
	Operation Theatre		
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STANDARD OPERATING PROCEDURES



FOR





OPERATION THEATRE MANAGEMENT

COMMUNITY HEALTH CENTRE, SAINKUL

758043

ODISHA


 Superintendent
 CHC Sainkul, Keonjhar

	Operation Theatre		
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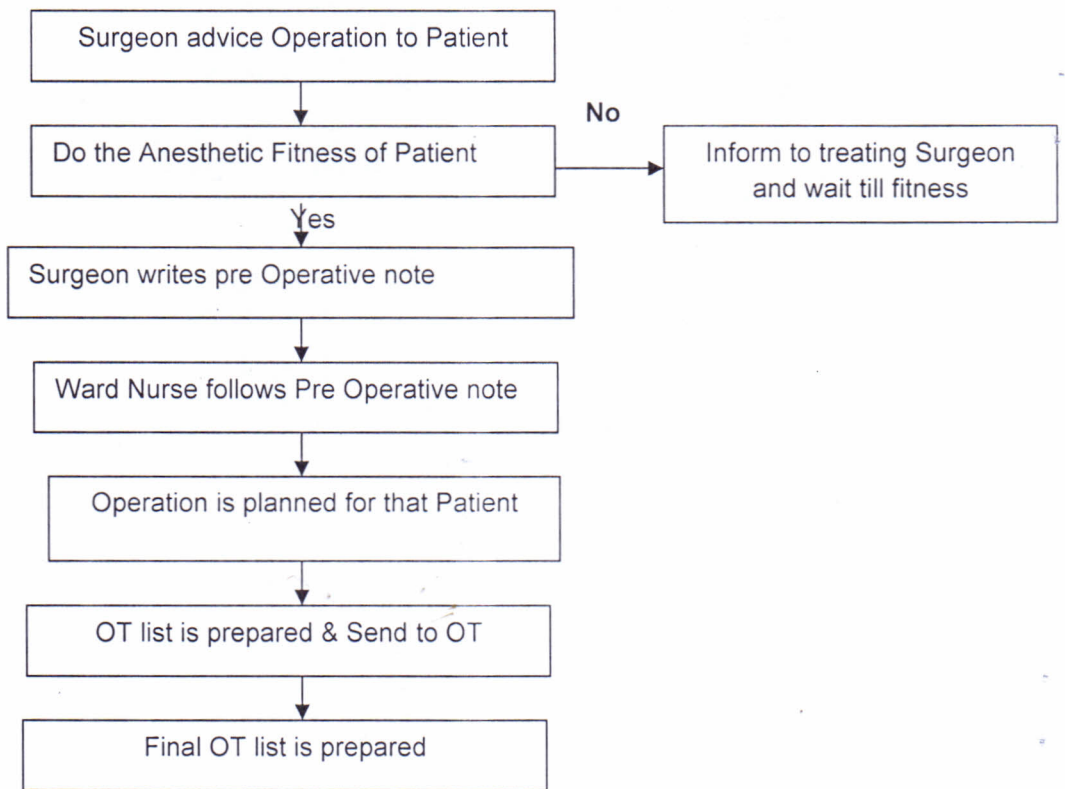
Purpose:

- To document and implement a system for management of the operation theatre and attached recovery room for better care of patients posted for surgery.
- To provide guideline instruction for administration of Anaesthesia

1. **Scope:** It includes:

- PAC check up
- Booking of OT
- Pre Operative Procedure
- Surgery
- Post Operative Procedure
- OT cleaning

2. **Flow Chart:**





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1. Quality Policy

Community Health Centre, Ghatgaon management has defined and stands committed towards its Quality Policy. The **Quality Policy** of Community Health Centre, Ghatgaon is:



Quality Policy

The goal of the CHC, Operation Theatre is to provide total patient satisfaction by performing and implementing various tasks for the benefit of the patient. Our OT is operated and managed by staff that is trained and who are competent to perform the tests. They are committed to deliver the quality patient care at CHC, Ghatgaon.

We shall try to build and upgrade competencies of our people involved in service delivery to keep with changing professional requirements and to overcome emerging challenges within our resources. Continuous Improvement shall be the guiding principle of our entire Endeavour.

PLACE : Ghatgaon

ROGI KALYAN SAMIṬI
Community Health Centre, Ghatgaon

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4. Quality Objectives

The Quality Objectives for the Operation Theatre of Community Health Centre, Ghatgaon

1. To raise Patient satisfaction around 75% for IPD by May 2016, which is at present 70%.
2. To ensure patient information score around 9 by May 2016, this is at present 08.89.
3. To Maintain Hygiene score around 10 by May 2016, which is at present 10.
4. To Maintain BMW score around 10 by May 2016, this is at present 10.

It is ensured that all the quality objectives are measurable and in accordance with **COMMUNITY HEALTH CENTRE** quality policy. The achievement of quality objectives is measured through date collection, is reviewed in the BQT for preventive & corrective action.

MEMBER SECRETARY, ROGI KALYAN SAMITI
COMMUNITY HEALTH CENTRE, GHATGAON

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5. Standard Procedures

S.No.	Activity	Responsibility	Related Document
5.1	PAC Check up		
5.1.1	Consultant/ Surgeon examine the patient in OPD/ IPD and suggest surgery for him. Patient is asked to undergo Pre Anaesthetic check up before posting for surgery.	Consultant/ Surgeon	
5.1.2	The Anaesthesiologist is informed by the ward nurse/ surgeon about the PAC.	Ward nurse/ surgeon	
5.1.3	The PAC is done and findings are noted down in the patient case paper. The pre operative instructions are written on the case paper. If the Anaesthesiologist confirms the patient fit for surgery, the surgery takes place or else surgery is postponed.	Anaesthesiologist	Case sheet
5.2	Scheduling of Surgery		
5.2.1	In case of major surgery, MO I/C is informed about the same by the surgeon.	MO I/C	
5.2.2	A date is fixed for surgery to take place in consultation with the patient/ relatives.	Surgeon\ MO I/C	OT call register
5.2.3	The details of the surgery are sent to OT technician/ OT nurse by the ward nurse. OPD patient gets admitted in the ward prior to surgery.	OT technician	OT booking register
5.2.4	The OT nurse/ technician enter the details in the OT Booking register.		
5.3	Pre-operative Procedure		
5.3.1	An informed consent for surgery is taken from the patient by the Nurse in the ward.	Doctor	Consent form (Case sheet)
5.3.2	Patient is prepared for the surgery in the ward. The shaving, surgical site marking, administering enema is done in the ward.	Nurse and ward boy	
5.3.4	Patient is then transferred to the OT in a wheel chair/ stretcher.	Nurse and ward boy	Pre-operative Checklist
5.4	Surgery:		
5.4.1	The patient is shifted to OT.	Scrub Nurse	



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5.4.2	Surgeon changes his clothes and puts on OT gown, completes scrubbing and enters the OT.	Surgeon	
5.4.3	• Surgeon performs the surgery.	Surgeon	
5.4.5	• After the completion of surgery, the details are mentioned in the post operative surgery note by the surgeon.	Scrub nurse	Case sheet
5.5	In Process checks during surgery		
5.5.1	The scrub nurse controls the number of sponges used during the operation procedure. At the commencement and closure of the surgical incision, the scrub nurse counts the sponges used and informs the surgeon accordingly.	Scrub nurse	
5.5.2	The surgeon before closing the incision confirms from the Nurse about the sponge and instrument count and only then closes the incision.	Surgeon.	
5.5.3	The surgeon keeps the scrub nurse informed about the location of the swabs and clamps in the operational field to facilitate her counting.	Surgeon/ Scrub nurse	
5.5.4	The scrub nurse counts all the needles on the table before the commencement of the operation. As a rule the scrub nurse does not part with the second needle till the first is returned to her by the surgeon. And surgeon is informed before closure of the incision.	Scrub Nurse.	
5.6	Post Operative Care of the Patient		
5.6.1	Post operation the patient is shifted to the Recovery area within the OT and supervised by the Nurse.	Nurse	
5.6.2	The anaesthetist orders the transfer of the patient from recovery area to wards after verifying his / her progress.	Anaesthetist	
5.7	Operation Theater Asepsis and Environment Management		
5.7.1	OT is Carbolized twice a day, once in the morning and in the evening.	Nurse / OT Technician	
5.7.2	OT table is cleaned before and after the surgery takes place and the instruments are cleaned and sent for sterilization.	Staff nurse	
5.7.3	The entire OT is cleaned with tap water once in a month.		
5.7.4	The details of the carbolization are recorded in the OT cleaning Register.	OT Incharge	
5.7.5	The equipments used during surgery are washed.	Nurse	

6.0 Formats: (Enclose in appendix)

S. No.	Format No.	Format Name	Type
1.	FF /OT /01	Consent form	slip
2.	FF /OT /02	Surgery Note	Slip
3.	FF /OT /03	Anesthesia Form	Form
4.	FF /OT /04	Pre-operative Checklist	slip



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7.0 Records:

S. No.	Record Number	Record Name	Type	Retention Period
1.	RR/OT/01	OT call register	Register	3 years
2.	RR/OT/02	Operating list	Register	3 years
3	RR/OT/03	Fumigation Record Register	Register	3 years
4	RR/OT/04	Anaesthesia register	Register	3 years
5	RR/OT/05	Surgery register	Register	3 years
6	RR/OT/06	Psychotropic and Narcotics register	Register	3 years
7	RR/OT/07	Drugs Register	Register	3 years
8	RR/OT/08	Indent Register	Register	3 years
9	RR/OT/09	OT Scheduling register	Register	3 years
10	RR/OT/10	Equipment Register	Register	3 years
11	RR/OT/11	OT Booking Register	Register	3 years

Appendix

1. OT consent form

DISTRICT HEADQUARTERS HOSPITAL, KORAPUT

Patient's Information
 Registration No. _____ Date _____ Sex _____ (Male/Female), Age _____
 Name _____ Operation's Title _____
 Address _____
 Attending Relative Sr/Sm/ _____

(CONSENT FORM)

I, the undersigned (s/sr/),
 CONSENT for MY OWN / A FOREMENTIONED PATIENT'S above-mentioned operation and / or medication / investigation / anaesthesia / therapy / procedure etc.

- The necessity of this medication / investigation / anaesthesia / operation / therapy / procedure, the ill effects if this is not performed, hazards and complications in the therapeutic modalities, other than operation, have been explained to me by Dr. _____
- I have been explained clearly that any medication / investigation / operation / therapy is not totally safe and that such procedure or anaesthesia can be a risk to life of an otherwise healthy person also.
- Doctors have explained to me that excessive bleeding, infection, cardiac arrest, pulmonary embolism and complications like this can arise suddenly and unexpectedly while undergoing medication / investigation / operation / therapy / procedure of anaesthesia.
- I give consent for any change in the anaesthesia or operative procedure as well as for removal of any organ as deemed necessary by the Doctors at the time of medication / investigation / operation / therapy / procedure.
- I have been made aware that after the above operation / medication / investigation / therapy / procedure and anaesthesia, of course benefit, some complications may arise e.g. _____ and I believe that to avoid such complications, if any, appropriate care shall be taken by Dr. (Surgeon), Dr. (Anaesthetist) or any other doctors suggested by them.

I have read the above writing. / The above writing has been read out to me. I have understood the aforesaid and I am giving my consent willingly.

Witness :
 1. Signature with Address & Date _____ Patient/Relative Signature, Date _____



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B.P. : Suetio: C.V.S. Pupils : B.E.R.L. Intra Op
Medicine
Edema C.N.S. O2 Inhatation
SpO2 Mephentermine
EtCO2 Atropine Adrenaline
E.C.G. Metociopramide
U.O.P. Pentazocine + promethagine

3. Operation Note



DIST. HEAD QUARTERS HOSPITAL, KORAPUT
OPERATION NOTE

Name of the Patient	OPD No	Day
Date/Time of Surgery	Time of Completion	
Surgeon-1 Or	OT Sister	
Anaesthesiologist	Indication	
Anaesthesia	Surgery Done	
Pre-Operation Diagnosis	Complications	
Operational Diagnosis	Tissue Removed	
Tissue Removed	Sample Collected	

PROCEDURE

- > Delivery Sex of Baby if CS
- > Incision
- > Finding
- > Procedure Done
- > Closure (Wall)
- > Closure (Skin)
- > Drains Used

Post-operative Status

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4. Pre Operative Check List

PRE - OPERATIVE CHECK LIST

Ward Nurse Primarily Responsible for completing this. O.T. Nurse should double check this list.

A copy of this MUST go with every case sheet to the O.T. Preparation MUST be complete 30 minutes before time mentioned.

Patient Must be in the O.T., 15 minutes before time mentioned.

Name :

Age :

Ward No. : Date : Time : Hrs.

Operation Proposed :



Case Sheet / X Rays sent	Yes / No
Consent taken	Yes / No
Dentures removed / Loose teeth / reported	Yes / No
Patient fasted for 4 / 6 hours	Yes / No
Pre-Medication given	Yes / No
Wedding Rings / Jewellery removed	Yes / No
O.P. Site Shaved / Cleaned / skin intact	Yes / No
O.P. Site / back Prepared	Yes / No
Anti Tetanus Given	Yes / No
Hearing Aids / Contact lenses removed	Yes / No
H/O Drug allergy / mentioned	Yes / No
H/O Epilepsy / Asthama / Thyroid disorder	Yes / No
Having passed Urine before shifting to O.T.	Yes / No
Results of HIV / Hbs Ag / HCV (if ordered)	Yes / No

VISHAL-110

Checked by D/D

Ward Nurse

O.T. Nurse

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Registers:

OT Call Register

Community Health Centre, Ghatgaon

Date & Time of Call	IPD Reg. No & Bed No.	Name of Patient	Age, Sex & Religion of Patient	Cause of Call / Procedure to be performed	Name & Sign of Specialist / EMO	Date & Time of receipt of call	Name & Sign of OT In – Charge
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Operating List

Community Health Centre, Ghatgaon

Operating List



Srl No.	Patient Name	Reg. No. IPD	Age & Sex	Surgery	Time of Operation	Date	
						Ward Name	Operating Doctor Name

Fumigation Register

Community Health Centre, Ghatgaon

Fumigation Register

Date	Time A/C Off	Time of Start	Time of opening	Qty of formaldehyde	Time when sealed	Cleaning (Y/N)	Carbolisation (name of equipments/instruments)	Time of re-commissioning area	Sig. of In-charge
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Anesthesia Register

Community Health Centre, Ghatgaon Anaesthesia Register

Date of Operation	Srl No. (Yearly)	Srl. No (Daily)	Reg. No. IPD	Patient Name	Age, Sex & Religion	Patient Operation History	Disease Name	Type of Anaesthesia	Surgeon Name	Anaesthetist Name
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Surgery Register – General Surgery

Community Health Centre, Ghatgaon Surgery Register (General Surgery)

Date of Operation	Srl No. (Yearly)	Srl. No (Daily)	Reg. No. IPD	Patient Name	Age, Sex & Religion	Operation		Diagnosis	Procedure	Type of Anaesthesia	Surgeon Name	Anaesthetist Name
						Major	Minor					

Narcotics & Psychotropic Drugs Register

Community Health Centre, Ghatgaon Narcotics & Psychotropic Drug Register



Srl No.	Patient Name	Age & Sex	Reg. No. IPD	Ward Name	Name of drug administered	Dose	Signature of administering Doctor	Remarks
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Drugs Register

Sno.	Nomenclature	A/U	Held on charge	Expense during the month	Balance	remarks
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Indent Register

S. no.	Nomenclature	A/U	Held on stock	required	Issued	Remark
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OT Scheduling Register

S. no	Time	Name of patient	Name of surgery	Surgeon	Type of anesthesia	Anesthetist

Equipments Register

S.no	Name of equipment	Company name	Date of visit of company person	Remarks

OT Booking Register

Community Health Centre, Ghatgaon Operating List

Srl No	Date of Operation	Time of Operation	Reg. No. IPD	Patient Name	Age & Sex	Ward Name	Type of Surgery	Operating Doctor Name	Signature of Officer In-charge OT	Remarks

8. Process Efficiency Criteria:

Si. No.	Activity	Efficiency Criteria
1	Scheduling of OT	No. of cancelled surgery in a month
2	Anesthesia	Anesthesia related mortality
3	Major Surgeries	No. of major surgeries done in a month

9. Reference Documents:

- i) WHO surgical safety checklist
- ii) Standard Operating Procedure for Hospital Infection Control


 Superintendent
 CHC Sainkul
 CHC Sainkul, Keonjhar