Worcestershire Acute Hospitals NHS Trust

the treatment centre
Kidderminster

NURSE LED DISCHARGE OF PATIENTS ATTENDING WARD ONE AND DAY SURGERY AT KIDDERMINSTER TREATMENT CENTRE

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and/or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Lead Clinician(s)

Tammie Mason	Ward Manager – Ward 1
Approved by Directorate Governance Meeting:	23rd November 2023
Review Date: This is the most current version of the document and should be used until a revised version is available	23rd November 2026

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Key amendments to this guideline

Date	Amendment	By:
06.07.10	No amendments made	Tracey Baldwin
12.07.2012	Reviewed, no amendments made	Tracey Baldwin
27.10.16	Reviewed No changes	Amanda Moore
January 2018	Change wording of 'expiry date' on front page to the sentence added in at the request of the Coroner	
June 2018	Document extended for 3 months as per TLG recommendation	TLG
June 2019	Document extended for 6 months whilst review and approval takes place	Tammie Mason
Jan 2020	Document reviewed and updated. Approved at Divisional Governance.	Tammie Mason
Nov 2023	Document reviewed and updated. Nurse Led Discharge competencies have been removed and the new Core Competencies have been added as permitted for use via BADS. Approved at Pre-Op, TAU & Day Case Directorate Governance meeting 23.11.2023	Tammie Mason

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INTRODUCTION

The successful and timely discharge of patients following day or short stay surgery is fundamental to achieving high levels of patient satisfaction and ensuring efficient service provision.

The process of discharge planning should be nurse led as this minimises delays and uses staff most efficiently. This process should begin prior to admission, usually at the pre-assessment appointment. Patients should be assessed using a range of physical, psychological and social criteria to ensure they are appropriately prepared to follow a day or short stay surgical care pathway. The actual discharge process should create a climate in which patients and their carers understand their roles and responsibilities in on going care and therefore feel confident to be discharged home.

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS:

All registered and trained staff that have undertaken a period of supervised training and have completed specific nurse led discharge competencies on Ward One and Day Surgery at Kidderminster Treatment Centre (See Appendix 1).

COMPETENCIES REQUIRED

Those undertaking this extended role should have completed a competency-based training programme and have been assessed by a senior member of the Day Surgery staff. The assessor should be confident that the nurse is competent in the discharge of patients from a representative range of specialities and following a variety of procedures. The registered practitioner must declare and document their competence and sign to accept accountability for their own practice (The code: Standards of conduct, performance and ethics for nurses and midwives (NMC, March 2015).

PATIENTS COVERED

Any patient's attending Ward One and day surgery at Kidderminster Treatment Centre assessed as suitable for Day or Short stay surgery.

GUIDELINE

1. Although a post-operative review by both the operating surgeon and anaesthetist should be encouraged, assessment of when the patient is fit for discharge can, and should be performed by competent nursing staff using the agreed discharge checklist in combination with clear written post-operative instruction by the operating surgeon.

2. All patients must meet the relevant discharge criteria in order to be suitable for Nurse led discharge.

    - Vital signs stable and comparable to that on admission
    - Correct orientation as to time, place and person or comparable to that on admission

- Comfortable with adequate pain control
- Minimal nausea, vomiting or dizziness
- Tolerated oral fluids post-operatively
- Cannula removed and PVD form complete
- Operation site checked with minimal bleeding present
- Urine voided post operatively (if appropriate*)
- Assessed as able to mobilise and get dressed within their own limits
- Has a responsible adult to escort them home and a named carer to take responsibility for them 24 hours post discharge
- Discharge letter provided
- Appropriate referrals made e.g. District Nurse, physio or TWOC clinic
- Next day text message/telephone call follow up organised

3. Prescribed to take home medication supplied with clear written instruction for use. Paracetamol and Ibuprofen will not be provided as a take home medication. Patients will be expected to have their own supply

4. Written and verbal Information will be provided to the patient prior to discharge regarding their ongoing recovery at home and their understanding checked (Where appropriate patient's carer to be present)
   To Include:
   - Wound care (including drains) and when the patient is able to bathe or shower
   - Arrangements for dressing renewal and suture removal where appropriate
   - Resuming normal activities, including returning to work, sexual activities and exercise
   - What symptoms may indicate a problem and what to do if they occur e.g. bleeding, infection, DVT/PE
   - Contact telephone number
   - Follow up appointment

5. Any deviation from the above must be discussed with the appropriate surgical team/Medical staff for further clinical assessment.

*Voiding before discharge in patients with a low risk of urinary retention is no longer considered necessary. Patients in this category should be asked to return to hospital if they are still unable to void 6-8 hours after discharge. Patient information leaflets with hints on managing difficulty voiding may be helpful for patients discharged before voiding. For some patients, returning to hospital after ~8hours is not a reasonable expectation and they should be encouraged to void before discharge.

Patients at higher risk of POUR who are unable to void after 4hours should have a bladder ultrasound examination performed to assess bladder volume and to determine the need for catheterisation.

High-risk patients include those who have had the following:
• pelvic, genito-urinary, rectal or inguinal hernia surgery
• urinary catheterisation pre-operatively
• history of urinary retention or difficulty with voiding
• neuroaxial anaesthesia

REFERENCES

Nurse Led Discharge 2nd Edition. British Association of Day Surgery, (BADS) London 2016

The Code: Professional standards of practice and behaviour for nurses and midwives (NMC-Nursing and Midwifery Council) March 2015

CONTRIBUTION LIST

Key individuals involved in developing the document

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Circulated to the chair of the following committee's / groups for comments

Name	Committee / group
Directorate Governance Meeting	Approved
Divisional Governance Meeting	For Information

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CLINICAL COMPETENCY DAY SURGERY 2ND STAGE RECOVERY AND DISCHARGE

Competency criteria	O/D/S	Initials	date
1. Knowledge			
1.1 Understands and can explain why care in 2nd stage recovery (pain, postoperative nausea and vomiting (PONV), fluid balance, temperature management, avoidance of intravenous morphine etc) can influence whether a patient is a successful day case.			
2. Skills			
2.1 Demonstrates being able to safely receive a patient from first stage recovery			
• Operation details			
• Relevant medical history			
• Drugs used			
• Complications			
• Dressings			
• Sutures			
• Observations			
• Pain			
• PONV			
• Specific Instructions			
2.2 Demonstrate and discuss the management of a deteriorating patient.			
• Recognising signs of deterioration, including detection of increasing pain scores, PONV.			
• Actions to be taken			
• Escalation			
• Possible causes			
2.3 Demonstrate an understanding of the nurse led discharge protocol and their responsibilities within this process.			
2.4 Able to complete an assessment of a patient's condition against the criteria and that all relevant documentation is completed accurately.			
2.5 Able to follow correct procedure if patients not fit for discharge.			
2.6 Recognises when a patient is ready for discharge at the optimum time, based on their pre admission status and the procedure they have had.			
• Observations satisfactory			
• PONV under control			
• Pain manageable			
• Dressings dry and intact			
• Awake and alert			

2.7 Identify what information needs to be given to the patient/carer both verbally and in writing.			
• Post-operative instructions specific to procedure			
• Appropriate anaesthetic information (general/local anaesthetic, regional block, spinal)			
• Post op medications (Including analgesia advice)			
• Wound care/Suture removal/Outpatient follow up			
• Post procedure voiding			
• Suitable escort/Transport home (Home alone policy)			
• How to seek help post operatively if required			
2.8 Demonstrate through observation completing patient discharge on a range of procedures and anaesthetic types with competence ensuring patients are given accurate information, advice and are given the opportunity to ask questions.			
Assessor (to be completed when all competencies have been achieved) I confirm that the practitioner has been observed by myself and other experienced colleagues during their learning period and they have achieved a pass in the clinical competency. For this aspect of care and can **practice safely** for this aspect of care and can **teach and assess other** practitioners	**Name** **Signature** **Date** **Name** **Signature** **Date**		
Practioner I will maintain responsibility for the review of my own clinical competency and discuss it regularly with my line manager as part of my appraisal			