

Appendix 9 – Standardised Perioperative Pathway – 1/1

Insert LHD/hospital name here		Surname:		MRN:	
		Given Name(s):		Male <input type="checkbox"/> Female <input type="checkbox"/>	
New <input type="checkbox"/> Revised <input type="checkbox"/> Date:		D.O.B: / /		M.O:	
		Address:			
		Location/ward:			

Form completed by:			
Date:			
Planned Procedure:			
Emergency/Elective:			
Planned Care Pathway:			
Expected length of stay:		Variance:	
Pathway discussed and agreed with the patient:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Notes:	

Risk assessment – (For ASA IV and V please fax Anaesthetist consultation to GP):

Patient's ASA Score:	
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Perioperative risk management plan includes:		Variance:
Pre		
Intra		
Post		

Anticipated level of care for patients post procedure:					Variance:
Day Surgery <input type="checkbox"/>	EDO ward <input type="checkbox"/>	Ward <input type="checkbox"/>	HDU <input type="checkbox"/>	ICU <input type="checkbox"/>	

Clinical handover from hospital to primary care:			Variance:
General Practitioner <input type="checkbox"/>	Community Nursing <input type="checkbox"/>	Family/Carer <input type="checkbox"/>	

Patient requirements for transfer to primary care:					Variance:
Transfer of care summary <input type="checkbox"/>	Pain Relief / Wean & cease plan <input type="checkbox"/>	Nominated carer <input type="checkbox"/>	Medications e.g. Warfarin <input type="checkbox"/>	Other <input type="checkbox"/>	

For ALL variance to the pathway (including RRT calls), DOCUMENT the variance and NOTIFY the Director, Perioperative Service (Anaesthetist) and Nurse Manager. A REVISED PLAN IS REQUIRED.

Notified to:		Date:	
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INFORM GP in the event of an unplanned admission to ICU and/or significant morbidity/mortality:

Notified to:		Date:	
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