

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 Pre-Op, TAU and Day Case Directorate
Governance on:

30th July 2020

Review Date:
This is the most current version of the document and
should be used until a revised version is available

30th July 2023

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
July 2020	Change made to guidelines. Point 6 added at request of James Leedham. Approved at Directorate Governance. Addition of Appendix 1.	Tammie Mason

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

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
 - ◆ Comfortable with adequate pain control
 - ◆ Minimal nausea, vomiting or dizziness
 - ◆ Correct orientation as to time, place and person or comparable to that on admission
 - ◆ Tolerated diet and fluids post-operatively

- ◆ Cannula removed and PVD form complete
 - ◆ Operation site checked with minimal bleeding present
 - ◆ Urine voided post operatively
 - ◆ Assessed as able to mobilise 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 phone call organised
3. Prescribed to take home medication supplied with clear 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.
6. An email will be sent to the responsible surgeon and Anaesthetist to inform them of any patients who fail to meet the Day Case discharge criteria.

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

Name	Designation
Tammie Mason	Ward Manager, Day Surgery-KTC

Circulated to the following individuals for comments

Name	Designation
Susannah Hicks	Matron, SCSD
Rachel Foley	Unit Manager, Pre op Assessment
Michelle Medhurst	Unit Manager, Day Surgery-Alex
Amanda Moore	Divisional Director of Nursing
Tracey Baldwin	Deputy Divisional Director of Nursing

Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
James Hutchinson	Consultant Anaesthetist-CD for Pre op
James Leedham	Consultant Anaesthetist-CD for Day Case
Stephen Randle	Directorate manager for Pre op and Daycase

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

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

Appendix 1

Name:

PIN:

Nurse-Led Discharge – Day Surgery Unit

This protocol is applicable to all patients treated in the Day Surgery Unit unless otherwise instructed by their clinician.

- All registered nurses in the Day Surgery Unit who undertake nurse-led discharge must have achieved the appropriate level of competence
- Discharge will always be in accordance with the agreed discharge criteria
- Discharge planning should commence at the pre-assessment appointment
- All medical/operation notes should instruct the nursing staff regarding any specific information that patients should be given following their procedure
- The patient should be functioning to their expected ability prior to discharge
- All multidisciplinary arrangements should be complete and a safe discharge planned.

The designated Registered Nurse should feel confident that the patient is ready for discharge.

Requirements	Rationale
<ul style="list-style-type: none"> • All staff who have been assessed and are deemed competent to undertake nurse-led discharge must be identified by the Unit Sister from the substantive establishment. 	<ul style="list-style-type: none"> • To ensure that this role is only undertaken by experienced and competent nurses who work regularly in the unit and have been assessed.
<ul style="list-style-type: none"> • Nursing staff should formally discuss with the patient and carer at the earliest possible time their proposed discharge arrangements. This may be at the Pre-Assessment appointment. 	<ul style="list-style-type: none"> • To enable discharge to take place in a timely manner and to ensure that the patient and their carer have clear information and instructions.
<ul style="list-style-type: none"> • On occasions when there are surgical or medical complications which prevent the patient from being discharged as planned, the nurse must delay discharge until the medical staff have been contacted. 	<ul style="list-style-type: none"> • To prevent the discharge of medically unfit patients. Allows for reassessment of the patient's condition thus helping to ensure safe care of the patient.

Level to be attained by registered Nurse: 4**Competency: Nurse Led Discharge (Day Surgery Unit)****Standard Statement: The Registered General Nurse will be competent to perform Nurse Led Discharge**

The registered nurse can:

- Identify any existing physical, social or psychological problems that would prevent nurse led discharge.
- Identify that the patient is fit for discharge in line with the Day Surgery Unit Discharge Criteria (appendix A)
- Demonstrate correct knowledge of complications associated with the surgical condition.
- Identify that appropriate TTOs have been prescribed and obtained.
- Is able to educate the patient regarding all aspects of their drugs and wound care in order to achieve safe compliance.
- Identify and action the need for any follow up appointments and inform the patient.
- Discuss accurately and comprehensively with the patient/relative discharge advice relating to their condition, provide any information leaflets and copies of their discharge summary and consent form if accepted by the patient

Comments:

- The Registered Nurse will be assessed by the Senior Unit Sister (or a nominated deputy)
- The Registered Nurse must show evidence of consistent practice in all of the above criteria, demonstrating knowledge of a wide range of surgical procedures in all specialities.

Appendix A

Day Surgery Unit Discharge Criteria

- Vital signs stable for at least one hour
- Correct orientation as to time, place and person
- Adequate pain control and supply of oral analgesia
- Understanding of use of medication supplied supported by written information
- Ability to dress and walk where appropriate
- Minimal nausea, vomiting and dizziness
- Taken oral fluids at least
- Minimal bleeding or wound drainage
- Has passed urine (if appropriate)
- Has a responsible escort for the homeward journey
- Has agreed to have a carer at home for the next 24 hours
- Written and verbal instructions given about post-operative care and understanding checked
- Knows when to come back for follow up (if appropriate)
- Emergency contact number supplied

References:

Cahill, H Jackson, I & McWhinnie, D (2002)
 Guidelines about the discharge process and the assessment of fitness for discharge.
 British Association of Day Surgery Handbook Series

Chung, F (2006)
 Discharge Criteria and Recovery in Ambulatory Surgery
 Day Surgery Development & Practice – The International Association for Ambulatory Surgery

Nurse Led Discharge Record Sheet

Name:

PIN:

Observed Practice:

Date	Procedure & Speciality	Signature of Assessor

Nurse's Declaration

I acknowledge that as a registered nurse I am personally accountable for my practice (NMC Code of Conduct, June 2012). I believe that I have attained an appropriate level of competence to practice nurse led discharge within the Day Surgery Unit and undertake to keep these skills updated.

Signed:

Assessor's Declaration:

I have formally assessed the above mentioned registered nurse and have found him/her to be competent in all aspects of nurse led discharge related to practice on the Day Surgery Unit

Signed: