NATIONAL OPERATING ROOM NURSING AUDIT (NORNA)
**ELEMENT 5: PERIOPERATIVE CONTINUUM CARE**

# 5.9 CARE OF PATIENT AT THE RECOVERY BAY

## 1. INTRODUCTION

Postoperatively, the patient is wheeled from the OR to the recovery bay for continuous monitoring of vital signs until patient is stable and allowed to be sent back to the ward.

## 2. STANDARD:

The nurse monitors and provides continuous care when in recovery bay

## 3. OBJECTIVES :

3.1 To monitor and provide continuous care to patient post operatively when in recovery bay

3.2 To assist the patient to return to a safe physiologic level post operatively.

3.3 To provide patient's comfort during the immediate post-operative period in the recovery bay

3.4 To ensure accurate and complete documentation of immediate post-operative checklist.

## 4. CRITERIA

| Structure | Process | Outcome |
|---|---|---|
| 1. Recovery nurse<br>2. There is a standard operating procedure (SOP) for monitoring patient at recovery bay (refer Policy KKM R.217/2 – SOP OPERATION THEATRE CKAPS-ICL-Operation Theatre Ver. Oct. 2016)<br>3. The nurse has knowledge and competent in monitoring patient at recovery bay<br>4. Monitoring e.g.:-<br>4.1 Oxygen apparatus<br>4.2 Suction apparatus<br>4.3 Stethoscope<br>4.4 Vital sign monitor<br>5. Warming devices: -<br>-blanket<br>-radiant heater<br>6. Receiver for vomitus<br>7. Resuscitation trolley.<br>8. Pain score scale.<br>9. Intravenous fluids<br>10. Drip stands | 1. Receive patient from Anesthetist and GA nurse with the following information:<br>1.1 Type of anesthesia<br>1.2 Type of surgery<br>1.3 Any complication during surgery<br>1.4 Drainage and Irrigation<br>1.5 Specimens obtained<br>1.6 Blood and blood product used / unused<br>1.7 Patient's anaesthetic form/EMR<br>2. Acknowledge patient<br>- Verify patient identification<br>3. Maintain airway<br>3.1 Administer oxygen<br>3.2 Suction PRN<br>4. Keep patient warm and comfortable<br>5. Monitor vital signs patient:<br>5.1 SPO2<br>5.2 Blood pressure<br>5.3 Pulse rate<br>5.4 Respiration rate<br>5.5 Pain Score<br>6. Implement safety measures to prevent patient fall | 1. Patient receives continuous nursing care during immediate post operative period.<br>3. Associated effects of anaesthesia and surgery are detected early and a proper action taken<br>4. Accurate and complete documentation in the patient medical record and pre-discharge check form<br>5. Patient is comfortable and stable at recovery bay before sent to ward staff |

| | | |
|---|---|---|
| 11. Post-operative checklist.<br>12. Pillow | 6.1 Raise side rails<br>6.2 Lock wheels of OR transportation trolley<br>7. Care of intravenous infusion or blood and blood product transfusion<br>8. Check for bleeding from:<br>8.1 Incision site<br>8.2 Wound drainage<br>8.3 Sanitary pad<br>8.4 Urine colour<br>9. Document assessment findings in patient's record in pre-operative checklist.<br>10. Inform anesthetist to review patient appropriately<br>11. Inform ward/unit nurse to fetch patient when ready and has been discharged by the anesthetist.<br>12. Hand over patient to ward/unit nurse including :<br>• Post operative care notes<br>• specimens<br>• blood & blood product used / unused<br>• drainage tubes<br>• urinary catheter<br>• intravenous fluids & etc. | |

## 5. METHODOLOGY

| | | | |
|---|---|---|---|
| 5.1 | Design | : | Direct observation of nurses monitoring patient at the recovery bay |
| 5.2 | Setting | : | Recovery Bay |
| 5.3 | Inclusion criteria | : | All post operative patients nursed at the recovery bay |
| 5.4 | Exclusion criteria | : | Post- operative patients that requires ventilator |
| 5.5 | Population | : | Registered Nurse |
| 5.6 | Sample Design | : | Convenient sampling |
| 5.7 | Sample size | : | 30% of registered nurses from the OR department equally divided among all disciplines in a Hospital Pakar Major.and 50% for Hospital Pakar Minor. |
| 5.8 | Time frame | : | 2 months |
| 5.9 | Instrument | : | Audit form- NORNA (E5 AF5.9) - one audit form for one patient |

## 6. DEFINITION OF OPERATIONAL TERMS

### 6.1 Verify patient

Verify correct patient using two identifier (patient's wrist band, Electronic Medical Record(EMR), Admission form).

### 6.2 Anaesthesia

A method of induction used to induce loss of feelings, pain and sensation prior to surgery (General Anesthesia, Spinal, and Epidural).

### 6.3 Surgery

A medical procedure involving an incision with instruments; performed to repair damage or arrest disease in a living body.

### 6.4 Level of consciousness

Level of consciousness (LOC) is a measurement of a person's arousability and responsiveness to stimuli.

Conscious level is monitored by observing the return of flexes such as the eyelash reflex, swallowing, vocalization and response to commands.

### 6.5 Wound Drainage

Is a wound drain that is inserted onto the patient to drain off unnecessary body fluids, blood or air from surgical site.

### 6.6 Specimen

Is a portion or quantity of material obtained/foreign body from the patient for the purpose of testing (pathology examination, histopathology)

### 6.7 Intravenous infusion

Is a medical term that describes the way certain kinds of medicines or other substances delivered directly into a vein.

### 6.8 Pain score

The level of pain as experienced and informed by the patient using the pain scale. It is the 5$^{th}$ vital sign

### 6.9 Warming devices

Is a device for normalizing patient temperature and prevent hypothermia.

## 7. COMPLIANCE FOR CARE OF PATIENTS AT RECOVERY BAY

### 7.1 Technical Skill

- Receive patient from Anesthetist /GA nurse with specific information such as type of anesthesia, type of surgery, any complication during surgery, drainage and irrigation.
- Maintain airway
- Monitor vital sign
- Implement safety measures to prevent patient fall
- Care of Intravenous fluid or blood and blood product transfusion
- Check for any bleeding from operation site

### 7.2 Documentation

Written statement giving information, proof and provides legal evidence of patient care should be record in the:

- Vital Sign- Anesthetic form or EMR
- Recovery Nursing Report ( PMR / EMR)
- SSSL POCL VER 2.0 From – Pre-Discharge Check
- Record all fluids / blood and blood components in the Intake and Output chart.

### 7.3 Soft Skill

- Verify patient identification
- Inform anesthetist to review the case
- Hand over patient to ward/unit nurse

### 7.4 Score

7.4.1 Conformance : 100%

which include:-

- Technical skill : 100%
- Documentation : 100%
- Soft skill : 100%

7.4.2 Non – conformance : < 100%

** Overall marks (% of Technical skill + % documentation + % soft skill ÷ 3)

## 8. AUDIT FORM

| NATIONAL OPERATING ROOM NURSING AUDIT | VERSION 3/2018 |
|---|---|
| ELEMENT 5 : PERIOPERATIVE CONTINUUM OF CARE | 29/11/2018 |
| TOPIC: 5.9 CARE OF PATIENT AT THE RECOVERY BAY | |
| NORNA : E 5 AF 5.9 | PAGE NO : 1/3 |

### 1. STANDARD:

The nurse is monitors and provides continuous care when in recovery bay

### 2. OBJECTIVES :

3.1 To monitor and provide continuous care to patient post operatively when in recovery bay

3.2 To assist the patient to return to a safe physiologic level post operatively.

3.3 To provide patient comfort during the immediate postoperative period in the recovery bay

3.4 To ensure accurate and complete documents of immediate post operative checklist.

Date of Audit :……

Locality : …….

Auditor : .....

Auditee : .....

***NB. Instruction for Auditors***

1. *To tick [√] at the appropriate column.*

| S/NO | ITEM | SOURCE OF INFORMATION | YES | NO | N/A |
|---|---|---|---|---|---|
| T1. | Receive information about patient from Anesthetist or GA nurse | Listen & Observe Nurse | | | |
| T2. | Verify patient identification. | Listen & Observe Nurse | | | |
| T3. | Maintain airway pattern | Observe Nurse | | | |
| T4. | Administer oxygen | Observe Nurse | | | |
| T5. | Keep patient warm and comfortable | Observe Nurse | | | |
| T6. | Monitor vital signs | Observe Nurse & Check written document | | | |
| T7. | Implement safety measures to prevent patient fall | Observe Nurse | | | |
| T8. | Care of intravenous infusion or blood and blood product transfusion | Observe Nurse | | | |
| T9. | Check for any bleeding from operation site | Observe Nurse | | | |
| D10. | i) Document assessment findings in patient's record.<br>ii) Record all fluids/ blood transfusion | Observe Nurse and check written document | | | |
| S11. | Inform anesthetist to review patient. | Listen & Observe Nurse | | | |
| S12. | Inform ward/unit nurse to fetch patient when ready and has been discharged by the anesthetist. | Listen & Observe Nurse | | | |
| S13. | Hand over patient to ward/unit nurse | Listen & Observe Nurse | | | |

# AUDIT REPORT

*(Please [√] the appropriate box)*

**RATING**

| Task | Conformance | Non Conformance |
|---|---|---|
| Technical | | |
| Soft skill | | |
| Documentation | | |

**REMARKS**

Auditor (name and signature):…….

**Calculation: $\frac{\text{Item conformance}}{\text{Total item – item N/A}} \times 100$