


STANDARD OPERATING PROCEDURE (SOP)	Issue date: 17/10/2023	
Trust Reference Number: C57/2023	Revision date: October 2023	
University Hospitals of Leicester 	Review date: October 2026	
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Professor Harper Trauma Clinic (PHTC) and Fracture Clinic Outpatient's Department Local Minor Procedures Standard Operating Procedures UHL MSK (LocSSIPs)

Change Description <input type="checkbox"/> Change in format	Reason for Change <input checked="" type="checkbox"/> Trust requirement
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APPROVERS	POSITION	NAME
Person Responsible for Procedure:	Orthopaedic medical Team Advanced Nurse Practitioners, Trainee Advanced Nurse Practitioners	Orthopaedic medical Team Advanced Nurse Practitioners, Trainee Advanced Nurse Practitioners
SOP Owner:	Consultant Orthopaedic Surgeons	Head of Service – Alwyn Abraham
Sub-group Lead:	Advanced Nurse Practitioner	Judith Mitson Cali Reid Sankaran Masilamany

Appendices in this document:

Appendix 1: UHL Safer Surgery Professor Harper Trauma Clinic (PHTC) and Fracture Clinic Outpatient's Department Checklist

Appendix 2 : Patient Information Leaflet for Procedure Available at: [Home \(leicestershospitals.nhs.uk\)](http://leicestershospitals.nhs.uk)

Appendix 3 : Pentrox User Proforma PHTC and Fracture clinic [http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Pentrox%20\(Methoxyflurane\)%20Inhaled%20Analgesia%20UHL%20Emergency%20Department%20and%20Fracture%20Clinic%20Guideline.pdf](http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Pentrox%20(Methoxyflurane)%20Inhaled%20Analgesia%20UHL%20Emergency%20Department%20and%20Fracture%20Clinic%20Guideline.pdf)

Introduction and Background:

What this Local Safety Standards for Invasive Procedures (LocSSIPs) covers:

Area: - Professor Harper Trauma Clinic (PHTC) and Fracture Clinic Outpatient's Department.

Procedure: - Minor surgical and non-surgical procedures undertaken with/or without Local Anaesthetic, Pentrox™, Entonox and other suitable Analgesia as required.

These procedures are undertaken following assessment by the Trauma Orthopaedic Team.

These include:

- Incision and Drainage
- Nail / nail bed surgery
- Exploration of wounds and wound closure
- Removal of Foreign body


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- Aspiration of joints to rule out infection
- Manipulation of displaced fractures – including but not exclusive to forearms, upper arms, wrists, hands, fingers, toes
- Application of moulded casts to promote improved position of fracture – all limbs

Referral Process: Urgent Trauma cases from Primary Care, Urgent care centres, other NHS Trusts, other departments within UHL and the Emergency Department.

Patients considered unsuitable for the procedure I.E allergies to Local Anaesthetic, or the procedure is considered unsuitable for the treatment room I.E. Aspiration of non-native joints, are excluded from this LocSSIPs.

Never Events:

Reaction to medication given
 Incorrect limb or site
 Over radiation

List management and scheduling:

Patients are not routinely listed for the above procedures as they are classed as urgent/ semi- urgent and are therefore, undertaken as required.

Patients will usually be dealt with on the day of attendance or recalled at the earliest opportunity

All patients will be booked into the PHTC fracture clinic and are prioritised according to need.

A list is held by the triage team in fracture clinic.

The order of the list will be determined by priority or time of attendance. Whichever is appropriate

DNAs will be pursued by the administration team to determine the reason for non-attendance.

They will be contacted and offered a further appointment for the procedure, however if the patient is not able to be contacted then a follow-up outpatient appointment will be sent.

Patient preparation:


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- The clinical presentation and treatment options will be reviewed by the operating clinician with the patient on attendance
- Patients will be given the relevant information around risks and benefits and of the procedure to obtain verbal informed consent, by the operating clinician. Complications and risks may include: pain, swelling, bleeding, infection, scarring, nerve injury and reoccurrence
- The patient will be encouraged to participate wherever possible.
- Blood tests are not typically required but may on occasion be indicated as determined by the treating clinician.
- Imaging may be required during the procedure. A mini-C Arm is available in the department. UHL and Local department imaging protocols will be followed.
- The operating clinician is responsible for checking relevant imaging and investigations.
- Infection control strategies include UHL hand hygiene Policy, UHL infection control policy, Topical skin cleansing as appropriate, antibiotic prophylaxis as per clinical decision.
- Patients undergoing the above procedures have no fasting requirements pre-operatively
- Diabetic patients will continue to manage their own glycaemic control.
- Gowns and appropriate drapes will be used as determined by the procedure.
- Patients with infections will be assessed as appropriate for Sepsis.
- Volume and type of Local Anaesthetic will be determined, checked and administered by the treating clinician with adherence to British National Formulary (on-line)
- PHTC and fracture clinic Procedure Safety checklist will be completed (attached below) which includes stop before you block prompt.
- Procedure book will be completed including imaging records

Workforce – staffing requirements:

Minimum staffing requirements: the operating clinician and a Registered professional to check medications and assist as required. Second staff member to check PHTC and Fracture clinic Procedure safety check list

The Operating clinician can be a registered medical professional or an appropriately trained Advanced Clinical Practitioner or supervised Trainee. This is always the minimum requirement.

If available resources overwhelm the clinical situation; Professor Harper Trauma Clinic, Fracture clinic and the Emergency department may have staff available to support if necessary. However, if medical or Registered staff are not available, and if safe to do so, the procedure will be delayed or rescheduled. Significant concerns will be escalated to on-call Consultant.

Nurse in charge of PHTC and Fracture clinic to monitor safe staffing levels and review and escalate as appropriate. This LocSSIPs will only apply to patients being treated in the PHTC during the hours of 8am to 8pm
If these procedures cannot be done within this time they will be rescheduled for an alternative date.

Students and new members of staff will undergo an appropriate induction and training and assessment in the procedures and will be supervised by the authorised clinician, as appropriate for the level of training.

The operating clinician has the responsibility to cancel procedures if a safe working environment or adequate workforce is not in place


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Ward checklist, and ward to procedure room handover:

The patient will remain in the Professor Harper Trauma Clinic (PHTC) during their treatment. The procedure and management plan will be documented in the patient record and be handed over to the relevant teams post procedure. The PHTC and Fracture clinic procedure safety check list will remain with the patient's notes. The procedure will be recorded in the procedure book

Procedural Verification of Site Marking:

Patients remain awake during the procedure. The side, site and procedure is checked with the patient and the team and confirmed on the procedure safety check list. Surgical site to be marked.

Team Safety Briefing:

The Team Safety Briefing occurs at the start of each procedure to check for potential issues and problems. This will include the operating clinician and allocated members of staff.

The nature of the procedure and any special equipment requirements will be reviewed.

Confirmation of this will be documented on the PHTC and Fracture clinic Procedures Safety Check List in PHTC ([Appendix 1](#))

C-arm mandatory recording of radiation requirements will be recorded in the procedure book in PHTC. The procedure will be halted if there are any concerns raised by the patient or any member of staff and will only resume if these concerns are resolved and agreed by the patient and team.

Sign In & Time Out:

The patient will be documented as attended the department on the Triage attendance record. Patient Sign In and Time Out will occur in the PHTC.

The patient will be involved before commencement of the surgical procedure as part of the [UHL Safer Surgery Professor Harper Trauma Clinic \(PHTC\) and Fracture Clinic Outpatient's Department Checklist](#). A minimum of two staff, one to include practitioner. If the LA block is to be administered in advance of commencement of the procedure, then 'Stop Before You Block' checks will be undertaken in addition. This is documented on the [UHL Safer Surgery Professor Harper Trauma Clinic \(PHTC\) and Fracture Clinic Outpatient's Department Checklist](#).

The procedure will be halted if there are any concerns raised by the patient or any member of staff and will only resume if these concerns are resolved and agreed by the patient and team.

The [UHL Safer Surgery Professor Harper Trauma Clinic \(PHTC\) and Fracture Clinic Outpatient's Department Checklist](#) is a modified WHO checklist that has been adapted for the range of conditions undertaken in the department. This will be completed in the presence of the operating clinician and staff working in the area (minimum 2 persons). This can be led and completed by any trained member of staff. This safety checklist includes the sign in, time out and Sign out sections.


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- The patient will be encouraged to participate wherever possible
- The operating clinician will lead it
- The operating clinician and another team member, will be present and engaged as it is happening
- This will occur immediately before the procedure
- If there is a change of staff during the procedure; - the check list will be redone.
- Any omissions, discrepancies and uncertainties must be resolved before the start of the procedure

The PHTC and Fracture clinic Procedure safety check list/Sign in and Timeout includes:

Application of patient identification wrist band +/- allergy wristband

- Confirm patient's Name, DOB and Hospital Number against Consent & Medical notes
- Team safety briefing done
- Informed consent gained verbally or written
- Surgical site marked by surgeon
- Confirm Site, Side and Procedure with patient
- Patient allergies
- Possibility of pregnancy (Imaging checklist only)
- Equipment check (Imaging checklist only)
- Trained C-Arm operator present (imaging checklist only)
- Pentrox user proforma
- Stop before you block
- Stop the line

Patients will confirm their own personal details, where possible, and their understanding of the operative procedure and the location

Performing the procedure:

Correct positioning of patient on trolley.
 Ensure the mini-C arm is switched on and correct patient selected
 Ensure the full team is available for the briefing
 Ensure relevant equipment is functioning and available

Monitoring:

The nature of the procedures undertaken determines that no active patient monitoring is required. Pulse, blood pressure, temperature and O2 saturations may be performed if required.

The UHL sedation policy is followed. <http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Sedation%20UHL%20Policy.pdf>

This supports the use of Pentrox or Entonox which may have a sedative effect
<https://www.medicines.org.uk/emc/product/1939/smpc>


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Prosthesis verification:

None of the procedures undertaken involve implant or prosthetic insertion.

Prevention of retained Foreign Objects:

Procedures undertaken are minimally invasive.

Radiography:

The PHTC and Fracture Clinic has local rules regarding the use of ionising radiation. Fluoroscopy is available if required for extremity assessments. The clinicians and staff involved are trained to national and local standards. Training records are maintained within the department. Each practitioner is responsible for ensuring up to date with training.

Sign Out:

A Sign Out occurs before the patient leaves the operative/procedure area. The [UHL Safer Surgery Professor Harper Trauma Clinic \(PHTC\) and Fracture Clinic Outpatient's Department Checklist](#) can be completed by any member of the team, however accountability remains with the operating clinician.

This includes:

- Confirm procedure performed
- Any equipment issues?
- Any concerns for recovery?
- Patient given post-op care instructions
- Procedure book completed (including radiation records)
- Pentrox proforma completed (if applicable- see [appendix 3](#))

Handover:

The patient remains in PHTC and Fracture clinic, any instructions are recorded in the notes and the PHTC team informed.


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Team Debrief:

A Team Debrief occurs at the end of all procedure sessions.

All team members have the opportunity to highlight things that went well, any problems with equipment and any areas for improvement. Individuals will be determined to escalate issues should that be required.

The Team Debrief includes:

- Things that went well
- Any problems with equipment or other issues
- Areas for improvement
- An action log
- A named person for escalating issues

Safety issues will be raised to the Nurse in charge or the operating clinician within PHTC and Fracture clinic

Post-procedural aftercare:

No formal monitoring is required in most cases

Patients are 'recovered' in the treatment room and trolley bay:- an area adjacent to the treatment rooms.

They remain attired in their own clothing.

Patient monitoring will be undertaken by the circulating clinical staff. Should a patient need to lie down for a period then couches are available.

Non-invasive monitoring is available.

Discharge:

Verbal and written instruction will be given to the patient

Notes and X-rays will be reviewed by responsible clinician within 24 hours

Patients are deemed appropriate for discharge by the operating clinician or nurse in charge. Occasionally patients are admitted to the Trauma wards, or returned to in patients wards after the procedure

Analgesia is provided or prescribed as necessary.

Wound care is explained.

Potential complications will be highlighted.

Contact details in case of need are provided.

Follow Up (FU) arrangements will be explained and arranged by the administrative team.

Governance and Audit:

Any unexpected occurrence that results in actual or potential harm to either a patient or a member of staff constitutes a safety incident. These will be reported through the Datix system and escalated to the relevant line managers immediately dependant on the circumstances.

Such reports will be reviewed by the relevant personnel and feedback to the team will be given. Relevant findings will be shared at the monthly whole team meetings.


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PSIs are reported at the CMG quality and safety meetings.

[To submit monthly Safe Surgery Audit and WHOBARS assessment as per Safe Surgery Quality Assurance & Accreditation programme.](#)

Training:

Responsible practitioners will deliver face to face training to the relevant staff in the use of this LocSSIPs. Staff are familiar with safety checks and practices established in management of patients going through main theatres.

New SOPs are presented at monthly departmental meetings and will also be communicated by E mail to the clinical teams.

Staff are required to understand their responsibilities in any relevant SOPs.

Safety check lists are performed in a multidisciplinary situation where every opinion counts.

Documentation:

The PHTC and Fracture clinic Procedures Safety Check List will be completed for every patient and filed in the patient records.

Treating clinicians are responsible for completion of a suitable operation note which will also be filed in the medical records.

References to other standards, alerts and procedures:

CARM- procedures and protocols as per Radiology

National Safety Standards for Invasive Procedures, NHS England 2015:

<https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/09/natssips-safety-standards.pdf>

UHL Safer Surgery Policy: B40/2010

UHL Sedation Policy: Safety and Sedation of Patients Undergoing Diagnostic and Therapeutic Procedures B10/2005

UHL Consent to Treatment or Examination Policy A16/2002

UHL Delegated Consent Policy B10/2013

Shared decision making for doctors: [Decision making and consent \(gmc-uk.org\)](http://www.gmc-uk.org)

COVID and PPE: [UHL PPE for Transmission Based Precautions - A Visual Guide](#)

COVID and PPE: [UHL PPE for Aerosol Generating Procedures \(AGPs\) - A Visual Guide](#)

Musculoskeletal Minor Operation(s) Treatment Room and Local Anaesthetic Operation(s) Standard Operating Procedure UHL Musculoskeletal (LocSSIPs) C29/2019

[‘Penthrox \(Methoxyflurane\) Inhaled Analgesia – ED Professor Harper Trauma Clinic and Fracture Clinic Guideline for Adults](#) *existing category C guideline [C19/2019], new category B ref = B44/2020, next review date = December 2023*

[\[tr.nhs.uk/pag/pagdocuments/Penthrox%20\\(Methoxyflurane\\)%20Inhaled%20Analgesia%20UHL%20Emergency%20Department%20and%20Fracture%20Clinic%20Guideline.pdf\]\(http://tr.nhs.uk/pag/pagdocuments/Penthrox%20\(Methoxyflurane\)%20Inhaled%20Analgesia%20UHL%20Emergency%20Department%20and%20Fracture%20Clinic%20Guideline.pdf\)](http://insitetogether.xuhl-</p>
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Procedure: _____
Date: _____



STOP THE LINE

Safer Surgery Checklist
Professor Harper Trauma Clinic (PHTC) and
Fracture Clinic Outpatient's Department
Local Minor Procedures in the Treatment Room

Patient ID Label or write name and number
Hospital No.: _____
Name: _____
Address: _____
D.O.B.: _____ Sex: _____
Telephone No. 1: _____
Telephone No. 2: _____


TEAM BRIEF	SIGN OUT
Prior to list with all team members	After counts
All members of team have discussed care plan and addressed concerns <input type="checkbox"/>	Before patient or team members leave room
SIGN IN & TIME OUT	X-rays taken, saved and recorded on CRIS
On arrival of patient in procedure room, with all team members present	Procedure correctly performed and recorded
Team introduce themselves by name and role Yes <input type="checkbox"/> No <input type="checkbox"/>	Swab, equipment and instrument count correct
Check all equipment is functioning correctly Yes <input type="checkbox"/> No <input type="checkbox"/>	Sharps disposed of safely
Confirm patient's name, DOB and Hospital Number with patient and against wristband/consent/procedure list Yes <input type="checkbox"/> No <input type="checkbox"/>	Any equipment issues? Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirm valid written consent Yes <input type="checkbox"/> No <input type="checkbox"/>	Key concerns for recovery and post-operative management discussed Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirm valid verbal consent Yes <input type="checkbox"/> No <input type="checkbox"/>	Procedure book recorded Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirm procedure and site with patient Yes <input type="checkbox"/> No <input type="checkbox"/>	
TEAM DEBRIEF	
Known allergy:	Any concerns from Team Members throughout the Procedure? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the patient on an anticoagulant / has a bleeding disorder? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please identify with follow up actions:
Check if patient is pregnant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Patient Information Leaflet Provided Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pentrox user proforma completed Yes <input type="checkbox"/> No <input type="checkbox"/>	
Stop The Line Anything Wrong or Incorrect Yes <input type="checkbox"/> No <input type="checkbox"/>	
Read out by: (PRINT)	Read out by: (PRINT)
Signed: _____	Signed: _____
Date: _____	Date: _____

(92314341) KR
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Based on the WHO Surgical Safety Checklist, URL: <http://www.who.int/patientsafety/safesurgery/>, © World Health Organization 2008. All rights reserved.

Appendix 2:

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