



PROTOCOLS AND PROCEDURES

MANUAL FOR SURGICAL TEAMS WORKING AT CENTRO DE SALUD BARBARA, SAN JUAN SACATAPEQUEZ

Please note this is a work in progress with some areas more developed than others, and some to be expanded or added. We hope it is useful and if you have any comments please let us know. This document is on line at www.projecthands.org

Patient charts can be found separately on line



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MEDICAL DIRECTOR AND TRIP COORDINATOR

The Medical Director and Trip Coordinator oversee the trip. Their responsibilities include the following:

MEDICAL DIRECTOR:

- Oversees all medical aspects of the trip.
- Approves slates (including cancellations).
- Medical protocols and procedures

TRIP COORDINATOR:

- Oversees all non medical aspects of the trip
- Accommodation and transport
- Wellbeing and Safety of Team



NURSING PROTOCOLS AND PROCEDURES

These protocols and procedures are a guide designed to help a team become oriented to the unusual work environment and circumstances in Guatemala. The main goal is to come together as a highly functional team to maintain the highest standards possible to provide quality patient care.

It is important to understand that Project Hands recruits experienced nurses and CSD personnel that are able to function in a professional capacity. Most of us are strangers to one another, but we all have something special to give to the team and are vital to a successful mission. By coming together and working as a cohesive team we can all have a rewarding and fun experience.

Coordinators are assigned to put their “department” together quickly and efficiently. If you have any questions, problems, or concerns this is who you would turn to first.

PACU

1. PACU Coordinator:

- Coordinates PACU and Post operative ward.
- Supervise unpacking and organization of supplies.
- Set up designated “crash cart” and orient staff to location and contents.
- Develop a shift schedule.
- Coordinate patient assignments.
- Collaborate with Physicians regarding standardized pre and post operative orders.
- Resource person for PACU and Post operative ward nurses.

2. PACU nurses:

- Report to the PACU Coordinator and provide continuous observation of the post-operative patient.
- On arrival check equipment and supplies.
- Observe and monitor patients; chart relevant data.
- Discharge patients to post op ward when discharge criteria are met.
- Communicate with physicians regarding patient issues as required.
- Prior to shift change make sure that equipment and supplies are replenished.

- Report any relevant information to nurses coming on duty.
- Admit patients pre-op and start IV's as time permits.
- Catalogue and document supplies remaining in Guatemala at the end of the trip.

3. Ward nurses:

- Observe and monitor patients; chart relevant data.
- Provide patient care as needed, incorporating family members as appropriate.
- Communicate with physicians regarding patient issues as required.
- Report any relevant information to nurses coming on duty.
- Work with *gerentes* and translators to provide patient teaching prior to discharge.

OR

1. OR Coordinator:

- Coordinates OR and CSD
- Supervises unpacking and organization of supplies.
- Coordinates room assignments.
- Collaborates with Anaesthetists and Surgeons regarding standardized preferences.
- Resource person for OR nurses CSD technician and biomedical technician.

2. OR nurses:

- Organize supplies and equipment according to physicians preference.
- Ensure that all equipment is in good working order.
- Assist anaesthetist with induction.
- Ensure safe patient positioning and preparation.
- Admit patients and start IV's pre-op. If possible, a nurse should be designated for this role exclusively. She/he could also assist the anaesthetist with induction and help out in the PACU as needed.
- Scrub and circulate accordingly.
- Document intra-operative care.
- Communicate with PACU to let them know when the patient is due to be transferred to them.

- Transfer patient to PACU and report any relevant information to PACU nurse.
- Communicate with CSD regarding the requirements for instrument turnover.
- Clean and prepare room for following case, or set up room for the next day.
- Catalogue and document supplies remaining in Guatemala at the end of the trip.

3. CSD technician:

- Collaborates with the biomedical technician to ensure that autoclave is in good working order. The biomed will review the start up and maintenance procedure with you and be available for trouble shooting.
- Run a Dart Test daily to ensure that autoclave is functioning properly.
- Organize work area and supplies, maintaining “dirty” and “clean” principles as closely as possible. Wrapping and preparation of instruments should strive to maintain acceptable hospital standards.
- Communicate with OR nurses regarding the requirements for instrument turnover.
- Educate and train helpers as appropriate.
- Assemble instruments and sets according to procedure needs. OR nurses will help facilitate this.
- Catalogue and document instruments and supplies remaining in Guatemala at the end of the trip.



PATIENT CHARTS

1. PATIENT CHARTS

- Patient Location Sheet (to stay with patient all the time, even once in Albergue) – includes language spoken, *gerente*'s name, surgeon, procedure and date of surgery,
- Intraop Record
- Anesthetic Record
- Post Anesthesia Record (PAR)
- Overnight sheet (if needed)
- Follow up Sheet (kept on the ward)
- Patient History
- Consent form

2. POST OP ORDERS – GYNE

3. PATIENT DISCHARGE INFORMATION

Patient Charts are available on line.



PROTOCOL FOR NON MEDICAL PERSONS IN THE OPERATING ROOM

Any person going into the operating room should have a basic orientation to the environment. The operating room staff can facilitate the orientation as a group or on an individual basis.

Whenever a procedure is taking place, there are sterile supplies and areas that must be maintained for the safety of the patient. Collaborate with the Circulating nurse in regards to traffic patterns.

Noise levels in the room should be maintained at a comfortable and soothing level to facilitate patient comfort and security. Drugs given during anesthetic induction tend to heighten sensitivity to noises and other external stimuli. Any person going into the Operating Room should be aware that the Patient may be awake and aware of their surroundings.

When translators are assisting in the operating room, they should stay close to the patient and observe traffic patterns defined by the circulating nurse. Once the patient is asleep, they should leave the operating room before the patient is positioned and prepared for surgery. Patient dignity should be maintained at all times.



INTERPRETER GUIDELINES

OVERVIEW

Interpreting for a Project HANDS team is not a matter of substituting words in English for words in Spanish and vice versa. It is a matter of understanding the thought expressed in one language and then explaining it using the resources of the other language. In other words, an interpreter changes words into meaning, and then changes meaning back into words of a different language. So interpreting is basically paraphrasing.

WHAT SKILLS ARE REQUIRED?

Bilingual fluency is only one key skill of an effective Project HANDS interpreter. Just as important are compassion, familiarity with the culture, team spirit, high energy level, positive attitude, and ability to be in three places at once.

WHAT'S UNIQUE ABOUT INTERPRETING ON A PROJECT HANDS TRIP?

A very small percentage of our Centro de Salud Bárbara patients speak Spanish, and several different linguistic groups will be represented in our patient base. These might include Spanish, Quiche, Kekchi, Cakchiquel or Ixil. These are not dialects; they are completely separate languages. Thus, there will be two interpreters involved in most communications. Introduce yourself to the Mayan interpreters and be familiar with which language is spoken by each. They are about to become your new best friends. Even if a patient nods his or her head or answers *Sí* in response to *¿Habla usted español?*, most do not. Many of the Camanchaj patients speak Spanish but some do not.

A TYPICAL DAY

- ▶ Interpreters go to clinic on the earliest shuttle and leave on the latest, unless given permission otherwise.
- ▶ Accompany surgeons on morning rounds.
- ▶ Assist Admin. in preparing patients for surgery.

Part of this process is that each patient or parent of a minor patient is required to sign or thumbprint a Waiver of Liability. It's not necessary to read the form word for word. Rather, explain the key points as follows:

"El hecho de firmar este documento significa que usted da permiso al doctor para hacer la operación. Dice que usted entiende que el doctor le va a dar anestesia (local o general), y que en toda operación hay riesgos. Dice además que usted está de acuerdo con el requisito de cumplir con todas las instrucciones del doctor y de las enfermeras después de la operación, para recuperarse bien."

- ▶ Throughout the day, circulate through Admin., OR, PAR (Post Anesthetic Recovery) and Patient Ward, to determine and respond to prevailing needs.
- ▶ Accompany patients into surgery and stay with them until they are anesthetized.
 - Identify the patient's language and make sure that the appropriate Mayan interpreter is ready to accompany you.
 - You will be given explicit instructions by the OR nurse about protocol for the interpreters. You must comply to the letter. If in doubt, ask.
 - Do not touch any sterile field in the OR. To be on the safe side, don't touch anything.
- ▶ Assist PACU nurses with patient discharge instructions.
- ▶ Accompany surgeons on evening rounds.
- ▶ Assist Admin. and medical personnel as and when needed.

DO...



Act as an information conduit, not an information source.



Insist that the patient speak directly, rather than allowing the Spanish-speaking *acompañante* to speak on the patient's behalf. Be persistent until you are satisfied that the patient understands and has been given the opportunity to ask questions and express concerns.



Ask the speaker to limit his or her remarks to one thought or a few sentences between translations. Most people are not used to communicating through an interpreter, so they tend to speak longer than what is practical to interpret.



Share relevant cultural information to facilitate understanding.



Ask for permission to clarify for the patient when something is expressed in a way that would not be clear in interpretation.



Obtain clarification of medical terms and concepts as necessary.



Learn commonly used local terms rather than formal or medical terms. Examples: *catéter* (medical) vs. *sonda* (local); *prolapso del útero* (medical) vs. *matriz baja* (local); *dientes postizos* (formal) vs. *placa* (local)



Be specific. If necessary, ask permission to clarify.
Ambiguous: *No cargar cosas pesadas después de la operación.*
Clear: *No levantar ni cargar leña ni maíz durante cuatro semanas.*



Ensure that the patient understands what is being conveyed.



Ask whether the patient has questions.

DON'T...



Make assumptions.



Answer on behalf of the patient, doctor, nurse or admin, even if the response is obvious.



Translate idioms word for word. Find a culturally appropriate equivalent. If there's no such equivalent, opt for a translation that will not be confusing. If necessary, clear this with the doctor/nurse/admin.



PHARMACY PROTOCOL AND PROCEDURES

1. DISPENSING

- Physicians prescribe meds.
- Never substitute one drug for another without the doctor's approval
- Check expiry date of med. Use older products first.
- Ask questions if you don't understand the instructions.
- Keep a record of all meds dispensed on Dispensing Record Sheet .
- Use small ziplock bags for dispensing
- Complete Instruction Label and stick onto ziplock bag
 - The instructions are written and graphic as many patients can't read. The written info is in case the patient needs to show it to a doctor/nurse/pharmacist or if they forget the instructions (hopefully someone in the community can read).
- Make a record if you run out of anything and give the date.
- Add end of trip make an accurate inventory of all drugs and pack them up.

2. OTHER RESPONSIBILITIES:

GIFTS:

- Prepare patient gift bags and make sure each patient receives one before the leave the Post Op Ward
- Prepare staff gift bags. They will be distributed on the last day.

TRIAGE DAY:

- Set up each surgeon's exam room with the following suggested items (check if surgeon has additional preference):
 - Gloves
 - Hand sanitizer
 - PH prescription pad and pen
 - Post-its/note pad
 - (stethoscope – if vitals have been taken by nurse/med student then not needed)
 - (bp cuff – if vitals have been taken by nurse/med student then not needed)
 - wipes/kleenex
 - Sheet for examination table
 - Garbage
 - any additional personal requirements



ADMINISTRATION PROTOCOL AND PROCEDURES

Administration is the hub of a smooth-running trip. All patients pass through Administration (also referred to as Reception or Front Desk), and Admin staff keep track of their location and paperwork.

1. Administration Coordinator:

- Oversees all functions of Administration
- Keeps track of available bed space and consults with Medical Director if there are any problems.
- Keeps track of timing on surgical days and consults with Medical Director if schedule is overrunning
- Prepares daily slate and presents to Medical Director for approval

2. Administration Clerks:

- Schedule patients onto OR slates
- Admit patients
 - Including administration of premeds as ordered by anesthesiologists
- Keep track of patients on Patient Location Sheet
- Keep track of patient paperwork
- File charts and paperwork
- Distribute daily slates
- Update Patient Spreadsheet
- Pack up and make inventory of admin supplies
- Minivan schedules:
 - Prepare daily minivan schedules



TRIAGE DAY

The following pages show the procedures the Admin Staff will be following on Triage Day.

Index:

- SHEET 1*** **Patient Flow and Procedure**
- SHEET 2*** **Scheduling Patients**
- SHEET 3*** **Info given to Patients at time Surgery is scheduled**
- SHEET 4*** **Filing of Charts**

SHEET 1 TRIAGE DAY - CENTRO DE SALUD BARBARA

PATIENT FLOW AND PROCEDURE

1. ADMINISTRATION - RECEPTION

- All patients will come to Administration (our front desk)
 - When patient arrives at Admin,
 - tick their name from PRELIMINARY PATIENT LIST.
 - If not on list add new name.
 - Patient will have their PATIENT CHART with them (medical student will have taken their History, vital signs etc the previous day). At top of page 6 add:
 - For all patients add the language the patient speaks (most likely Ixil, Quiche, Kakchiquel, Achi, or Pokomchi)
 - For PfS patients - add "PfS" and name of their *gerente* -
 - For clinic patients - add "CSB"
 - Show patient where to wait to see the surgeon
 - KEEP PATIENT CHART WITH PATIENT AT ALL TIMES
-

STEP 2 - SURGEONS

- Each surgeon will have a Consult Rooms with their name on the door.
 - After consult is finished the patient will be sent back to Administration
 - KEEP PATIENT CHART WITH PATIENT AT ALL TIMES
-

STEP 4 - FRONT DESK

- All patients come to Front Desk after seeing surgeons. Follow one of the following:

OPTION 1 – IF PATIENT NEEDS SURGERY:

A. If Anesthesia Consult requested:

- show patient where to wait for Anesthesiologist
- KEEP PATIENT CHART WITH PATIENT
- Inform Anesthesiologist
- Patient returns to Front desk after Consult
 - If patient needs Surgery – **GO TO SHEET 2**
 - If patient is unsuitable for surgery;
 - Dismiss patient
 - file Patient Chart **GO TO SHEET 4**

B. If no Anesthesia Consult requested:

- If there is room on slates - **GO TO SHEET 2**
- If there is no room on slates:
 - Dismiss patient
 - File Patient Chart **GO TO SHEET 4**

C. If patient needs bloodwork

- Show patient where to wait
- Call nurse

OPTION 2 - IF PATIENT DOES NOT NEED SURGERY:

- Dismiss patient
- File Patient Chart **GO TO SHEET 4**

SHEET 2 TRIAGE DAY - CENTRO DE SALUD BARBARA

SCHEDULING PATIENTS

1. NAVIGATING YOUR WAY AROUND THE OR SLATES

- Notes:
 - Some columns are drop down menus. These have a small green triangle in the top L corner. The menus will appear if you click in the cell.
 - If a tab appears not to work click it second time.
 - Use appropriate slate for appropriate surgery eg, General Surgery, Minor Surgery, Gyne.
- **WEEK 1, WEEK 2:** click on the week day to move from one day to another If the day of the week is green that is the day you are viewing
- **PATIENT NAVIGATION:** used when moving or adding patients to a completed slate. More about this in part 3
- **PROCEDURES:** click on this to see all procedures listed (and which appear in the Procedure drop down menu). If a procedure is not listed it will not appear in the drop down menu so you will need to enter into the relevant column.
- **SUMMARY:** still under construction
- **SET UP:** Do not make any changes to this page. This is used to set up the information that appears on the slates. This will be done for you.

2. ENTERING DATE INTO THE SLATE FROM PATIENT HISTORY:

- Patient History:
 - Page 6 has most of the info you need for scheduling
 - If *Local* is circled under Type of Surgery, this indicates a minor case with same day discharge
 - Page 2 has allergy info.
- **START TIME: Do not touch this.** It is calculated automatically and will only appear when the skin to skin time is entered. The times take into account the changeover (as entered into the summary page).
 - **Once the slate is full the start times will go red.**
 - If that happens scroll to the bottom of the page and you will see the status of that day and by how much you have overrun.
 - If you are over move the patient to another day.
 - If these are the last few patients speak to the Admin Coordinator or Medical Director.
- **PATIENT NAME:** type in as Christian names then surnames
- **AGE:** type in
- **SEX:** drop down
- **PRIORITY:** drop down
 - priority 1 –schedule
 - priority 2 –schedule
 - priority 3 - Tell patient to wait/come back at 3pm/take their phone number and we will call if there is space
- **SEEN BY:** drop down
Surgeon's initials
- **PROCEDURES:** drop down
 - This is the Proposed Surgical Procedure
- **ADDITIONAL INFORMATION:** type in

- Additional medical comments
- Community where patient lives and time it takes to get to clinic
- Gerente name – for PfS patients
- Patient phone number - for CSB patients
- **SKIN TO SKIN TIME (TIME REQUIRED):** type in
In minutes
- **PATIENT REFERRAL:** drop down
 - PfS = Partner for Surgery
 - CSB = Centro de Salud Barbara
 - SyP = Salud y Paz
 - Other = not necessary to specify who.
 - Walk = patients off the street
- **ELOS (Estimated Length of Stay in Clinic and Locally):**
Used to identify patients that should have surgery earlier in the week and also for those who can be done on Thur or Fri.
Once the patient has been scheduled **GO TO SHEET 3** for info to be given to the patient.

3. ADDING AND MOVING PATIENTS ON THE SLATES

You may at some stage during triage or on surgical days have to move around the order of patients or even the day of their surgery.

This may sound complicated and long winded when it is written down but is easy once you are familiar with the process.

If you are not comfortable doing moves/additions refer them to the Admin Coordinator.

- The first thing to remember is DO NOT USE THE REGULAR COPY AND PASTE FUNCTION ON THE MOUSE. USE COPY, INSERT, CUT (under Patient Navigation)
- The second is that all actions relating to a move are operated by clicking on the cell with the Patient Name (you do not need to highlight the whole row)
- Make sure the row to which you are moving/adding your patient is empty.
 - To create an empty row:
 - Click on the Patient Name cell where you want to insert your patient. When the cell highlights drag the mouse over all the Patient Name cells below it.
 - Click Copy (Patient Navigation). This will highlight the rows.
 - Click the Patient Name cell below the one to which you want to insert your patient (this will be within the highlighted block)
 - Click Insert (Patient Navigation) and the block will move down and you will now have the first patient in the block in two rows.
 - To clear the original row, click on the Patient Name cell, then click Cut (Patient Navigation). You should now have a blank row and your start times will be messed up (once the new Skin to Skin Time is entered this the Start Times will reset)
- To add your new patient: Fill in patient name and surgery details as normal.
- To move a patient from another day or time to this slot:
 - Click on the Patient Name cell of that patient.
 - Click Copy
 - Go to new location and click on empty Patient Name cell you just created
 - Click Insert and the new patient's info will now be displayed in the row

- Go back to original location and remove patient info as follows:
 - Click on Patient Name cell
 - Click Cut (Patient Navigation). The cell should now be empty
 - Click and drag on the Patient Name cells below the empty one so they are highlighted
 - Click Copy (Patient Navigation)
 - Click in the empty Patient Name cell
 - Click Insert (Patient Navigation) and all the patients should move up
 - Remove the duplicated last patient as follows
 - Click on Patient Name cell
 - Click Cut (Patient Navigation).
 - The slates should now be correct.

- **SHEET 3 TRIAGE DAY - CENTRO DE SALUD BARBARA**

INFO GIVEN TO PATIENT AT TIME SURGERY IS SCHEDULED:

Give this info to the patient and their family member (and to the gerentes if PfS)

- **All patients :**
 - Give a card with date of surgery and time to be at clinic
 - They are to be outside the clinic at 7am and will be called one hour prior to surgery (do not give time of surgery as the order may change).
 - They can bring one family member who can stay with them in Admissions until they are taken to Pre-Op Area
 - Ask patient to have shower or bath (if possible) or at least an all over body wash before coming to Admissions
 - **Major surgery (with anesthesia):**
 - Tell patient NPO from midnight prior to day surgery. BE SPECIFIC
 - No water, pop, coke, coffee etc
 - No tortilla, maiz, aroz (rice) etc
 - TELL THEM THEY WILL NOT BE ABLE TO HAVE THEIR SURGERY IF THEY HAVE EATEN OR DRUNK ANYTHING
 - IF THEY TAKE MEDICATIONS CHECK WITH ANESTHESIOLOGIST IF THEY CAN TAKE THEM
 - Post op info:
 - the patient may will stay a few hours or a night on the ward and will then either move to the Albergue (PfS patients) or go home .
 - one family member can visit the patient once the patient is on the ward once the nurses have given approval.
 - After their surgery they will need to rest so if have children should organize help.
- **Minor Surgery (no anesthesia):**
 - Can eat and drink normally.
 - Post op:
 - will stay in clinic for about one hour after surgery then can go home (or to the Church if PfS patient)
 - one family member can stay with them before and after procedure is done.

GO TO SHEET 4

SHEET 4 TRIAGE DAY - CENTRO DE SALUD BARBARA

FILING OF CHARTS

1. SCHEDULED

- patients who have been scheduled for surgery
 - File chart under specialty (ie General Surgery Major, General Surgery Minor)
 - and day of surgery

2. CONSULTS – NEED SURGERY

- patients who need surgery but there is no space

3. CONSULTS – NEED SURGERY

- patients who need surgery but are unsuitable

4. CONSULTS – NO SURGERY

- patients who do not need surgery



DAY OF SURGERY

The following pages show the procedures the Admin Staff will be following on Surgical Days.

Index:

<i>SHEET 1A</i>	Admissions and. Patient process
<i>SHEET 2A</i>	Daily Paperwork
<i>SHEET 3A</i>	Pre Meds
<i>SHEET 4A</i>	Consent Forms
<i>SHEET 5A</i>	Slate locations

SHEET 1A DAY OF SURGERY - CENTRO DE SALUD BARBARA

ADMISSIONS AND PATIENT PROCESS

Process for all patients:

1. MAJOR SURGERY (in ORs):

- Check Clipboard has necessary PATIENT CHART/OR Forms etc ([SEE SHEET 2A](#))
- Make sure Consent Form is signed ([SEE SHEET 4A](#)).
- Give WRISTBAND with name of patient, procedure and date of surgery
- Re-check for ALLERGIES
 - a. If patient has allergies add red Allergy wristband with relevant info
- Confirm NPO
- Give PREMEDS ([SEE SHEET 3A](#)) Record and sign.
- Remove DENTURES and put into plastic bag with clothes.
- Give POST OP INFO to patient and family member ie:
 - a. The patient will stay on the ward for a few hours or a night or two (gynes stay longer) and then go to the Albergue
 - b. One family member can visit once the patient is settled on the ward and nurses have given approval
- Change patient into GOWN (tie in the back) including underwear.
 - a. Put patient clothes into GARMENT BAG and label the bag with patient's name. Place bag in ward for when patient returns.
 - b. Give BLANKET over shoulders
- Take patient and clipboard to PRE OP AREA (without family member unless it is a child) and sit on relevant chair (Gyne, Major General, Minor General). The nurse will come and get them when the surgeon is ready.

2. MINOR SURGERY (under local anesthesia)::

- Check PATIENT CHART is ready (no clipboard needed)
- Check CONSENT FORM is signed
- Change patient into GOWN if site of surgery is not easily accessible
 - a. Put patient clothes into GARMENT BAG and label bag with patient's name (keep with patient)
 - b. Give BLANKET over shoulders
- Give POST OP INFO to patient and family member, ie:
 - c. After surgery the patient will stay in clinic for about one hour then can either go to the Albergue (PfS patients) or home (CSB patients living locally)
 - d. One family member can stay with them after procedure is done.
- Can eat and drink normally before and after surgery
- Take patient to PRE OP AREA. Family member can go with them. The nurse will come and get them when the surgeon is ready.

SHEET 2A DAY OF SURGERY - CENTRO DE SALUD BARBARA

DAILY PAPERWORK (Prepared the day before Surgery):

1. CLIPBOARD WITH PATIENT CHARTS (in this order and with highlighted areas filled in as per sample sheets):

1. Patient Location Sheet (to stay with patient all the time, even once in Albergue)
 2. Intraop Record
 3. Anesthetic record
 4. Post Anesthesia Record (PAR)
 - Plus overnight sheet if needed
 5. Consent form
 6. Triage Form
- ADD PATIENTS NAME ONTO EACH SHEET
 - FOR PfS PATIENTS, ADD GERENTES NAME TO:
 - Patient Location Sheet
 - Intraop sheet
 - Triage Form
 - IF THERE ARE ANY ALLERGIES STICK A POST-IT NOTE WITH THE INFO ON FRONT OF CHART

2. WRISTBANDS

- Name, date, procedure
- Allergy band if necessary with allergy listed eg penicillin, foods, meds.

3. CONSENT FORMS

- [SEE SHEET 4A](#)

4. PATIENT GOWN/BLANKETS ETC

- Make sure there are plenty of patient gowns, blankets, garment bags

5. PREMEDS:

- prepare

SLATES:

- About 2-3pm finalize with Medical Director
- Print out slates and post in the all listed locations [SEE SHEET 5A](#)

SHEET 3A DAY OF SURGERY - CENTRO DE SALUD BARBARA

CONSENT FORMS:

The clinic has its own CONSENT FORMS.

CONSENT FORMS must be filled in and signed prior to any surgery taking place.

The PfS *gerentes* or med students normally the form to the patients and obtaining their signatures so we don't have to do anything except check that they are filled in and signed..

SHEET 4A DAY OF SURGERY - CENTRO DE SALUD BARBARA

PREMEDS

Before surgeries begin on Sunday check premeds with Anesthesiologists

- All premeds are given one hour pre op.
- Record on Anesthesia Record sheet
 - med given, time given
 - allergies
 - SIGN

PREMEDS FOR GENERAL SURGERY:

- Adults and children over 12 (unless ordered otherwise by anesthesiologist)
 - Acetaminophen 500-1000 mg
 - Zantac 150mg
- Children under 12
 - As ordered

PREMEDS FOR GYNECOLOGY:

All hysterectomies, vag repairs, butch procedures

- Acetaminopen 1000mg
- Metronidazole 500mg
- Ranitidine 75 mg

PREMEDS FOR PLASTICS:

Ask anesthesiologist

SHEET 5A DAY OF SURGERY- CENTRO DE SALUD BARBARA

SLATE LOCATIONS

Slates to be hung in the following locations each afternoon once they have been approved by the Medical Director

OR 1:	3	GENERAL	1 - INSIDE ROOM 1 - ON OUTSIDE OF DOOR 1 - ANESTHESIOLOGIST
	2	MINOR	1 - INSIDE ROOM 1 - ON OUTSIDE OF DOOR
OR 2:	3	GYNE	1 - INSIDE ROOM 1 - ON OUTSIDE OF DOOR 1 - ANESTHESIOLOGIST
STERILIZING:	1	GENERAL	
	1	MINOR	
	1	GYNE	
RECOVERY:	1	GENERAL	
	1	MINOR	
	1	GYNE	
WARD:	1	GENERAL	
	1	MINOR	
	1	GYNE	
ADMIN BOARD:	1	GENERAL	
	1	MINOR	
	1	GYNE	
	3	PATIENT LOCATION INFO	
CLINIC COPY:	1	GENERAL	
	1	MINOR	
	1	GYNE	

TOTAL:	8	GENERAL	
	7	MINOR	
	8	GYNE	
	3	PATIENT LOCATION INFO	

