

Obstetric Theatre Recovery

Key Document code:	WAHT-TP- 094	
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Approved by:	Maternity Governance Meeting	
Date of Approval:	15 th November 2019	
Date of review:	15 th November 2022	

Key Amendments

Date	Amendments	Approved by

Introduction

This guideline applies to all patients having any surgical procedure in the obstetric theatre. It applies to patients having both general and regional anaesthesia.

NOTE: Modified early warning obstetric charts called WOW charts (Worcestershire Obstetric Warning) should be used in all obstetric inpatient settings.

Principles of recovery care

- All patients from obstetric theatre are recovered in an appropriate clinical area, which is equipped in accordance with the defined national standards.
- The patient should be kept under clinical observation on a one-to-one basis by an appropriately trained member of staff for a minimum of 30 minutes.

Monitoring - minimum requirement

- Continuous pulse oximetry
- Intermittent non invasive blood pressure monitoring

ECG, capnography, invasive pressure monitoring should also be available to be used when required.

Record keeping

Observations of the patient in recovery will be recorded on the WOW chart.

This will include as a minimum:

- Oxygen saturation, blood pressure, heart rate, respiratory rate, level of consciousness should be monitored at least every 15 minutes.
- A minimum of one temperature reading.
- At the end of the period of recovery, the last set of observations should be recorded on the WOW chart. If there are any concerns about clinical condition medical staff should be informed.
- Further monitoring may be instituted on an individual clinical basis depending on the circumstances.

- **If the patient needs further care on Delivery Suite the HDU WoWS chart should be commenced with the last set of observations in recovery**

Discharge Criteria

Following the minimum 30 minute stay in recovery the patient can be discharged to the postnatal ward or other clinical area. The following criteria must be met:

- **Airway:** the patient should be maintaining her own airway
- **Breathing:** the patient should have a respiratory rate between 8 and 14 with satisfactory oxygenation
- **Cardiovascular:** stable cardiovascular observations. No unexplained cardiac irregularity, no persistent bleeding, pulse and blood pressure should be at preoperative levels or at an acceptable level matching the planned postoperative care.
- **D:** The patient's level of consciousness is that she responds to voice
- Pain should be controlled and postoperative analgesia prescribed
- Temperature should be above 36°C

If there are concerns about the patient's condition the anaesthetist should be asked to review

Care in the following 24 hours after surgery

When the patient meets the discharge criteria she can be transferred to the postnatal ward.

Patients requiring a higher level of high dependency care will be cared for either on the delivery suite or ITU depending on the clinical condition. See Enhanced Recovery guideline and the Management of Severely Ill Obstetric Patient guideline.

Frequency of observations in the following 24 hours will be guided by the clinical condition: