



# **Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery**

Version	Effective Date
1	Feb 1993
	(Reviewed Feb 2002)
2	Oct 2012

Document No.	HKCA – P5 – v2
Prepared by	College Guidelines Committee
Endorsed by	HKCA council
Next Review Date	2017



## **Table of Contents**

	Page
1. Introduction	3
2. Procedures Suitable for Day Care Surgery	3
3. Patient Requirement for Day Care Surgery	3
4. Social Requirement for Day Care Surgery	4
5. Pre-anaesthetic Assessment and Preparation	4
6. Recovery from Anaesthesia	5
7. Discharge of the Patient from Day Care Unit	6
8. Quality Assurance	7
9. Related Documents	7
10. References	7



## **1. INTRODUCTION**

Day Care Surgery means that the surgery is scheduled with the intention to discharge the patient from the hospital or unit later on the day of the procedure. Anaesthesia for the procedure may require general, regional or local anaesthesia, sedation or a combination of techniques. HKCA Guidelines documents should be followed where appropriate (please refer to section 9).

In all cases, the ultimate decision as to the suitability of a patient for day care surgery is that of the procedural anaesthesiologist. The decision as to the type of anaesthesia must remain in the province of the anaesthesiologist and will be based on surgical requirements, patient considerations, the experience of the anaesthesiologist and the facilities and personnel of the daycare unit.

## **2. PROCEDURES SUITABLE FOR DAY CARE SURGERY MUST ENTAIL:**

- 2.1 A minimal risk of post-operative haemorrhage.
- 2.2 A minimal risk of post-operative airway compromise.
- 2.3 Post-operative pain controllable by outpatient management techniques.
- 2.4 Post-operative care managed by the patient and/or a responsible adult; and any special post-operative nursing requirements met by home or community nursing facilities.
- 2.5 A rapid return to normal fluid and food intake.
- 2.6 Operative list organization to achieve early commencement of procedures for which a long recovery period is likely.

## **3. PATIENT REQUIREMENTS FOR DAY CARE SURGERY INCLUDE:**

- 3.1 A willingness to have the procedure performed, together with an understanding of the process and an ability to follow discharge instructions.
- 3.2 The patient's place of residence for post-surgery care being within easy access to the surgical facilities.



3.3 Physical status of ASA I, II or medically stable ASA III patients. Physical status alone does not dictate acceptability. Early consultation with the involved clinical parties is essential.

3.4 Normal term infants of over six weeks of age or ex-premature infants (less than 37 weeks gestation) of more than 52 weeks post-conceptual age.

3.5 Younger infants, only if the units have particular paediatric experience and prior consultation with the involved anaesthesiologist has been made. Longer post-operative observation may be necessary.

#### **4. SOCIAL REQUIREMENTS FOR DAY CARE SURGERY INCLUDE:**

4.1 A parent/guardian that can accompany children or mentally incompetent adult patients in pre-operative consultation to provide medical history, give consent as appropriate and accompany the patient on day of surgery if necessary.

4.2 A responsible person able to accompany the patient home by suitable transport.

4.3 A responsible person accompanying the patient at least overnight following discharge from the unit. This person must be physically and mentally able to make decisions for the patient's welfare when necessary.

4.4 Ensuring that the patient and/or the responsible person understands the requirements for postanaesthetic care and intends to comply with these requirements particularly with regard to public safety.

4.5 The patient remaining within easy access to appropriate medical attention until the morning following discharge.

4.6 The patient having ready access to a telephone in the post-operative dwelling.

4.7 The patient having appropriate advice as to when to resume activities such as driving and decision making.

#### **5. PREANAESTHETIC ASSESSMENT AND PREPARATION**

5.1 Every patient must have a pre-anaesthetic assessment by an



anaesthesiologist, preferably by the one who will administer the anaesthetic. See HKCA Guidelines on the Pre-anaesthetic Consultation [P13].

5.2 The assessment may be taken place in a hospital, clinic or in the day care center.

5.3 Appropriate time for adequate pre-operative anaesthetic assessment by the involved anaesthesiologist must be scheduled for all day care patients.

5.4 Patient assessment can be assisted by:

5.4.1 A standardized patient health/anaesthesia questionnaire

5.4.2 Prior referral of the patient by the surgeon to the anaesthesiologist in cases of doubt as to the suitability for day care surgery.

5.4.3 Preliminary nurse assessment according to guidelines approved by the anaesthesiologist.

5.5 Arrangement for appropriate investigations, e.g. chest X-ray, electrocardiogram, blood tests, and urinalysis must be available. There should be mechanisms for the laboratory results to be reviewed and followed up prior to the day of operation. Should there be doubt as to the suitability of a patient for day care surgery, there need to be mechanism to allow effective communication between the involved parties.

5.6 Signed consent of the proposed procedure must be obtained from the patient or guardian.

5.7 The patient and/or responsible person should be provided with information in an understandable written format about fasting time, reporting time and admission procedures.

## **6. RECOVERY FROM ANAESTHESIA**

6.1 HKCA professional document P3 Guidelines on Postanaesthetic Recovery Care establishes requirements for the facilities and staffing of post-anaesthetic care units. This document is fully applicable to day care units.

6.2 An area must be provided with comfortable reclining seating for patients during the second stage of recovery prior to discharging home. This area must be



adequately supervised by nursing staff and should also have ready access to resuscitation equipment, including oxygen and suction. Patients must not leave this area unaccompanied.

6.3 There should be a record of recovery to include conscious state, orientation, sensory and motor function (include locomotion), vital signs, time of resumption of oral intake and micturition.

## **7. DISCHARGE OF THE PATIENT FROM THE DAY CARE UNIT**

7.1 The following criteria need to be fulfilled by patients prior to discharging home:

- 7.1.1 Stable vital signs for at least one hour.
- 7.1.2 Correct orientation as to time, place and relevant people.
- 7.1.3 Adequate pain control.
- 7.1.4 Minimal nausea, vomiting or dizziness
- 7.1.5 Adequate hydration and likelihood of maintenance of hydration with oral fluids.
- 7.1.6 Minimal bleeding or wound drainage.
- 7.1.7 Patients at significant risk of urinary retention (central neural blockade, pelvic and certain surgery) must have passed urine.
- 7.1.8 A responsible adult to take the patient home. For some patients it may be important to have an adult escort who would not at the same time be the vehicle driver.
- 7.1.9 Discharge should be authorized by an appropriate staff member after discharge criteria have been satisfied.

7.2 Written and verbal instructions for all relevant aspects of post-anaesthetic and surgical care must be given to the patient and the accompanying adult. A contact place and telephone number for emergency medical care must be included.

7.3 Suitable analgesia should be provided for at least the first day after



discharge with clear written instructions on how and when it should be used. Advice on any other regular medication is also necessary.

7.4 A telephone enquiry as to the patient's wellbeing should be made, preferably on the following day.

7.5 If the patient is to be transferred to an inpatient facility, the anaesthesiologist and/or the surgeon will be responsible for the patient until care has been transferred to another appropriate medical staff.

## **8. QUALITY ASSURANCE**

8.1 Each day care unit must have an established system for audit of the outcomes related to anaesthesia care, and include these outcomes in quality assurance and peer review processes.

## **9. RELATED DOCUMENTS**

T2 Recommended minimum facilities for safe anaesthetic practices in operating suites

T6 Minimum requirements for an anaesthetic record

T7 Minimum assistance required for the safe conduct of anaesthesia

P1 Guidelines on monitoring in anaesthesia

P2 Guidelines for safe sedation for diagnostic and therapeutic procedures

P3 Guidelines on postanaesthetic recovery care

P13 Guidelines on the pre-anaesthetic consultation

P17 Guidelines on providing information about anaesthesia

## **10. REFERENCE**

ANZCA PS15 (2010) Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery