



DR. PABLO O. TORRE
MEMORIAL HOSPITAL

RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

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| DEPARTMENT: Nursing Service Division | | POLICY NUMBER: DPOTMH-MPP-SURGCOM-ASC-P004-(01) | |
| TITLE/DESCRIPTION: POST-OPERATIVE CARE | | | |
| EFFECTIVE DATE: January 31, 2025 | REVISION DUE: January 30, 2028 | REPLACES NUMBER: N/A | NO. OF PAGES: 1 of 8 |
| APPLIES TO: Ambulatory Surgical Center | | POLICY TYPE: Multi Disciplinary | |

PURPOSE:

To support a smooth and effective recovery for patients after an outpatient surgical procedure, ensuring the healing process is well-managed, immediate post-surgical concerns are addressed, and a successful transition from the surgical setting to home or further care is achieved.

DEFINITIONS:

Recovery Room - also called a post-anesthesia care unit (PACU), is a space a patient is taken to after surgery to safely regain consciousness from anesthesia and receive appropriate postoperative care.

RESPONSIBILITY:

Circulating Nurse, Attending Physician, ASC Clerk

POLICY:

1. Vital signs and overall health status of patients shall closely monitored throughout the recovery period to ensure stability. This includes regular checks of heart rate, blood pressure, respiratory rate, and oxygen levels to detect any deviations from normal that could indicate complications or adverse reactions.
2. Pain relief is provided and adjusted according to patient reports and clinical assessments. This involves administering prescribed pain medications, evaluating their effectiveness, and modifying treatment plans as needed to ensure adequate comfort and minimize pain.
3. Strategies are implemented to prevent common post-surgical complications, such as infections, bleeding, and deep vein thrombosis. This includes following infection control protocols, monitoring for signs of complications, and responding swiftly to any issues that arise to mitigate risks.
4. Patients shall receive comprehensive instructions for managing their care at home. This includes guidance on wound care, medication schedules, dietary restrictions, and activity limitations to promote healing and prevent complications.
5. Follow-up appointments shall schedule and coordinate to assess the patient's recovery progress. These visits provide opportunities to address any concerns, evaluate the healing process, and make any necessary adjustments to the care plan.
6. Patients and their folks are educated about the recovery process, including what to expect and





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how to manage post-operative care. This education covers symptoms to watch for when to seek medical attention, and how to follow care instructions effectively.

7. Patients are provided with contact information for healthcare providers to reach out if complications or concerns arise after leaving the clinic. This ensures that patients have access to support and guidance as needed during their recovery.
8. All aspects of post-ambulatory care are meticulously documented, including patient observations, interventions, and communications. This documentation ensures continuity of care and provides a record of the recovery process for future reference.
9. Patients are carefully prepared for discharge, which includes arranging transportation home and confirming that they have the necessary resources and support. This preparation ensures a smooth transition from the surgical environment to home care.





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PROCEDURE (SOP):

1. The patient should be carefully transferred from the operating room to the Recovery Room or designated recovery area using a patient transfer board or similar equipment to ensure safety. All necessary equipment, such as monitors and IV lines, should be properly connected during the transfer.
2. Vital signs, including heart rate, blood pressure, oxygen saturation, and respiratory rate, should be monitored using standard equipment and protocols to ensure accuracy. Any deviations from normal ranges that might indicate complications or instability should be observed and referred to the attending physician and anesthesiologist.
3. Conduct an assessment of the patient's condition to detect any signs of distress, adverse reactions, or complications, including checking the surgical site for signs of bleeding, swelling, or infection, refer accordingly.
4. A standardized pain scale (e.g., numeric rating scale) should be used to evaluate the patient's pain levels and assess for any signs of discomfort or pain that may not be verbally communicated. Prescribed pain medications should be administered as ordered by the surgeon or anesthesiologist, with medication dosages adjusted based on the patient's feedback and clinical observations. Any side effects or adverse reactions to medications should be carefully monitored.
5. Pain levels should be regularly reassessed after medication administration to determine effectiveness and treatment plans should be adjusted as necessary to achieve optimal pain control. Infection prevention protocols, such as applying appropriate wound dressings, maintaining sterile techniques, and administering prophylactic antibiotics if indicated, should be followed.
6. Encouraging mobility and performing exercises as per protocol to prevent complications such as deep vein thrombosis (DVT) is essential. Any signs of complications like abnormal bleeding, infection, or changes in vital signs should be vigilantly monitored, and prompt responses should be taken to administer treatments or escalate to the physician if needed. Any complications and interventions should be documented in the patient's medical record.
7. The patient should be provided with detailed written instructions covering wound care, medication schedules, dietary restrictions, and activity limitations. The instructions should be reviewed with the patient and their caregiver, ensuring they understand how to perform wound care, take medications, and follow any activity restrictions. Additionally, follow-up visits with the appropriate healthcare providers should be arranged and scheduled within the recommended time frame.
8. The patient should be educated about what to expect during recovery, including normal and

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abnormal symptoms, and practical advice on managing recovery should be provided. It's important to supply the patient with contact details for reaching healthcare providers if complications or concerns arise after discharge, and information about procedures to follow in case of an emergency should be given.

9. All aspects of post-ambulatory care, including vital signs, pain levels, interventions, and patient responses, should be documented, and the patient's medical record should be updated accordingly. Finally, the patient's transportation arrangements for leaving the clinic should be confirmed, and the necessary support and resources for a smooth recovery at home should be ensured.





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WORK INSTRUCTION:

| KEY TASKS | PERSON RESPONSIBLE |
|--|---------------------|
| 1. Carefully transfers the patient from the operating room to the Recovery Room using a patient transfer board or similar equipment, ensuring all equipment is connected. | Circulating Nurse |
| 2. Monitors vital signs and report any deviations to the physician or anesthesiologists. | |
| 3. Assesses the patient's condition for signs of distress, adverse reactions, including checking the surgical site abnormalities. | |
| 4. Uses a standardized pain scale to assess pain and administer prescribed pain medications as needed, adjusting dosages based on feedback. | |
| 5. Regularly reassess pain levels post-medication, adjusting treatment to ensure effective pain control. | |
| 6. Applies wound dressing, maintain sterile techniques, and administer prophylactic antibiotics as required. | |
| 7. Documents all aspect of post-ambulatory care, including vital signs, pain management, interventions, and patient responses, in the medical record. | |
| 8. Provides the patient with written instructions covering wound care, medications, dietary restrictions, and activity limitations, and review these with the patient and caregiver. | Attending Physician |
| 9. Encourages mobility and follow exercise protocols to prevent complications and monitor for signs of infection/ abnormal bleeding. | |
| 10. Schedules follow-ups visit and provide contact details for healthcare providers. | ASC Clerk |

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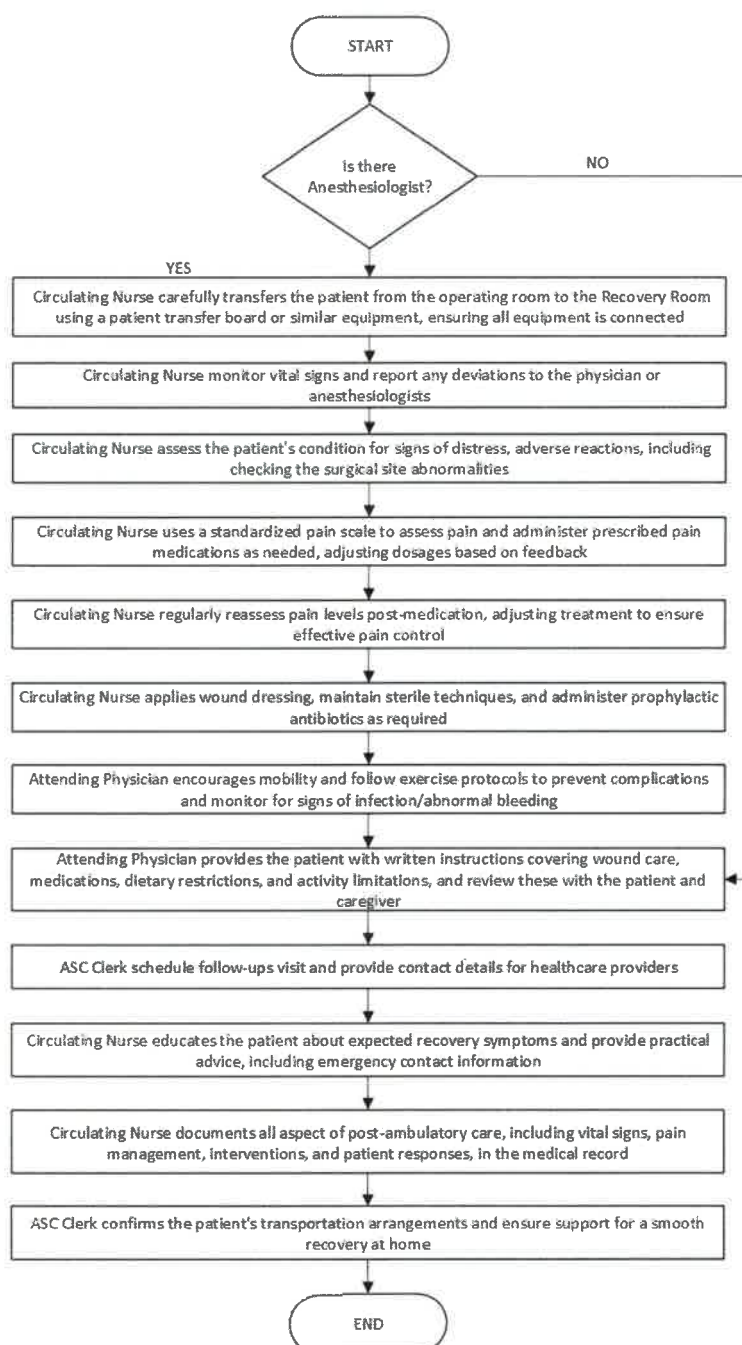
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WORK FLOW:



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| FORMS: N/A |
| EQUIPMENT: N/A |
| REFERENCES: N/A |





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| APPROVAL: | | | | |
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