas as appropriate.
- To provide up to date evidence based practice
- To provide a guidance document for practitioners to refer to in clinical practice
- To follow gold standard practice.

Scope:

This standard operating guidance will be applied to all children undergoing a general anaesthetic following a simple procedure and will be adhered to by anybody undertaking post-procedural observations overseen by a registered professional.

Categorisation:

RCN published guidance in 2020, which outlines babies, children and young people's observational needs, post a general anaesthetic.
Standards for Assessing, Measuring and Monitoring Vital Signs in Infants, Children and Young People| Royal College of Nursing (rcn.org.uk)

Education and training:

All healthcare professionals who are responsible for the care of children during their admission must be familiar with the standard operating procedure and understand the rationale for effective and efficient post-procedural observations.

- Understanding need for change to practice
- Dispersion of the SOP
- SOP to be presented at the Professional Nurses Forum (PNF)
- SOP to be reviewed through the clinical guidelines committee

Process:

Commence observation protocol as stipulated by the RCN Standards, by following the below recommendations:-

- Following a simple procedure, heart rate, respiratory rate, and pulse oximetry should be recorded every 30 minutes for two hours, then hourly for two to four hours until child is fully awake.
- Temperatures and blood pressures should be recorded once, then at intervals of one, two or four hours according to the child's general condition.
- A further set of vital signs should be recorded prior to discharge.

- Please always assess a child's clinical condition, and repeat observations as deemed appropriate, please note this could be at more regular intervals than recommended in the SOP.

- It is important to note that these are the **recommended guidelines/standards**, and do not replace clinical judgement.

Variations:

- **Day Surgery**: In the case of day surgery where children may be discharged more quickly a full set of observations should be undertaken on discharge. This should include: temperature, pulse, respiratory rate, and oxygen saturations.

- **Adeno/Tonsillectomy**: After the immediate recovery period following adeno/tonsillectomy, pulse, respiratory rate and oxygen saturations should be recorded every 30 minutes for four hours, or more frequently if there is any evidence of bleeding.

- **Cardiac Patients:**
  - require regular blood pressure monitoring in line with the 30 minute intervals and continuous oxygen saturation monitoring until awake then it can be discontinued as per the child's condition.
  - some simple surgeries for cardiac children may require ECG monitoring whilst they are recovering from the anaesthetic. The need for this will be ascertained either via Children's pre assessment or through a review by a paediatric cardiologist or paediatric cardiac anaesthetist. This plan must be clearly documented in the medical notes. These children will need to be nursed on ward 1, ward 12 or ITU depending on beds.

- **Deteriorating Patient**: Need to refer to PEWs and escalation of deteriorating patient where observations and assessment indicate the need for immediate intervention

- If a child requires monitoring which is any DIFFERENT from the above, it must be clearly stated in the post-operative instructions, by the specific consultants/anaesthetists. This could include, but is not limited to examples such as neurovascular observations, continuous oxygen saturation monitoring, apnoea monitoring.

- Complex procedures may well require different monitoring, which could be different from the SOP.

Exclusions:

- Exclusions from this standard operating procedure, would be patients on morphine, epidurals, or those requiring HDU or ITU care.

	No issues identified

Confidentiality and Privacy:
No issues identified
Key Words:
Post-operative observations, children, paediatrics, cardiology, ENT, general surgery
Monitoring:
Observations are undertaken as a minimum as per SOP
END