

## Day Only / 23 Hour Clinical Protocol Guideline: Microdiscectomy

<b>Affix ID Label Here</b>		MRN
Surname		Given Names
Address - Street	Suburb	Postcode
Date of Birth	Sex	AMO
Hospital Name		Ward

Allergies: \_\_\_\_\_

<b>PRE-ADMISSION CLINIC</b>	<b>Assessments</b>	<input type="checkbox"/> Baseline Observations: TPR, BP, SaPO <sub>2</sub> , Neurological, Weight <input type="checkbox"/> Nursing <input type="checkbox"/> Medical admission <input type="checkbox"/> Valid Consent (completed) <input type="checkbox"/> Anaesthetic Consult <input type="checkbox"/> Assess mobility <input type="checkbox"/> +/- Allied Health
	<b>Investigations</b>	<input type="checkbox"/> per RFA form and/or referral <input type="checkbox"/> X-ray <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> Other
	<b>Nutrition</b>	<input type="checkbox"/> Instructions for pre-op: fasting, regular medications
	<b>Risk</b>	<input type="checkbox"/> Waterlow score, falls risk, delirium <input type="checkbox"/> Pre-operative cessation of anticoagulation, NSAIDS, fish oil/herbal medicines <input type="checkbox"/> TED Stockings
	<b>Patient/Family Education</b>	Patient and family can express an understanding of: <input type="checkbox"/> the procedure <input type="checkbox"/> pre-operative instructions e.g. fasting, hygiene <input type="checkbox"/> antibacterial soap <input type="checkbox"/> PCA <input type="checkbox"/> post-operative care and clinical pathway including expected LOS, bed mobility / mobility, deep breathing & coughing <input type="checkbox"/> wound care <input type="checkbox"/> written procedure information has been provided
	<b>Alert</b>	<input type="checkbox"/> notify medical team if patient is taking anticoagulants, NSAIDS, fish oil/herbal medicines
	<b>Discharge Planning</b>	<input type="checkbox"/> medical / carers cert <input type="checkbox"/> social support, +/- Social Work referral <input type="checkbox"/> home environment e.g. stairs <input type="checkbox"/> prescription <input type="checkbox"/> transport <input type="checkbox"/> expected activity level as determined by surgeon  <input type="checkbox"/> referral to Allied Health <input type="checkbox"/> referral to post discharge services
	<b>Nurse</b>	<b>Print:</b> _____ <b>Signature:</b> _____  <b>Date/Time:</b> _____ <b>Designation:</b> _____

		0-6 hours	6-12 hours	12-18 hours	18-24 hours
		1/24 for 4/24	4/24	4/24	4 - 6/24
OPERATION DAY POST PROCEDURE	Observations	<input type="checkbox"/> Vital signs, Neuro Obs with motor & sensory assessment 1/24 for 4 hrs, <input type="checkbox"/> Observations 4/24 if stable <input type="checkbox"/> SaPO <sub>2</sub> <input type="checkbox"/> Pain score	<input type="checkbox"/> Vital signs, motor & sensory assessment, SaPO <sub>2</sub> <input type="checkbox"/> Pain score	<input type="checkbox"/> Vital signs, motor & sensory assessment, SaPO <sub>2</sub> <input type="checkbox"/> Pain score	<input type="checkbox"/> Vital signs, motor & sensory assessment, <input type="checkbox"/> Pain score
	Medication / Pain Mx	<input type="checkbox"/> Assess adequacy of analgesia <input type="checkbox"/> +/- antiemetics <input type="checkbox"/> +/- antibiotics <input type="checkbox"/> +/- DVT prophylaxis <input type="checkbox"/> +/- regular meds	<input type="checkbox"/> Assess adequacy of analgesia <input type="checkbox"/> +/- antiemetics <input type="checkbox"/> +/- antibiotics	<input type="checkbox"/> Assess adequacy of analgesia <input type="checkbox"/> +/- antiemetics <input type="checkbox"/> +/- antibiotics	<input type="checkbox"/> Discharge prescription provided & explained
	Investigations	<input type="checkbox"/> As requested or clinically indicated	<input type="checkbox"/> As requested or clinically indicated	<input type="checkbox"/> As requested or clinically indicated	<input type="checkbox"/> As requested or clinically indicated
	Hydration/ Nutrition	<input type="checkbox"/> +/- IV therapy <input type="checkbox"/> fluid balance chart <input type="checkbox"/> diet as tolerated	<input type="checkbox"/> +/- IV therapy <input type="checkbox"/> +/- cap cannula <input type="checkbox"/> fluid balance chart <input type="checkbox"/> diet as tolerated	<input type="checkbox"/> diet as tolerated <input type="checkbox"/> cannula removed	<input type="checkbox"/> diet as tolerated
	Wound Care	<input type="checkbox"/> leave dressing intact <input type="checkbox"/> observe for ooze 1/24 <input type="checkbox"/> <u>If</u> drain insitu, 1/24 monitor drainage <input type="checkbox"/> mark drain on RTW <input type="checkbox"/> notify RMO if excessive drainage	<input type="checkbox"/> 4/24 review	<u>If</u> drain insitu: <input type="checkbox"/> remove drain <input type="checkbox"/> clean & redress wound	<input type="checkbox"/> check dressing integrity <input type="checkbox"/> explain soluble sutures <input type="checkbox"/> +/- clips, provide clip remover & instruct patient to attend GP in 7 days for removal
	ADLs	<input type="checkbox"/> void post-op <input type="checkbox"/> post-op wash /shower & oral hygiene <input type="checkbox"/> if urine output inadequate, manage as per neurosurgery team	<input type="checkbox"/> ambulate with physio or nurse <input type="checkbox"/> bed mobility <input type="checkbox"/> Pt may sit out of bed, as tolerated <input type="checkbox"/> encourage deep breathing & coughing	<input type="checkbox"/> ambulate as tolerated <input type="checkbox"/> encourage deep breathing & coughing	<input type="checkbox"/> Physiotherapy clearance, +/- stair assessment <input type="checkbox"/> post-op exercises with physio <input type="checkbox"/> independent with ADLs
	Patient Education	<input type="checkbox"/> reinforce bed mobility techniques <input type="checkbox"/> reinforce deep breathing & coughing <input type="checkbox"/> reinforce use of PCA <u>if</u> insitu	<input type="checkbox"/> reinforce lying to standing technique <input type="checkbox"/> +/- OT re post-op precautions	<input type="checkbox"/> answer any queries, refer to appropriate staff	<input type="checkbox"/> provide & explain wound care information <input type="checkbox"/> post discharge pain management <input type="checkbox"/> mobility / activity /lifting / driving restrictions <input type="checkbox"/> prevention of constipation

					<input type="checkbox"/> discharge letter <input type="checkbox"/> transport arranged <input type="checkbox"/> discharge script <input type="checkbox"/> follow-up appointments with Neurosurgeon <input type="checkbox"/> +/- medical / carers certificate <input type="checkbox"/> X-rays and scans returned <input type="checkbox"/> DOCUMENT ALL DETAILS IN MR
		<b>Discharge Planning</b>			
		<b>Nurse (print)</b>			
		<b>Designation</b>			
		<b>Nurse Signature</b>			
		<b>Date/Time</b>			

<b>Discharge Criteria</b> (Patient must meet all discharge criteria to be discharged without medical review)	
<b>Discharge when:</b>	<b>Medical review required if:</b>
<input type="checkbox"/> independently mobile	<input type="checkbox"/> excessive pain
<input type="checkbox"/> pain controlled	<input type="checkbox"/> not tolerating diet
<input type="checkbox"/> passed urine	<input type="checkbox"/> wound swelling / redness
<input type="checkbox"/> tolerating diet	<input type="checkbox"/> motor / sensory changes
<input type="checkbox"/> afebrile	<input type="checkbox"/> febrile
	<input type="checkbox"/> Name of medical officer
Patient Accompanied by:	Relationship:
<b>Nurse Print:</b>	<b>Nurse Designation:</b>
<b>Nurse Signature:</b>	<b>Date/Time:</b>

<b>Discharge Medication Standing Orders</b>	

<b>Anaesthetic Discharge Criteria</b> (Modified Post Anaesthetic Discharge Scoring System - MPADSS)		
The patient is clinically fit for discharge when the MPADSS score is $\geq 9$	<b>1. Vital Signs</b>	<b>2. Ambulation</b>
	2 = 20% of pre-operative value	2 = steady gait / no dizziness
	1 = 20-40% of pre-operative value	1 = with assistance
	0 = > 40% of pre-operative value	0 = none / dizziness

<b>3. Nausea / Vomiting</b>	<b>4. Pain</b>	<b>5. Surgical Bleeding</b>
2 = minimal	2 = minimal	2 = minimal
1 = moderate	1 = moderate	1 = moderate
0 = severe	0 = severe	0 = severe
<b>SCORE:</b>	<b>N/A:</b>	
<b>Nurse Print:</b>	<b>Nurse Designation:</b>	
<b>Nurse Signature:</b>	<b>Date/Time:</b>	

<b>Patient's Condition 24hrs Post Discharge</b> (Please phone the patient 24hours after discharge, x 2 if necessary)		
<input type="checkbox"/> patient is well	<input type="checkbox"/> patient is unwell	<input type="checkbox"/> patient is advised to come to ED
<input type="checkbox"/> unable to contact patient	<input type="checkbox"/> patient not contacted	<input type="checkbox"/> patient referred to GP
Comments:		
<b>Date &amp; time of call:</b>	<b>Date &amp; time of call:</b>	
<b>Nurse Print:</b>	<b>Nurse Print:</b>	
<b>Nurse Designation:</b>	<b>Nurse Designation:</b>	
<b>Nurse Signature:</b>	<b>Nurse Signature:</b>	