

STANDARD OPERATIONAL GUIDELINES FOR AMBULATORY SURGICAL UNIT (ASU) AT LEICESTER ROYAL INFIRMARY

Approved by:	MSS Quality and Safety Board
Date Originally Approved:	November 2018
Trust Reference:	C12/2022
Version:	2
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Latest Approval Date:	03/06/21
Next Review Date:	May 2024

Caring at its best

ABBREVIATIONS

ASU – Ambulatory Surgical Unit
BAHA - Bone Anchored Hearing Aid
CPAP – Continuous Positive Airway Pressure
DCR - Dacryocystorhinostomy surgery
DIEP - Deep inferior epigastric perforators
EDD - Estimated discharge date
ENT – Ear Nose and Throat
EUA – Examination under anesthesia
FESS - Functional endoscopic sinus surgery
GI - Gastrointestinal
IUD - Intrauterine contraceptive device
Max Fax – Maxillo-Facial
MUA – Manipulation under anesthesia
NIC – Nurse In Charge
OGD - Oesophago-Gastro-Duodenoscopy
ORIF - Open reduction internal fixation
PCA – Patient controlled analgesia
PEG – Percutaneous endoscopic gastrostomy
PR – Per rectum
SNS – Sacrum nerve simulation
SPA - Single point of access
TAA – Theatre Arrivals Area
TCI – To come in
TRAM – Transverse rectus abdominis myocutaneous
TTO - Take tablets home
VAC - Vacuum assisted closure

SUMMARY

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INTRODUCTION

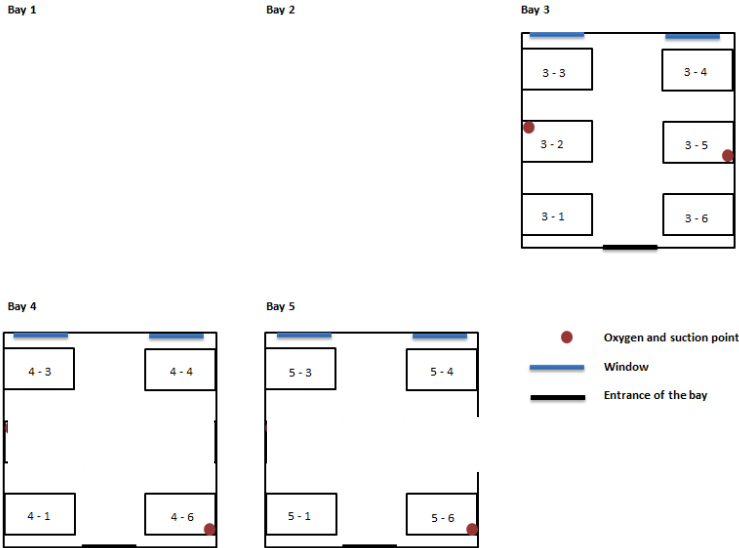
Pre-covid-19 The Ambulatory Surgical Unit (ASU) could hold 30 trolley spaces or 24 bed spaces (Please see floor layout plan). The middle bays (bay 2 and 3) are designed to have 6 beds each bay, which can accommodate 12 adult patients overnight. There is a Local Anesthetic lounge provided with chairs that can accommodate 5 patients pre-operatively and post-operatively having surgery under local anesthetic only.

Due to Covid-19 the capacity has changed, we can now accommodate 14 trolleys across 3 bays only. (please see layout below) no locals lounge.

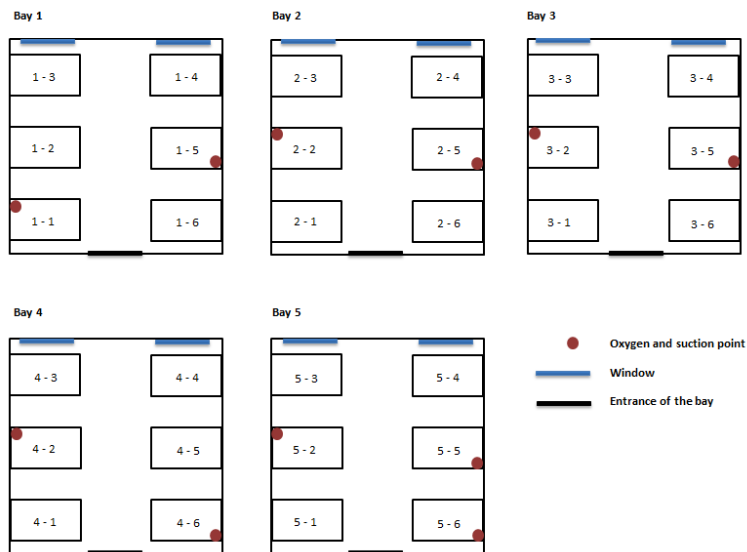
There needs to be 2 meters between each trolley and or chair:-

- Bay 5 can hold 4 trolleys and or chairs
- Bay 4 can hold 4 trolleys and or chairs
- Bay 3 can hold 6 trolleys and or chairs

Covid-19 Trolley capacity:



Pre-Covid Trolley version:



The ward can accommodate in excess of 30-50 patients per day, due to Covid-19 this will change. We will accommodate 24-30 day case only patients per day.

The operational policies for the patients that will be coming to the Ambulatory Surgical Unit (ASU) are based on the following specialties:

- Adult Specialty Surgical Patients
- Adult General Surgical Patients
- Adult Trauma Patients
- Selected Ophthalmology Patients

Special note- ASU can take patients over 16 years old and special consideration for parents of these young people will be taken.

The following is a breakdown of the above:

- Ear Nose and Throat Services (ENT)
- Plastic Surgery
- Maxillofacial Services (MAX-FAX)

- Trauma Orthopedics Services
- Lower Gastrointestinal (GI) Services
- Upper GI services
- Ophthalmology patients

1 - BOOKING SYSTEM

All the patients planned for surgery, admitted from home, are on the To Come In (TCI) list for the theatre arrivals area (TAA) that should be printed the day before to review who is suitable for ASU. All the patients are pre-assessed before surgery, where the pre-assessment nurses decide whether the patient is suitable for a day case procedure. The administration team will book the patients for surgery according to the decision made, therefore if the patient is suitable for a day case procedure they will be added onto the Theatre Arrival Area (TAA) list.

The bed coordinator is responsible for the bed request, every morning, on e-beds (nerve center), and for the allocation of the patients to each bed space. This includes local anesthetic and general anesthetic patients.

All patients for ASU will require routine Covid-19 swabs 72hrs pre-admission including local anaesthetic patients. Patients will need to self-isolate in accordance with trust/government guidelines.

2 - INCLUSION CRITERIA FOR AMBULATORY SURGICAL PATIENTS FROM THE TCI LIST

The Ambulatory Surgical Unit is designed and equipped to receive approximately 30-50 patients as capacity allows. However, the patients included on the ASU TCI list must be of ambulatory status and fit the inclusion criteria as below. The length of stay for the majority of patients is 2-6 hours. However, some procedures can require longer length stay due to clinical post-operative complications or require longer monitoring to facilitate a nurse led discharge.

- **STAFF RATIO/FUNDED**

Day Shift: 3 Registered Nurses, these are split into four shift times and 1 healthcare assistant on a Long Day (8am-8.30pm)

- 1 Registered Nurse on an early (8am-4pm)
- 1 Registered Nurse on a late (2pm-10pm)
- 1 Registered Nurse on a long day (8am-8.30pm)
- 1 Registered Nurse on a long day (9.30am-10pm)

- **PATIENTS SPECIALITY GROUPS**

Adult ENT Surgery provides a high volume of elective procedures on Ear, Nose and Throat. These patients may require a longer day case stay due to risk of bleeding / or at surgeon's request.

- Tonsillectomy/adenectomy
- Septoplasty
- Functional endoscopic sinus surgery (FESS)
- Rhinoplasty
- Bone Anchored Hearing Aid (BAHA)
- Mastoidectomy - AM list or 1st on afternoon list only.
- Grommets
- Myringoplasty/Tympanoplasty - AM list or 1st on afternoon list only.
- PLO + biopsy
- Neck biopsy (simple)

- Stapedectomy

Adult Plastics Surgery provides a high volume of elective procedures both Day Case and inpatients, undergoing a variety of procedures. The criteria for ASU include all these procedures:

- Small skin grafts under local anesthetic
- Mastopexy's
- Breast lifts
- Lipofilling of breasts
- Hand Trauma
- Skin cancer removal under LA
- Nipple reconstructions

Adult Maxillofacial Surgery provides care related to the jaw and face. The criteria for ASU include all these procedures:

- Teeth extraction
- Removal of Metal ware
- Enucleation of cyst
- Peg removal
- Dentoalveolar cases
- Wide local excisions of mouth

Orthopedic/Trauma Surgery provides care related to the musculoskeletal system. The criterion for ASU includes all these procedures:

- Open reduction internal fixation (ORIF) of wrist
- MUA (Manipulation under anesthesia)
- Hand trauma
- Tendon repairs
- Removal of metalwork
- Excision of Dupuytren's contracture

Adult General Surgery provides care under the upper and lower GI teams. The criteria for ASU include all these procedures:

- Examination under anesthesia (EUA) and Fistula repair
- EUA and Insertion of seton
- Incisional Hernia Repair- AM list or 1st on afternoon list only.

- Open Left/right inguinal hernia repair - AM list or 1st on afternoon list only.
- Hemorrhoidectomies
- Laparoscopic cholecystectomy - AM list or 1st on afternoon list only.
- Excision of skin tags
- Staging laparoscopic and Oesophago-Gastro-Duodenoscopy (OGD)
- Incision and drainage of abscesses
- Removal of PEG (Percutaneous endoscopic gastrostomy)(see excluding criteria)
- Sacrum nerve simulation (SNS)
- Rectopexy
- Oesophageal dilatation (uncomplicated)
- Endoscopy in the general anesthetic list
- Perineal hernia - AM list or 1st on afternoon list only.

Adult Ophthalmic Surgery provides care and surgery of the eye. The criteria for ASU include all these procedures:

- Penetrating keratoplasty that are day case
- Squint Correction
- Retinal surgery
- Mainly Pars Plana Vitrectomy
- Dacryocystorhinostomy surgery (DCR) that are day case
- AMD injections (clean room)

Adult Gynecology provides care of a gynecological nature including fertility and contraceptive procedures. The criteria for ASU include the following procedures:-

- Removal of mirena coil
- Laparoscopic sterilization
- Diagnostic laparoscopy
- Hysteroscopy
- Insertion and removal of Intrauterine Device (IUD)
- Polypectomy

3 - EXCLUSION CRITERIA FOR AMBULATORY SURGICAL PATIENTS FROM THE TCI LIST

- **Adult ENT Surgery**

- Thyroidectomy
- Parathyroidectomy
- Hemithyroidectomy
- Neck dissection any level/1,2,3 and selective / radical neck dissections
- Any surgery requiring extensive airway management and or hourly observations
- Laryngectomy
- Tracheal stenosis (should always be reviewed)

- **Adult Plastics Surgery**

- Deep inferior epigastric perforators (DIEP) and Transverse rectus abdominis myocutaneous (TRAM) breast reconstruction
- Extensive and repeat breast surgeries
- Extensive Burns
- Large skin grafting of large surface areas
- Any surgery requiring Vacuum assisted closure (VAC dressings)
- Complex wound management post operatively
- FLAP observations
- Any patient requiring FLAP observations and or hourly observations

- **Adult Maxillofacial**

- Wide local excision of tongue (airway risk)
- Any head and neck surgery requiring airway management
- Mandibular surgery
- Maxillary surgery
- ORIF of facial fractures
- Head and neck cancer cases requiring hourly observations, FLAP observations and or observations due to orbital trauma.

- **Adult General Surgery**

- Laparoscopic anti-reflux surgery (Nissens)
- Major abdominal surgery requiring Post anesthesia care unit/ Intensive care unit stay
- Ventral Hernia Repairs
- Hartmans
- Ivor Lewis
- Laparoscopic Heliars

- **Adult Ophthalmic Surgery**

- Eye removal- with complex disease
- Orbital decompression
- Any procedures that requires frequent eye drops and frequent pressure checks and or hourly observations

- **Adult Orthopedic surgery**

- ORIF of humerus
- ORIF of ankle
- ORIF of clavicle
- ORIF Olecranon
- ORIF Tibula/Fibula
- Removal of External Fixation

4 - EXCLUSION CRITERIA FOR PATIENTS TO ASU

The Ambulatory Surgical Unit does not take patients with a high level of acuity (level 2, 1a). These include the following co-morbidities:

- Unstable epilepsy
- Uncontrolled diabetes requiring variable rate infusion (sliding scale)
- Continuous positive airway pressure (CPAP)
- Patient controlled analgesia (PCA) or complex pain management
- Bariatric patients high body mass index (BMI above 35)
- Patients unable to mobilize (bed bound)
- Airway risk procedures
- Delirium / wandering / confused
- High frailty score
- Grade 2-3 or above pressure area damage (to be discussed with NIC)
- Early Warning Score above 3
- High falls risk
- End of life patients
- No source isolation due to no side rooms

5 - DISCHARGE POLICIES FOR AMBULATORY SURGICAL PATIENTS

The Ambulatory Surgical Unit is a nurse lead discharge. The post-operative instructions written by the surgeon while the patient is in theatre should clearly document if the patient is fit for discharge later, without being reviewed, or if the patient requires an overnight stay. A nurse led discharge sticker should be applied and signed by the operating consultant to facilitate a nurse led discharge. This is to be applied after the post op instructions.

There is a range of post-operative conditions that may require the patient needing an overnight stay, even if discharged by the surgeon:

- Active bleeding;
- Drain in situ;
- Poor pain control;
- Post op nausea;
- Observations unstable (scoring on Early Warning Score);
- Patient lives alone.

Nurse Led Discharge - To be Completed by Consultant/Registrar or Operating Surgeon (Delegated responsibility)			
Name: _____			
S Number _____			
D.O.B. _____			
I agree that this patient is medically fit to be discharged by the nursing staff providing that the following criteria are met. However if the patients clinical condition has changed otherwise since these criteria have been set, the criteria are no longer valid and further medical review must be sought.			
1	No active bleeding	6	Observations within patients normal limits
2	Pain controlled	7	Mobilised safely
3	Nausea controlled	8	Home discharge arrangements in place
4	Tolerating oral fluids and diet	9	Discharge advice provided
5	Passed urine post operatively	10	TTO, discharge letter and sick note completed
If any of the above criteria have not been met, please refer to medical staff.			
Signed _____		Print Name _____	
Date & Time _____		Designation _____	
Nurse satisfied that all criteria met and all discharge arrangements in place			
Signed _____		Print Name _____	
Date & Time _____		Designation _____	

If nurse led discharge is outside the parameters of the policy a medical review must be undertaken and documented as to when the patient can be discharged.

Discharge Procedure

- The ambulatory surgical patients should be on the Unit for approximately a minimum of 2-6 hours, after any general anesthetic procedure. Depending on the procedure the patients may require a longer stay. Generally, procedures that take more than 2 hours in theatre will require a longer recovery, due to the high risk of post of complications. These patients require at least 4 hours stay (unless the post-operative notes specify otherwise).
- Wound care (with packing) needs referral to district nurse (city/county). Single point of

access (SPA) must be contacted before discharge and 3 days of dressings must be supplied.

- All patients must be given post-operative advice after a GA in verbal and written format, this is specialty specific and this information must be given with the patient's responsible adult present.
- All contact numbers should be given on discharge.
- All post op follow ups must be on discharge letter and if in less than 7 days patient must have an appointment before discharge e.g. BPDC.
- If the patient needs a Physiotherapy or Occupational Therapy review before discharge, the physiotherapist/occupational therapist must clearly document following their review that the patient is safe for discharge.
- Take tablets home (TTO) must be checked by 2 registered nurses.
- The patients should be discharged with a full supply of the tablets they need.
- All the patients must have their observations recorded before discharge, and cannula removed.
- Please note – we do not dispense paracetamol or ibuprofen as pre packs any longer.

5 – ATTACHMENT

- [Fire risk assessment](#)
- [Covid-19 rapid guideline arranging planned care in hospitals](#)