



**Netcare Healthcare UK Ltd**

**Extended Choice Network**

**Procedure Patient Care Pathway**

**A07 – Intermediate Pain Procedures**

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### **Other Notes**

Reference to one gender can be interpreted to imply as belonging to either gender.

This HRG covers a range of procedures, all of which are found in Version 3.5 of the HRG Reference Manual, however these are examples of the types of procedures and this is not an exhaustive list.

### **Examples of procedures:**

A5210 Epidural Injection (lumbar/caudal)  
A548 Therapeutic spinal puncture

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## **SECTION ONE**

### **Generic Clinical Pathway**

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## 1.1 Entry Point - Referral

The patient's journey begins when they are referred by a GP, (or RHSB), to a BMI hospital of their choice for a specific type of treatment selected from the Directory of Service.

The referral will consist of a provisional appointment made on the Choose and Book System supported by a referral letter detailing information of relevant past medical history, current medication and clinical symptoms.

The referral will be submitted via Choose and Book as a directly bookable service. There will also be provision to accept referrals either electronically or paper based using safe haven fax or secure email.

An initial clinical triage of the referral must be performed within 24 hours to ensure that the patient's referral is appropriate for the services offered in the Directory of Service and there are no obvious exclusions.

The patient will then have their referral either accepted or rejected.

If the referral is rejected, this will be recorded on all the appropriate information systems detailing the reason for rejection and, where appropriate, offering advice and guidance to the GP, (or RHSB), on an alternative care pathway.

If the referral is accepted, the appointment will be confirmed on the appropriate information systems and the patient will be notified of their appointment. The patient will then attend their outpatient appointment.

Where possible at the first outpatient appointment all appropriate tests and investigations should be undertaken. This will include a nurse pre-admission assessment should surgery be required.

RHSB = Referring health service body.

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## 1.2 First Outpatient Appointment (Consultant Led)

Each patient will undergo a full clinical assessment including:

- Clinical History
- Clinical Examination
- Appropriate diagnostics, (recommended by the Radiological Test Guidelines from the Royal College of Radiologists)

Diagnosis will be made and a care pathway will be discussed with the patient.

In line with IRMER unnecessary investigations should be avoided and therefore recent copies of results can be accepted to support a diagnosis.

There will be occasions when additional diagnostics of a more complex nature will be required, i.e. CT/ MRI scan, and it will be necessary for the patient to book an appointment to undergo this specific diagnostic test. They will then be required to revisit the consultant to discuss further the findings and conclude the clinical pathway.

Should surgical intervention not be required the patient will exit the pathway at this point and be referred back to the GP, (or the RHB), offering advice and guidance on an alternative care pathway where appropriate.

Written, informed consent will be obtained from the patient, and in addition written consent for the disclosure of any clinical data for the purpose of research or audit.

Once a diagnosis has been confirmed and surgery deemed appropriate the patient will receive a detailed patient information leaflet on the intended procedure.

The patient can now book a date for surgery.

## 1.3 Pre-Admission Clinic (Nurse Led)

This can take place in one of three ways:

- At time of first appointment
- By telephone
- Or at a second outpatient attendance

The requirement at a pre-admission clinic will vary dependant upon the procedure for which the patient attends however in all cases any outstanding information required for the patient documentation will be collected and any information already recorded will be validated.

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All pre-operative tests are as per NICE guidance for pre-operative investigations.

MRSA screening will be undertaken as local Policy dictates.

Where there are social, community, cultural or disability support requirements these should be identified in advance of admission to facilitate timely discharge.

## 1.4 Hospital Discharge

The patient will only be discharged if the treating Surgeon is satisfied that the recovery pathway has progressed to a level that is safe and there is minimal risk of complications should the patient be discharged from hospital.

Patients will be discharged in the majority of cases to their own homes under the supervision of district nursing and community services. However, in some circumstances they will be discharged to supported nursing care. This requirement will have been identified at the assessment as part of the pre-admission clinic.

On discharge patients will receive all information regarding use of medication, where appropriate, mobilisation techniques and helpful hints will be explained by the staff. This information will be contained in the relevant patient information brochure. Patients will receive advice and date/s of follow up appointments, suture removal if applicable or additional tests or X-rays that may be necessary during the follow-up part of their pathway.

An emergency out of hours contact number will be issued to the patient to allow support should any adverse clinical incident occur. This contact information is reinforced in the patient information leaflet. This does not however prevent the patient from attending their nearest Accident and Emergency department. However, should this occur patient's repatriation will be promoted to facilitate ongoing clinical governance.

On leaving the hospital the nurse responsible for the patient's discharge will ensure the patient is provided with a discharge summary detailing the procedure that they have undergone, their condition on discharge and their clinical requirements and medication expected during the recovery period.

Subsequent to this the GP, (and the RHSB), will receive a full doctor to doctor discharge letter.

Where necessary, discharge medication will be provided for a minimum of 7 days.

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At the point of discharge from the hospital patients will be asked to complete a Patient Satisfaction questionnaire. On completion the questionnaire will be captured in the relevant information system.

## 1.5 Post Discharge Complications

Most elective surgery is successful but inevitably, from time to time complications can occur. Any associated postoperative complications that occur are the responsibility of the BMI hospital to treat and/ or manage in accordance with the specific clinical pathway. This will be for a minimum of 28 days and up to a maximum of 1 year, procedure specific.

Education of the patient during their hospital stay is important to ensure that they are able to identify complications when they do occur. They should be made aware of the likely signs and symptoms of both major and minor complications and be advised on what action to take should these occur. In addition the patient must be assured that they can call the hospital for advice and assistance at any time, day or night.

When a patient is discharged, they are given a contact number that will allow them easy 24 hour access to clinical advice from a healthcare professional. A patient who calls for advice with a clinical question will always have the opportunity to speak to a member of the clinical staff and also the RMO where appropriate. All such triage calls are documented to ensure a consistent audit trail for the care of these patients. Every patient who makes such a call will have the opportunity of attending the hospital to be seen by the RMO, although in most situations this will not be necessary.

If it is clear from the conversation that the patient is presenting an acute clinical emergency they will either be advised to come to the hospital immediately or to call 999 depending on what is most appropriate.

Whilst the majority of complications will be treated in a BMI hospital on occasions dependant on the clinical presentation and the specific BMI facility it may be necessary to refer on to the nearest acute NHS facility, i.e. where ICU/ CCU is not available.

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## 1.6 Follow up Assessment - Final Exit

On discharge the patient will have been given an appointment for a follow up assessment. Every patient will receive one follow up appointment as a minimum and for the majority of procedures these will normally occur at 6 weeks however specific pathways will indicate otherwise, e.g. vasectomy – 12 weeks due to post vasectomy testing. The frequency of subsequent follow up appointments will be determined by the clinical outcome.

Following attendance at a follow-up appointment and satisfaction that the patient is fully recovered and the condition for which they were referred has now been successfully treated the patient will be discharged complete back the GP.

In the event that the patient requires additional procedures or ongoing care or an ongoing care plan, guidance and support will be given to the GP and patient.

## **SECTION TWO**

### **Clinical Pathway**

# **A07 – INTERMEDIATE PAIN PROCEDURES**

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## 2.1 Anaesthetic Assessment

An Intermediate Pain Procedure patient will require local anaesthetic.

## 2.2 Allied Healthcare Professional Assessment

BMI staff will take this into account when assessing the patients at the pre-admission clinic. It will assist them in determining the rehabilitation plan and any equipment requirements that the patient might have on discharge. BMI staff will liaise with their colleagues in the community to assist with the planning for the patient's discharge back into the community. This will occur after the pre-operative admission clinic assessment and followed up during the inpatient stay. Prior to discharge the BMI hospital team will ensure that all is in place for the patient to go home, including physiotherapy, nursing, equipment and referral letters.

## 2.3 Admission and Pre-Operative Preparation

Patients for Intermediate Pain Procedures will arrive at the BMI hospital a minimum of 2 hours prior to surgery.

The patient's preoperative assessment and the results of any tests or X-rays will accompany the patient and will be available to the medical team on request. Nursing staff will welcome and orientate the patient to the Ward, identify the patient, check the patient's information and history and complete the procedures indicated on a pre-operative checklist in order to prepare the patient for theatre.

The medical team will review the pre-operative consultation, assess medication and prescribe pre-medication, (if applicable).

The written informed consent form will be signed as confirmed with the patient by the surgeon.

1. The nurse will confirm that the patient understands the basic concepts of what is to follow and what he/ she can expect in the period after discharge.
2. The surgeon will undertake a preoperative visit; examine the patient, confirm diagnosis, explain the procedure to be undertaken, mark the area to be operated on with a permanent marker and answer any additional questions that the patient and his/ her partner/ family might have.

## 2.4 Surgery

The nursing staff should confirm that the patient has not eaten for 6 hours and stops clear fluids orally 2 hours ahead of the operating time.

A signed pre-operative check-list will be completed by the escort nurse to ensure all preoperative preparation has been undertaken.

The ward nursing staff will accompany the patient to theatre and hand the patient over to theatre staff according to local protocol.

### 2.4.1 Theatre

Anaesthetic room staff will receive the patient from the ward personnel and will again check and sign the preoperative check-list.

Confirm the procedure to be undertaken with the patient while the ward personnel are still present and sign on consent as checked and correct.

Report any information from the ward concerning the patient's status, to the surgeon.

The patient will be monitored throughout the procedure.

#### Perioperative care:

Preparation of the theatre, instruments and packs will be defined by rigid aseptic techniques and protocols. The same will apply to scrubbing, theatre attire and draping of the patient.

The surgical procedure will be carried out in accordance with best current clinical practice. The surgeon will comply with the guidance issued by the Royal College of Surgeons of England "Guidance on Surgical Practice" – The surgeon will be on the relevant specialist register of the GMC and be registered as a consultant on BMI hospitals Register.

The Patient is to be positioned according to best practice guidelines, together with positioning of the arm and hand on hand table etc.

#### Complications:

Should an intra-operative or post-operative complication arise that warrants referral to a secondary acute facility, transfer will be arranged according to the protocol negotiated with the BMI hospital and the local acute hospital.

## 2.5 Ward

### Post operative care:

On arriving in the post-operative ward, the patient will be admitted according to local protocol:

- The patient will be cared for by the named nurse and the multidisciplinary team;
- Patients will be monitored in accordance with postoperative care ward protocols and standards as determined best clinical practice. An on-duty on-site Resident Medical Officer (RMO) may be responsible for the general management of all post-operative patients, under the direction of the consultant surgeon. The RMO will have the necessary experience within the specialty as well as Advanced Life Support, (ALS) Training, and a valid certificate;
- The operation site will be checked at each observation time, to check for bleeding;
- Oral fluids and diet will be offered on return from theatre;
- Pain will be assessed; analgesia will be titrated and administered accordingly;
- All patients will be seen post operatively by the surgeon or RMO;
- The Consultant Surgeon will remain on call but an on-duty, on-site RMO will oversee all general daily clinical aspects of the patient's care post operatively in conjunction with the nursing staff;
- The patient will remain in the ward until discharge.

## 2.6 Clinical Discharge

The following criteria will be used to establish whether a patient can be discharged:

- Normal vital signs consistent with the patient's age and stable pre-surgical levels;
- Able to ambulate without help. This will include being able to walk independently with confidence;
- The patient will be afebrile;
- No vomiting at proposed time of discharge;
- No indication of thrombo-embolic disease;
- Minimal dizziness. Patient should not experience dizziness – however if the patient does experience dizziness it should be only present upon standing and should not interfere with mobilization consistent with what they could achieve pre-operatively;
- No unusual bleeding or discharge related to the procedure;
- No excessive wound oedema;
- No signs of respiratory distress, stridor or croup cough;
- Able, alert, aware of surroundings and aware of what has taken place;

- Pain-free or pain adequately controlled by oral analgesics;
- Able to void urine.

Nursing documentation will include a discharge check-list.

TTO's may include:

- Co Codamol 30/500mg, 6 to 8 hourly PRN;
- Ibuprofen. Dosage 400mg PO every 8 hours (max 1.2g in 24hrs) and only if not contraindicated.

### **Actions taken after discharge:**

1. To observe for and report any signs of tingling/ numbness in extremities which are different to those that may have been experienced prior to the procedure.

### **Clinical Follow Up:**

On discharge the patient will be advised of when and how their follow up assessment will occur and any other post operative care requirements i.e. wound dressings, suture removals.

The patient will receive a minimum of one follow up appointment occurring no later than 6 weeks post operative procedure.

It is recognised, there will be some procedures within this HRG group that will require more than one follow up appointment. Therefore additional follow up appointments will occur as dictated by the procedure undertaken in line with best clinical practice guidelines to ensure a successful clinical outcome.

On satisfaction that the patient is fully recovered from the condition for which they were referred and successfully treated, the patient will be discharged back to the G.P.

All outcomes will be monitored through standard KPIs (Key performance indicators) returns.

In the event that the patient requires additional procedures or ongoing care, guidance and support will be given to the G.P. and patient.

## 2.7 Outcomes to be Measured

- Patient satisfaction;
- Complications - Infection rates;
- Readmission rates;
- Quasar Nursing Audit;
- Additional KPIs required for the contract.