# **Private Practice**
# **Pre-Op** and **Post-Op**
# Checklist Guide

**Pre-op and post-op checklists are an important communication tool used within private surgical practices for each patient having an upcoming procedure.**

It is important for administrative staff to be aware of these tools and how to use them effectively, as it is not just a list with tick boxes. These checklists become an auditing trail to demonstrate how your practice has effectively prepared for the health and safety of your patient's surgical procedure.

This checklist will assist your practice to set up pre-and post-operative checklists to obtain important information about your patient and their requirements for an upcoming procedure. This list can be tailored to suit the needs of your practice.

The Clinic to Cloud practice management software allows users to create **Checklist Templates** within the software so that it becomes a live, trackable document for all staff to see. Visit our **Help Centre** for more information or **request a demo** to see it yourself.

## EXAMPLES OF PRE-OP CHECKLIST ITEMS

- ○ Has the patient been provided with a Fee Estimate?
- ○ If the patient has private health insurance, are they covered for this procedure?
  - → If no, amend the Fee Estimate to remove the health fund rebate.
- ○ Has the patient signed the Informed Financial Consent (IFC)?
  - → If no, IFC must be obtained before proceeding.
  - → If yes, save a copy into the patient's medical record.
- ○ Has the patient been provided with hospital admission forms or a website link for online access?
- ○ Does the patient have any known allergies?
  - → If yes, include details and reaction on operating list.
- ○ Does the patient have a history of post-op nausea and vomiting (PONV)?
  - → If yes, provide details to Anaesthetist and on operating list.
- ○ Is the patient currently taking any prescribed or over-the-counter (OTC) medication(s)?
  - → If yes, obtain a medications list from the patient with the generic name, dosage and frequency. Discuss with Surgeon and inform patient if they need to cease any medication prior to surgery.

**Blood Thinners / Anticoagulants** – discuss with Surgeon. These may need to be stopped prior to surgery and resumed after surgery.

**Diabetic Medications** – discuss with Surgeon. These are usually not taken on the morning of surgery.

**Blood Pressure Medications** – discuss with Surgeon. If patient usually takes this in the morning, Surgeon may advise to continue with a sip of water. If patient usually takes this in the evening, Surgeon may advise to take this only the day before surgery.

**Seizure Medications** – discuss with Surgeon. If patient usually takes this in the morning, Surgeon may advise to continue with a sip of water.

**Movement Disorder Medications** – discuss with Surgeon. Surgeon may advise to cease on day of surgery only.

**Cytotoxic Medications** – discuss with Surgeon. These may need to be stopped one week prior to surgery.

## EXAMPLES OF PRE-OP CHECKLIST ITEMS (CONT.)

- Is the patient a diabetic?
  - → If yes, coordinate diabetic patients to go early on operating list.
- Does the patient need to have any pre-operative tests, such as pathology or radiology?
  - → If yes, make sure patient has received a referral and to bring results with them on the day.
- Does the patient require a skin prep?
  - → If yes, provide instructions to patient.
- Does the patient have any known infections, such as MRSA?
  - → If yes, speak with Theatre Manager for instructions as patient will either go last on the operating list or postponed to another date.
- Does the Surgeon require special equipment/ instrument/devices in theatre?
  - → If yes, provide instructions on operating list and ensure surgical instruments are provided to CSSD for sterilising and packaging.
- Does the Surgeon require an Assistant Surgeon for this procedure?
  - → If yes, book an available Assistant Surgeon and provide details on operating list.
- Do we need to order any artificial or metallic prostheses or implants?
  - → If yes, order required quantities plus spares to be delivered to the hospital and provide details on operating list.
- Do we need to arrange a frozen section?
  - → If yes, organise an intra-operative pathologist to be onsite and provide details on operating list.
- Does the patient require blood products on standby?
  - → If yes, provide instructions on operating list for hospital staff to arrange tests for blood group and cross-matching on admission.
- Does the patient require any post-operative garments?
  - → If yes, check whether:

    Patient is to buy and supply on the day of surgery;

    Practice needs to order on behalf of the patient and delivered to hospital (check if patient is to pay an additional fee or if included in total fee);

    Hospital will provide garment.
- Finally, has the Theatre, Anaesthetist and Assistant Surgeon been provided with the operating list containing all the relevant information from above?

## ADDITIONAL TELEPHONE/ONLINE COVID SCREENING QUESTIONS PRIOR TO SURGERY

**Practices may wish to screen patients 2-5 business days prior to surgery with the following questions:**

- ○ Has the patient or anyone in their household had any of the following symptoms in the last 14 days: fever, sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell or loss of taste?
- ○ Has the patient or anyone in their household been tested for COVID-19?
- ○ Has the patient or anyone in their household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 14 days?
- ○ Has the patient or anyone in their household travelled overseas in the past 14 days?
- ○ Is the patient or anyone in their household a health care provider or emergency responder?
- ○ Has the patient or anyone in their household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19?
- ○ Does the patient have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19?
- ○ To the best of the patient's knowledge, have they been in close proximity to any individual who tested positive for COVID-19?

**If the patient has answered "yes" to any of the above questions, please find out more information and discuss with the Surgeon and Hospital Theatre Manager.**

## EXAMPLES OF POST OP CHECKLIST ITEMS

- ○ Have we contacted the patient by phone to assess their experience, pain levels, and any queries they may have?
- ○ Has the patient been provided with written post-operative instructions?
- ○ Has the patient been advised of when they can resume their medication(s), if applicable?
- ○ Has the patient booked their first follow up appointment?
- ○ Does the patient require rehabilitation, occupational therapy, physiotherapy or any other allied health referral?
- ○ Does the patient require an in-home mobility and aids assessment?
- ○ Does the patient require a medical certificate?
- ○ Has the patient (or person responsible for account) paid for surgery or is this surgery covered by a third party (e.g. Medicare, DVA, No-Gap Private Health Fund or Worker's Compensation)?