



## INODAYA Hospitals - Kakinada

Documentation code:

INH/COP .Doc.No:30

### Policy on Surgical Care

Prepared Date: 11/11/2025

Reference: COP.14.NABH Standards – 6<sup>th</sup> Edition

Issue date: 11/11/2025

Issue no:1

Review NO:00

Review Date: 10/11/2026

### COP.14. POLICY ON SURGICAL CARE

#### 1.0 Purpose:

- 1.1 To establish uniformity of care for patients undergoing surgical procedures.
- 1.2 To create processes that prevents operations on the wrong site, wrong surgeries and on wrong patients.
- 1.3 To provide surgical care based on assessment and planning respecting patient rights.

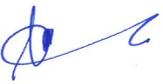
#### 2.0 Scope:

- 2.1 Surgical care scope includes establishing or confirming the diagnosis; care planning and selection of procedure followed by informed discussion and consent, pre-operative work up, intra operative and post operative care.
- 2.2 Ensure patient safety during surgical care by minimizing complications.
- 2.3 To train staff in protocols related to surgical care.

#### 3.0 Policy:

- 3.1 All surgical patients shall be assessed and appropriately investigated prior to planning. These details are documented and the appropriately selected procedure with the indications and reasons for the selection are intimated to the patient and the family

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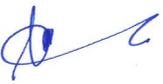
members. This is then followed up by pre-op counseling by the responsible surgeon or the assignee and an informed consent is obtained after explaining risks, benefits and alternatives of the surgery.

- 3.2 Informed consent shall be obtained prior to surgery.
- 3.3 Nurses shall complete the pre-op work up with the help of a pre-defined checklist.
- 3.4 All Patients shall be identified by the appropriate ID banding and against their corresponding documents.
- 3.5 In case of paired organ/limb surgery, the side and site shall be marked (an arrow pointing towards the surgical site by the surgeon) prior to surgery to avoid wrong side and site surgery.
- 3.6 Post-operative documentation shall include Post operative diagnosis, Description of the surgical procedure, operative findings along with names of the surgeon, assistant, anesthetist and scrub nurse. If any specimen is sent for investigation, this shall also be documented in the operation notes.
- 3.7 Day care surgical cases shall be discharged with clear instructions in written form – either pre-printed or transcribed, regarding medication, treatment and follow-up monitoring and do's and don'ts and a copy of the same is filed in the patient case record.

#### 4.0 Procedure:

##### 4.1 Pre-Operative care:

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**4.1.1** Surgical care shall be planned for the patient taking into account the following assessment information.

- Pre operative diagnosis including co-morbid conditions
- Aim of treatment.
- Other options of treatment.
- Previous surgeries and anesthesia.

**4.1.2** The pre-operative diagnosis and surgical care planned shall be documented in the patient's case record prior to surgery.

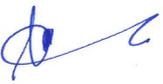
**4.1.3** The surgeon/assignee shall explain to the patient, family member/guardian about the need, benefits, potential complications, other options to surgery, the risks involved, need to use blood or blood products, outcome, etc.

**4.1.4** Patient /family member/ legal guardian shall authorize for the surgery with a written informed consent.

**4.1.5** Pre-operative checklist is completed by the duty nurse in all Inpatients cases and by the appropriate preparing Nurse / Staff for Day Care Surgeries. This checklist is completed before the patient is taken for surgery to ensure that all essentials are completed and none are missed during the course of preparation.

**4.1.6** Pre-anesthetic check shall be completed – usually a day before the surgery in IP Patients and on the day of the Surgery in Daycare Cases. All such examinations are carried out by the anesthetist and the anaesthesia assessment form is filled up to ensure all the

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required needs prior to surgery are met. As a routine all vitals are rechecked prior to the commencement of the surgery.

#### 4.2 Intra Operative Cares:

4.2.1 The patient undergoing surgery shall be monitored by a qualified anesthetist continuously for physiological status during the surgery.

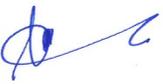
4.2.2 Scrub nurse, Floor nurses, Technicians ensure that they carry out their respective roles towards patient safety in totality.

#### 4.3 Post-Operative Care:

4.3.1 The Surgical care team shall be responsible for the completion of the following documents:

- Operation notes shall be completed by the surgeon/assignee, anesthetist, scrub and the floor nurse.
- The surgeon and the anesthetist shall write orders related to immediate post op care.
- The post-op patient shall be continuously monitored for physiological status by the team.
- The recovery nurse shall continuously monitor the patients' overall status post-operatively – checking and recording vital signs, administering

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oxygen, attending to the hygienic needs of the patients and monitoring the patients recovery from the effects of anesthesia.

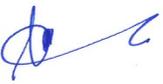
- Post surgical care shall be planned and documented in the case record.

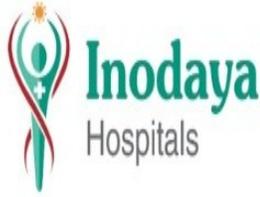
#### 5.0 Prevention of wrong patient, wrong surgery & wrong site:

##### 5.1 Purpose:

- 5.1.1 To provide and define guidelines for the verification of the patients' identity and the surgical side and site pre-operatively, to minimize the risk of, wrong patient/wrong side and site and wrong surgery being performed.
- 5.1.2 To ensure patient safety and to respect and consider patient right at all levels of care in the organization.
- 5.1.3 This process is a coordinated effort between the patient and/or family members, consultant surgeon, assistant surgeon, the resident doctors, anesthetist, technicians and nurses of OT and the ward.
- 5.1.4 The primary responsibility lies with the surgeon responsible for the case. It is also the responsibility of all the care providers to ensure that the right patient, right surgery and the right side and site are operated.

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**5.1.5** Marking of surgical side and site is applicable in all cases where paired organs are involved, extensive surgical procedures as in malignant cases, and in cases of cosmetic surgeries.

**5.1.6** All pre-op patients shall undergo personal identity and side and site check at various levels of care – such as - surgeon, assistant, anesthetist, nurses in the ward & OT to ensure safety and accuracy.

## 5.2 Preventive Measures

5.2.1 The surgeon obtaining consent shall identify the right operative site, the right location and the right patient and he /she ensures that the right information is given to the staff concerned for scheduling surgery.

5.2.2 The assigned nurse makes a note in the pre-op checklist mentioning the correct site.

5.2.3 The scrub nurse, floor nurse, surgeon, and the anesthetist verify the patient identity, correct surgical site, and surgical procedure to be performed.

5.2.4 The surgical team ensures that written consent is obtained before induction of anesthesia.

5.2.5 In case the surgery / procedure concerns operating on a paired organ/site, the side is clearly marked and adequately and accurately mentioned in the consent form.

5.2.6 The OT team shall ensure that all relevant documents are available prior to induction.

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- 5.2.7 Before the induction of anesthesia the OT team conducts a final verification (Time Out) to confirm the correct patient, procedure and surgical site.
- 5.2.8 If any step in the verification process fails to identify the correct patient, side / site, all activities shall be halted until verification is accurately confirmed.
- 5.2.9 If such an event occurs, a detailed explanation (incident report) outlining the lead-up to the error and its identification is furnished and submitted to the Hospital Administrator (refer to sentinel events for further details).
- 5.2.10 WHO surgical safety checklist is used for preventing wrong patient, wrong surgery & wrong site

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# SURGICAL SAFETY CHECKLIST

Before induction of anaesthesia

### SIGN IN

- PATIENT HAS CONFIRMED
  - IDENTITY
  - SITE
  - PROCEDURE
  - CONSENT
- SITE MARKED/NOT APPLICABLE
- ANAESTHESIA SAFETY CHECK COMPLETED
- PULSE OXIMETER ON PATIENT AND FUNCTIONING

DOES PATIENT HAVE A:

- KNOWN ALLERGY?
  - NO
  - YES

DIFFICULT AIRWAY/ASPIRATION RISK?

- NO
- YES, AND EQUIPMENT/ASSISTANCE AVAILABLE

RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?

- NO
- YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED

Before skin incision

### TIME OUT

- CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE
- SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM
  - PATIENT
  - SITE
  - PROCEDURE

ANTICIPATED CRITICAL EVENTS

- SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?

- ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS?

- NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?

HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?

- YES
- NOT APPLICABLE

IS ESSENTIAL IMAGING DISPLAYED?

- YES
- NOT APPLICABLE

Before patient leaves operating room

### SIGN OUT

NURSE VERBALLY CONFIRMS WITH THE TEAM:

- THE NAME OF THE PROCEDURE RECORDED
- THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)
- HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)

WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED

- SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT

Signature / Name of Scrub-Nurse  
Date & Time

Signature / Name of Surgeon  
Date & Time

Signature / Name of Anaesthetist  
Date & Time

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Approved by:

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General Surgeon

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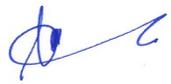
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**Quality Assurance Program for Surgical Services and O.T environment:**

Surgical service is a very specialized specialty of medicine and there is a need of quality in everything. Quality in surgical services is achieved through:

- Surgery of any type is done only by appropriately qualified (as per MCI guidelines) and experienced surgeons.
- Any form of Anesthesia is administered by Qualified Anesthetist (MCI guidelines).
- Nursing care is provided by qualified, trained and experienced nursing staff registered with Andhra Pradesh Nursing Council.
- Documentation of patient’s surgical plan
- Documentation of patient’s preoperative condition
  - A. Preoperative Surgeons Assessment
  - B. Preoperative Anesthetist Assessment
  - C. Preoperative Nursing Checklist.
  - D. Immediate pre operative assessment of the patient by the consultant surgeon and the anesthetist.
- Transfer of patient to the OT is done by designated staff
- Time based intra operative monitoring of the patient by the anesthetist
- Post surgery monitoring of the patient in the post operative recovery area

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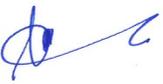
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- Documentation of the surgical procedures performed, outcome, post operative condition of the patient and post operative treatment plan, by the consultant surgeon.
- Appropriate zoning of the operating theatre suite and strict adherence to infection control activities in the operating theatre complex.
- Well established method for reporting any surgical site infection, its analysis by a multidisciplinary committee for formulation of adequate control and prevention plan.
- Environmental monitoring of OT is done based on following guidelines
  - (1) HEPA Filter validation: twice in a year
  - (2) Pressure: Min 2.5 Pa on daily basis
  - (3) Humidity: 20% -60% (ideally 55%) on daily basis
  - (4) Temp: 21 degrees + or - 3 on daily basis
  - (5) AHU filters: Needs to be cleaned for 15 days
  - (6) Daily Terminal cleaning
  - (7) Swabs will be taken monthly once.

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