

**Nova Scotia Health (Central Zone)**

# **Perioperative Resource Manual**

**A Resource Manual for the Surgeon's Office  
for Booking Surgical Patients  
at the QEII Health Sciences Centre**

**Manual Date = August 2022**

**Department of Anesthesia, Pain Management & Perioperative Medicine  
Perioperative Nursing – QEII PAC/SDSU/OR/PACU**

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## INTRODUCTION

The Perioperative Resource Manual was designed to help facilitate the booking of surgical patients at the QEII Health Sciences Centre and to assist with their smooth transition throughout the perioperative process. This manual was developed by the Department of Anesthesia, Pain Management & Perioperative Medicine, the Perioperative Services Team (PAC/SDSU/OR/PACU), and the Booking Department, in collaboration with many other perioperative health professionals.

Please refer to the Perioperative Services section on the NSH Physician Information and Wellness Portal for the most up-to-date version. The Perioperative Resource Manual will be updated every two years under the direction of the Medical Director of Perioperative Medicine (QEII Health Sciences Centre); however, individual appendices or sections may be updated as required throughout the year.

Sincerely,

Medical Director Perioperative Medicine, QEII Health Sciences Centre  
Health Services Managers PACU/SDSU/PAC, Victoria General and Halifax Infirmary  
Health Services Managers OR, Victoria General and Halifax Infirmary  
Clinical Nurse Educators PACU/SDSU/PAC, Victoria General and Halifax Infirmary  
Clinical Nurse Educators OR, Victoria General and Halifax Infirmary  
Charge Nurses, Victoria General and Halifax Infirmary  
Health Service Manager, ORIS, PAR-NS, Novari  
Surgical Booking Clerks, QEII Health Sciences Centre  
Booking and Registration Clerks for PAC, QEII Health Sciences Centre  
Anesthesia Site Chiefs, QEII Health Sciences Centre  
Assistant Head of the Department of Anesthesia, Pain Management & Perioperative Medicine  
Head of the Department of Anesthesia, Pain Management & Perioperative Medicine

## **Contact List**

<b>Contacts</b>	<b>Phone Number</b>
Surgical Booking Officers <ul style="list-style-type: none"> <li>- Victoria General (General Surgery and Thoracic)</li> <li>- Victoria General (Ophthalmology, Urology, and Gynecologic Oncology)</li> <li>- Victoria General (ENT and OMF)</li> <li>- Halifax Infirmary (Orthopedics, Neurosurgery, Vascular Surgery and Plastic Surgery)</li> </ul>	(902) 473-2019 (902) 473-6578 (902) 473-3592 (902) 473-3592
Perioperative Anesthesia Clinic Booking Clerks <ul style="list-style-type: none"> <li>- Victoria General</li> <li>- Victoria General (Ophthalmology and Lithotripsy Only)</li> <li>- Halifax Infirmary</li> </ul>	(902) 473-8410 (902) 473-5575 (902) 473-4929
Perioperative Anesthesia Clinics <ul style="list-style-type: none"> <li>- Victoria General</li> <li>- Halifax Infirmary</li> </ul>	(902) 473-5496 (902) 473-3120
Perioperative Anesthesia Clinic Charge Nurses <ul style="list-style-type: none"> <li>- Victoria General</li> <li>- Halifax Infirmary</li> </ul>	(902) 473-3689 (902) 473-4206
Health Service Managers <ul style="list-style-type: none"> <li>- Victoria General PAC/SDS/PACU</li> <li>- Halifax Infirmary PAC/SDS/PACU</li> <li>- Victoria General (Ophthalmology)</li> <li>- ORIS, PAR-NS, Novari</li> <li>- Victoria General OR</li> <li>- Halifax Infirmary OR</li> </ul>	(902) 473-6827 (902) 473-6525 (902) 473-7331 (902) 473-8486 (902) 473-2317 (902) 473-2332
Main OR Contacts <ul style="list-style-type: none"> <li>- Victoria General 11A</li> <li>- Victoria General 10A</li> <li>- Halifax Infirmary</li> </ul>	(902) 473-2341 (902) 473-2314 (902) 473-4519

## SECTION 1 – Elective Surgery Patients and the Admission Process

### Elective Surgical Candidates

Patients presenting for elective surgery require a surgical procedure on a non-emergent basis. As a result, there is time to properly prepare these patients preoperatively. This includes any investigations or consults needed for the patient to be ready for their operation.

**Elective patients should be booked in Novari a minimum of 4 weeks before the scheduled date of surgery.** This allows for sufficient time to arrange clinic appointments, consults, and investigations.

For time-sensitive surgery (urgent cancer surgery) or urgent procedures (eg active bleeding) it may not be possible to have the Novari booking complete within four weeks of surgery. In this situation it's incredibly important to get the patient booked into Novari as soon as possible.

Bookings obtained within two weeks of surgery may not be able to be accommodated in the Perioperative Anesthesia Clinic. These patients will need to have their preoperative testing arranged by the surgeon's office and the anesthesia assessment and consult will occur on the day of surgery. This unfortunately increases the chance of delays and cancellations.

### In the Surgeon's Office: Patient Preparation and Information Booklets

After your patient has been identified as an elective surgery patient, a few steps need to happen before they are booked for surgery. Form numbers are provided where applicable.

1. Ensure that the **Consent for Investigation, Treatment or Operative Procedure** document (CD0301MR-2018-10) has been completed and signed in the surgeon's office.
  - This should be completed by the surgeon or surgical resident
  - Signed by the patient (or substitute decision maker)
  - Dated within 6 months of the surgical procedure
  - No abbreviations should be used
  - **Note:** There are circumstances in which it may not be feasible to obtain a signed consent before booking the patient (patient not physically present when he/she agrees to proceed with surgery, or when repeat/sequential procedures are booked with no clinic/office visit). In these circumstances, please use the **No Consent with Booking Package** document (see Appendix A) and have this included in the booking package.

2. Provide the patient with the “**Preoperative Health History Questionnaire**” (NSPHHQ), if not already completed. Patients should be encouraged to complete the document before arriving, or during their office visit. The NSPHHQ can be mailed to patients in advance or accessed from the webpage: <https://nshealth.ca/PHHQ>. Patients who are unable to complete the questionnaire while in the surgeon’s office, will need to drop off, mail or e-mail the completed questionnaire to their surgeon’s office at a later date. This will likely cause unnecessary delays.
3. Complete the surgery specific or generic pre-operative order set, if applicable (Appendix B – List of Preoperative Surgical Order Sets).
4. Provide your patient with the surgery specific patient education booklet (electronic or print). Instructions for getting the electronic pdfs and ordering print copies from Dal print shop can be found here: <https://library.nshealth.ca/Pamphlets> (Appendix C – Surgery Specific Patient Education Booklets)
5. Complete the Novari booking process. Consider having the surgeon use the Admission/Booking Form (CD0031MR\_08\_11 see Appendix D) to assist with the online Novari booking. Surgeons/departments should consider using the Nova Scotia Coding and Access Targets for Surgery (NSCATS) to assist with booking prioritization.
6. All patients must be advised by the surgeon's office that there is a possibility of OR cancellation.

## **Novari**

Novari is the surgical waitlist management program which supports electronic booking of all elective surgical patients in central zone. Please ensure that all information entered into Novari is accurate and up-to-date as it populates and drives many other systems involved in the perioperative process. **All information entered in Novari is time-stamped** with when the document was uploaded. The surgical booking clerks are notified with any changes. **Please upload the Preoperative Health History Questionnaire separate from the rest of the booking package** to allow for it to be printed double sided (required for proper scanning in medical records).

The Novari booking system is also used to flag the daily OR list with respect to IMCU, OSA, malignant hyperthermia, and contact precautions. Please record any relevant patient information that would impact patient flow such as known difficult intubation, hearing impaired, interpreter needed, or significant mobility issues (e.g., wheelchair required). Two questions will also be asked for each surgical booking: “If the surgery is laparoscopic or thoracoscopic, is there a high risk of converting to open?” and “Does this particular patient/surgery have a high risk for blood loss”. The decision to order a type and screen (for blood transfusion) is determined based on the name of the surgery, however this doesn’t always capture the actual transfusion risk.

## **Documents Required for Surgical Booking**

To book a patient for surgery at the QEII Health Sciences Centre the following forms must be completed and uploaded to Novari:

1. **Consent for Investigation, Treatment or Operative Procedure or No Consent with Booking Package** document
2. **Preoperative Health History Questionnaire**
  - Complete with the list of the patient’s medications
3. **Clinic Note, History & Physical, or Stat Dictation Pending** document (see Appendix E)
  - The surgical clinic note (or history and physical) is required for accreditation. If the timeline from the surgical clinic visit and the proposed OR date will be less than 4 weeks, please dictate the clinical visit as a stat dictation and use the **Stat Dictation Pending** document to ensure rapid booking in Novari. This allows for early booking into the Perioperative Anesthesia Clinic. The dictation will be transcribed by the time the patient is booked into the PAC, and it will be added to the chart at that time.

<b>Documents Required for Booking</b>	<b>Timeline Required to be Valid</b>
Consent for Surgical Treatment	Within 6 months
Preoperative Health History Questionnaire	Within 12 months

**Bookings that are incomplete or out of date will not be processed.** These charts will not be passed on to the Perioperative Anesthesia Clinic for assessment. It’s the responsibility of the surgeon’s office to ensure that the required documents are complete and up-to-date.

## **Important Booking Timelines**

Within seven days of the patient visit, or the decision to treat date, surgeons and surgical administrative assistants should strive to have the case entered into Novari. A Perioperative Anesthesia Clinic (PAC) appointment will be scheduled, if appropriate, within 6 weeks to 10 days before the OR date. The Perioperative Anesthesia Clinic is responsible for providing education, arranging investigations, and optimizing patients for their perioperative course. Clinics are important for minimizing last minute cancellations and OR delays, as well as reducing hospital length of stay and perioperative morbidity and mortality

Ideally the Perioperative Anesthesia Clinic will receive complete OR bookings 4-6 weeks in advance of the patient’s operation. However, this is not always practical due to the urgent or time sensitive nature of some surgical procedures. A longstanding challenge for the Perioperative Anesthesia Clinic has been receiving elective bookings in a timely fashion. For elective cases, we ask that we receive complete OR bookings AT LEAST 3 weeks before their operation. This allows time for the clinic to book an appointment, and to make any other arrangements necessary based on concerns that may arise during their Perioperative



Anesthesia Clinic visit. It also allows the patient time to adjust their work schedule and arrange travel. Late OR bookings cannot always be accommodated

The PAC will largely be booked based on a first come first serve basis. Surgeons who upload booking packages in a timely manner will have the easiest access to PAC. Appointments will be saved for last minute urgent or time sensitive appointments, however last-minute elective OR bookings WILL NOT be prioritized.

### **“Fitness for Surgery”**

For very high-risk patients, when the surgeon requires assistance to determine if surgery would be appropriate for a particular patient, please use the “fitness for surgery” option. This will trigger the anesthesiologist to do a complete preoperative risk discussion and assessment, which will be returned to the surgeon. Based on the potential benefit of the procedure and the newly described risk profile, the surgeon can then make the decision to proceed or not with surgery. They can then proceed with the normal pathway in Novari for surgical bookings.

To obtain a fitness for surgery consult, please email the completed Preoperative Health History Questionnaire and a hand-written consult note with appropriate perioperative details to [fitforsurgery.vg@nshealth.ca](mailto:fitforsurgery.vg@nshealth.ca) or [fitforsurgery.hi@nshealth.ca](mailto:fitforsurgery.hi@nshealth.ca).

If a patient is incredibly high-risk and surgery is unlikely, please consider the PATH (Palliative and Therapeutic Harmonization) service. Additional information can be found at: <https://pathclinic.ca/>

### **Unknown Surgery Date / Patients Available for Last Minute OR Cancellations**

**Patients can be assessed in the Perioperative Anesthesia Clinic and prepared for an upcoming surgery without a predetermined surgical date.** Please book these patients in Novari on December 25<sup>th</sup>. Booking patients on December 25<sup>th</sup> signifies that an OR date isn’t currently available, but the surgeon plans on operating on the patient within the next three months. Once a surgical date is known, please update the OR date in Novari. This is important as it ensures that the patient shows up on the daily OR list.

December 25<sup>th</sup> bookings can be helpful in a few different situations:

1. This can also be used for elective cases where the surgeon does not yet have an OR date but anticipates that it will be within the next three months. For example, if the surgeon only has their OR schedule for the next two months but knows they’ll operate on the patient on one of their subsequent OR dates.
2. It could also be important for cancer patients still undergoing workup who have a very high likelihood of proceeding with surgery. This helps extend the timeline between being seen in the Perioperative Anesthesia Clinic and their surgery.

3. Finally, this approach can be used to create a roster of patients that are fully assessed and prepared for surgery in the event of a last-minute cancellation. Surgeon's offices should maintain a list of patients who have had a PAC visit without a surgical date (December 25<sup>th</sup> booking) and are ready to be substituted in the event of cancellation.

We strongly encourage surgical admins to regularly use December 25<sup>th</sup> bookings.

### **Preparing Your Patients for the PAC Visit**

Please ensure that the required documentation for surgical booking is complete and legible. Any preoperative consults or specialized clinic appointments (e.g., Thrombosis Clinic or Cardiology) should be booked by the surgeon's office in advance if applicable. Many of these consults are time sensitive in relation to the OR date and may result in cancellation if not booked appropriately.

The PAC is NOT for inpatients. Inpatients that require a preoperative anesthesia consult WILL NOT be assessed by our PAC. These patients can however be assessed through our inpatient consult services.

Please advise your patients that the PAC assessment is mandatory and surgical cancellation will occur if the PAC visit is not complete.

### **Out of Town Patients**

Inpatient admissions are costly, occupy a finite resource and do not allow for early preoperative assessments. Patients should be booked as same day admissions rather than inpatients. For patients outside of HRM, accommodations may be provided.

1. Nova Scotia Patients >50 km from the Hospital (See Appendix F)
  - Please contact Amanda Hatcher at [patientlodgingreservations@nshealth.ca](mailto:patientlodgingreservations@nshealth.ca) or Belinda Riles at (902) 221-2374 or [belinda.riles@nshealth.ca](mailto:belinda.riles@nshealth.ca)
2. Patients from Prince Edward Island (See Appendix G)
  - Please contact Amanda Hatcher at [patientlodgingreservations@nshealth.ca](mailto:patientlodgingreservations@nshealth.ca) or Melissa Devine at (902) 473-7398 or [melissa.devine@nshealth.ca](mailto:melissa.devine@nshealth.ca)
3. Patients from New Brunswick (See Appendix H)
  - Accommodations will only be provided if a hotel stay of greater than 3 days is required.
  - Please contact Shelley Kelly at (902) 473-7082 or 1-866-266-3311 or [shelley.kelly@nshealth.ca](mailto:shelley.kelly@nshealth.ca)

4. Patients from Newfoundland

- Currently there is no liaison service available.
- Please direct the patient to the referring physician and their healthcare plan to enquire about resources.

## **SECTION 2 – Perioperative Anesthesia Clinic**

### **Perioperative Anesthesia Clinic (PAC) Booking**

Once all required documentation is obtained for a booked surgical patient, the surgeon's administrative staff uploads the patient's booking package into Novari. Once in Novari, the Booking Officers will book the patient's surgery. The chart will be triaged by one of the PAC nurses to determine the type of PAC visit (see Perioperative Anesthesia Clinic Scheduling Type Table) based on the "Indications for a Preoperative Anesthesiology Consult – Elective Non-Cardiac Surgery (NSH and IWK)" document (see Appendix H) and "Preoperative Investigations for Adult Elective Non-Cardiac Surgery (NSH and IWK)" document (see Appendix I). The PAC appointment will then be scheduled through PAC Booking.

The Perioperative Anesthesia Clinic is responsible for providing education, arranging investigations, and optimizing patients for the perioperative period. Clinics are important for minimizing last minute cancellations and OR delays, as well as reducing hospital length of stay and perioperative morbidity and mortality. They are also associated with significant cost savings.

Late OR bookings cannot always be accommodated in the PAC and may lead to suboptimal perioperative care. Without a Perioperative Anesthesia Clinic appointment, the patient will be seen by their anesthesiologist immediately before their OR, and any preoperative investigations or testing will be done on the patient's arrival to the Same Day Surgery Unit on the day of surgery. Alternatively, the surgeon's office can arrange for preoperative testing before the surgical date.

### **Who Needs a Preoperative Anesthesiology Consult?**

All scheduled surgical patients will be triaged by the PAC nurse. The following patients need to be assessed by an anesthesiologist in the PAC:

- Patients with significant medical comorbidities = patients that answer "yes" to a question marked with a \* on the Preoperative Health History Questionnaire
- Patients undergoing major surgery = See Appendix H "Preoperative Investigations for Adult Elective Non-Cardiac Surgery (NSH and IWK)"
- Patient/surgeon request (please fill out a consult to provide further details)
- Patients with a BMI > 40
- Patients with a NT-proBNP > 300 or BNP > 92 on bloodwork

All other patients will be assessed in person or via phone by members of our nursing team.

## **Who Needs a PAC Appointment?**

All elective surgical patients need a PAC appointment. The type of appointment varies, and ranges from a simple phone call from a PAC nurse to an in-person visit with a pharmacy technician, a PAC nurse, and an anesthesiologist. All patients will be contacted by a member of the PAC team.

## **PAC Scheduling and Booking Types**

Based on booking package information and the patient's location, a particular PAC appointment will be scheduled. The following PAC scheduling types exist:

<b>Perioperative Anesthesia Clinic Scheduling Types</b>
<u>Anesthesia PAC In-Person Visit</u> : The patient will be assessed by a pharmacy technician, an RN and the anesthesiologist. Preoperative testing will also be arranged, and likely completed on the same day (if required).
<u>Anesthesia PAC Telephone Visit</u> : The patient will be assessed by a pharmacy technician, an RN and an anesthesiologist over the phone. Preoperative testing will be arranged on a date before the surgery (if required). If possible, this will be completed at the patient's home hospital.
<u>RN Assessment PAC In-Person Visit</u> : The patient will be assessed by the pharmacy technician and an RN. Preoperative testing will also be arranged, and likely completed on the same day (if required).
<u>RN Assessment PAC Telephone Visit</u> : The patient will be assessed by the pharmacy technician and an RN over the phone. Preoperative testing will be arranged on a date before the surgery (if required). If possible, this will be completed at the patient's home hospital.
<u>Chart Review</u> : For patients who had their surgery cancelled or delayed and need to be rescheduled for the OR. Patients must have had a PAC appointment within 6 months to be eligible for a chart review.

## **Information Provided in PAC**

During the PAC appointment the patient will be provide detailed instructions to help prepare them for their day of surgery. The PAC nurse will tell patients where and when to come to the hospital on the day of their surgery, with site specific instructions. The importance of arriving on time will be reinforced throughout the visit.

Day surgery patients will return home the same day after their surgery / recovery. They will be instructed that they require a responsible adult to take them home and stay with them for the first 24 hours after surgery. Those who are being admitted after their surgery to an inpatient bed will be advised that on the day of discharge patients will be discharged home at 10:00am and will require a responsible adult who will take them home.

The Registered Nurse and/or the Anesthesiologist in the PAC will give preoperative instructions for continuing and/or discontinuing medication prior to elective surgery. The Registered Nurse in the PAC will determine and complete the appropriate preoperative investigations (electrocardiograms and blood specimens) for patients presenting for elective surgery prior to the patient being seen by the anesthesiologist. Surgeon's offices will be responsible for ordering surgery specific investigations such as x-rays, CT Scans, and MRIs prior to their scheduled surgery date.

In addition, the following information will be reviewed at the PAC appointment by the RN and written materials provided as a reference for patients. All patients will be provided with either the "Before and After a Day Surgery Procedure" booklet (WO85-0672) or "Planning for Your Hospital Stay After Surgery" (WO85-1395). These documents provide patients with information about their day of surgery (e.g., when and where to arrive, fasting guidelines, and what to expect). They can also be found online at <https://library.nshealth.ca/Pamphlets>

1. Patient will be instructed to bring the following on the day of surgery:
  - Provincial health card
  - All of your medications in their original containers (including puffers, patches, injections, creams, and over-the-counter or herbal preparations)
  - CPAP machine (if applicable)
  - Walking aids such as crutches, canes (if applicable)
  - Braces or slings for after your surgery (if applicable)
  - Loose-fitting clothing to wear home, such as a sweat suit and comfortable shoes – anything tight may be uncomfortable at the surgery site, or be too tight to fit over casts or dressings
  
2. Fasting guidelines will be provided to patients during their PAC appointment by the RN. In general, patients should not eat after midnight but may drink clear fluids such as

water up to three hours before their surgery. The surgery will be cancelled if the patient does not follow instructions regarding the NPO status.

- Clear liquids include: water, pulp-free juice such as apple or cranberry juice (NOT ORANGE JUICE), sports drinks, black tea, or coffee (WITHOUT MILK OR CREAM).
- You may take your medications as told by your doctor/RN with sips of water.
- You may brush your teeth.

### 3. General health and hygiene Instructions

- Patients should call their surgeon before coming to the hospital if they have a fever or cold, or flu-like symptoms.
- Patient should take a complete bath or shower and shampoo your hair the evening before or the morning of your surgery.
- Nova Scotia Health is scent-free. **Do not use** scented products.
- Try to get a good night's rest the night before surgery.

### 4. Medications

- Patients should tell their surgeon at least one week before your surgery if they are taking blood thinners (e.g., warfarin or Aspirin® [ASA]) as these medications may need to be stopped before their surgery.
- If patients are unsure about medication allergies (they do not know their name[s]), they should check with their pharmacy or doctor.

### 5. Smoking

- Smoking slows down the body's ability to heal. It is best if patients can stop smoking for 2 weeks leading up to their surgery date. If they're not able to do this, they should not smoke after their evening meal, the night before surgery. Smoking can cause more secretions, and patients could have problems with their breathing after their anesthetic.
- Nova Scotia Health is smoke-free and vape-free.

### 6. Pre-operative (pre-op) preparation

- No food or drinks are allowed in the pre-op room.
- Patients will get ready for the OR in the pre-op room. We will ask them to change into hospital clothing: a Johnny shirt, dressing gown, and slippers.
- The patient's clothes and other belongings will be placed in a locker.
- A family member or friend can wait with them in the pre-op area until it's time to go to surgery.
- The pre-op nurse will talk with the patient and complete the admission paperwork. To meet safety standards, the nurse will ask several questions which the patient may have already answered.
- Patients should present to the Same Day Surgery Unit on the day of their surgery. Their surgery may be cancelled if they're late.

## **PAC Timelines**

The following times indicate how long a particular preoperative assessment/test is valid prior to surgery. This assumes that the patient's medical conditions have been stable and that there have been no changes to their surgical conditions.

<b>Assessment Data</b>	<b>Timeline Required to be Valid</b>
Perioperative Anesthesia Clinic Assessment	3 months
Lab Testing	6 months
Type and Screen	6 weeks
ECG	6 months

If the interval between patient assessment and the surgery date is greater than 3 months (e.g., Dec. 25<sup>th</sup> booking or the surgery was rescheduled) a chart review is required to determine if another PAC assessment is needed. PAC Assessment **must** occur within 12 months of the patient's surgery.

## **What Preoperative Testing Will Be Done**

Along with a PAC visit, the patient will undergo preoperative testing as per the "Preoperative Investigations for Adult Elective Non-Cardiac Surgery (NSH and IWK)" document (see Appendix J). This guideline addresses minimal requirements and does not include tests necessitated by individual clinical circumstances.



## **SECTION 3 – Day of Surgery**

### **Preoperative Processing by Nursing in the Same Day Surgery Unit (SDSU)**

Patients arrive, and are processed and prepared for the OR, in the SDSU. The admitting department will contact the patient via telephone 24-48 hours prior to their surgery to confirm their surgery date, arrival time and location, and the process on the day of surgery.

On arrival to the hospital, the patient will register and be accompanied to the SDSU by the admitting staff. Patients will change into hospital clothing: a johnny shirt, dressing gown, and slippers. Their belongings will be identified and placed in a patient locker. If any of the required preoperative testing is missing, it will be completed in the SDSU.

The patient assessment in SDSU will include speaking with anesthesia, surgery, and nursing. The nurse will validate and update any change of information during their assessment. A family member or friend can wait with the patient in the SDSU area until it is time for them to go to surgery.

### **Observer Policy in the OR**

Please see Appendix K – Observers/visitors in the Operating Room (Excluding Vendors). The only exception to this policy is people who are completing an OR component as part of their program (e.g., clinical clerks, residents, etc.).

### **Liaison Nurse and Patient Communication**

Updating family and friends is important. The surgical liaison nurse provides information and updates to family about patients in the OR and PACU. Liaison nurses canvass the OR and recovery room before speaking directly with family members either on-site or by phone. At the Halifax Infirmary and Victoria General sites, the surgical liaison nurse works Monday-Friday from 9 a.m.-5 p.m. All sites have a waiting area for family and friends.

### **Post-Anesthetic Care Unit (PACU)**

Patients are brought to the PACU after their surgery to recover. PACU nurses are concerned with the patient's state of recovery following administration of sedation, analgesia and or anesthetic agents. The role of the PACU nurse is to provide the patient with safe nursing care for transition from general or regional anesthesia to the next phase requiring less acute interventions. When the patients meet the criteria for discharge they will proceed to the inpatient unit and/ or be discharged home. The PACU is a restricted area, as such some visitor restrictions apply.

## **Discharge Instructions**

Discharge instructions will be provided verbally to patient and family members post-operatively. Written material will be provided to help reinforce post-operative care instructions and what to do in case of an emergency. Patients are considered legally impaired post-operatively. It's mandatory to have a family member or friend accompany the patient home.

## **Surgery Cancellation Process**

### **Day of Surgery Cancellation**

When a patient is cancelled on the day of surgery NOVARI will be updated to reflect the cancellation and the reason for the cancellation will be noted. The patient's chart will be kept in the Surgical Booking and Registration Department for six months. We keep the charts as the patients will most likely have had their preoperative workups completed (Bloodwork, ECG, Perioperative Anesthesia Clinic Assessment). If the patient's surgery is rebooked in NOVARI within a six-month period, the admitting department staff will pull the previous chart and have the Perioperative Anesthesia Clinic RN review. We do this to prevent unnecessary repeated testing / PAC assessments.

**\*\* Important Note –** If a surgeon's office is rebooking a patient that was previously cancelled within the last six months, please note this in the comment section in NOVARI. This will flag our admitting staff to check if there is an existing chart on file from the previous PAC visit. **\*\***

### **Cancelling an OR < 48 hours from Surgery**

When cancelling an OR less than 48 hours prior to the scheduled OR date the surgeon's administrator will need to enter the OR cancellation into NOVARI. The Finalized OR List has been generated 48 hours before the scheduled OR therefore further action will be required to ensure the OR and Preop are aware of the cancellation. In addition to cancelling the OR in NOVARI the surgeon's administrator will need to call the OR and the Surgical Booking and Registration Department to advise of the cancellation so that the Finalized OR list can be updated manually and communicated to necessary departments.

\*Note - if the OR / SDSU are not made aware there are significant impacts to OR time, supplies/equipment, and miscommunication to the patient\*

### **Cancelling an OR > 48 hours from Surgery**

When cancelling an OR greater than 48 hours prior to the scheduled OR date the surgeon's administrator will need to enter the OR cancellation into NOVARI. There is no further action required as the Final OR List has not been generated.

## **SECTION 4 – OR Allocation**

### **OR Block Assignments**

All OR time is assigned as blocks to surgical divisions and distributed to individual surgeons by department heads/admins. Block assignments are designed based on historical requirements, with small changes over the years. OR block assignments will be given to department heads/admins at least 3 months in advance.

### **OR Give Back**

If a surgeon cannot use their assigned time, they should notify their division to see if others can fill it. If this is not possible, notify the OR manager ASAP to ensure that there is enough time to offer it to another service.

### **Order of Cases Booked**

The following cases should be ordered as the first case of the day (in order of priority): malignant hyperthermia precautions, type I diabetics, bigger/longer cases, and previously cancelled patients. If you're unable to follow this prioritization list, please first get approval from the respective OR manager (HI or VG). Patients with contact precautions such as MRSA/VRE should be ordered last if possible. Please note that the OR may change the order of booked patients.

### **Booking Times for Procedures**

Booking times for procedures are based on averages in the PHS system. Clerical will relay information if there are exceptions to the times in Novari. Surgical department heads need to approve any requests to run over the time allotted in the grid.

### **Request for Additional OR Time**

If surgeons are looking for additional OR time they should first check within their own service (reallocation of assigned time). Any requests for additional time beyond what is given to the service should go to the Health Services Director and to OR Executive.

## Appendix A – No Consent with Booking Package

Patient Identifier Label
--------------------------

### No Consent with Booking Package

Consent for surgery should be obtained prior to submitting a booking package in Novari. Consent will be a required component of a complete booking package. There are occasions when consent is not possible at the time of booking.

If there is no consent, please complete the following form as part of your booking package:

- Patient not present at time of decision for surgery
- Repeat/sequential procedures with no clinic visit

Details/Explanation:

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

## **Appendix B – List of Preoperative Surgical Order Sets**

### **Victoria General:**

#### Gynecologic Oncology:

- NS\_OSGOPR [Gynecologic Oncology Pre-operative Orders – Enhanced Recovery After Surgery \(ERAS\)](#)

#### Ophthalmology:

- PPO0550MR [Intra-Ocular Outpatient Surgery](#)

#### Radiation Oncology:

- PPO0343MR [Pre-op Gynecological High-Dose Rate \(HDR\) Brachytherapy](#)
- PPO0475MR [Prostate High-Dose Rate \(HDR\) Brachytherapy Pre-operative Orders](#)

### **Halifax Infirmary:**

#### Cardiac Surgery:

- NS\_OSIPCT [Immediate Pre-operative Cardiac Transplantation](#)

## **Appendix C – Surgery Specific Patient Education Booklets**

Use the following link to find available patient education pamphlets by searching subjects or keywords: [Pamphlets Listing](#)

Alternatively, select a category below for a list of available pamphlets by subject:

[Breast](#)

[Burns](#)

[Cancer Care - NSCCP / NSHCCP](#)

[Cardiovascular System](#)

[Cobequid Community Health Centre](#)

[Dartmouth General Hospital](#)

[Diagnostic Imaging](#)

[Digestive System](#)

[Emergency & Public Health](#)

[Endocrine System](#)

[Geriatrics](#)

[Gynecology & Reproductive Health](#)

[Hematology](#)

[Hospitals](#)

[Infectious Disease](#)

[Intensive Care Unit](#)

[Laboratory Pathology](#)

[Medications](#)

[Mental Health & Addictions](#)

[Musculoskeletal System](#)

[Nephrology](#)

[Nervous System](#)

[Nursing Units](#)

[Nutrition & Food](#)

[Ophthalmology](#)

[Oral Health](#)

[Otorhinolaryngology](#)

[Pain Management](#)

[Palliative Care](#)

[Physiotherapy & Rehabilitation](#)

[Respiratory System](#)

[Surgery](#)

[Urogenital System](#)

For more details on finding patient pamphlets, click the link below:

[Library Services - Find a Patient Pamphlet](#)

# Appendix D – Admission / Booking Form



Capital Health

## Admission/Booking Form

- Halifax Infirmary       Scotia Surg.  
 Victoria General       Dartmouth General  
 Hants Community       Hants Community

Accommodation:  P  S  W

Proposed Length of Stay: \_\_\_\_\_

DOH Approved:  Yes  No

Assigned Floor/Rm/Bed:	
Admission Date YYYY   MM   DD	Admission Time
OR Date YYYY   MM   DD	OR Time
PAC Date YYYY   MM   DD	PAC Time

### Admission Information

- Inpatient Admit # pre-op days \_\_\_\_\_       Same Day Admit     WCB  
 Day Patient, Same Day Discharge       Capital Health Hostel  
 Date of Decision for Surgery: (YYYY/MM/DD) \_\_\_\_\_  
 Date Referral Received: (YYYY/MM/DD) \_\_\_\_\_  
 Date first seen by Surgeon: (YYYY/MM/DD) \_\_\_\_\_

Admitting Doctor: \_\_\_\_\_  
 Referring Doctor: \_\_\_\_\_  
 Family Doctor: \_\_\_\_\_

### Patient Information

Surname		1st Name:		2nd Name:	
Date of Birth: (YYYY/MM/DD)		HC #:		HC Expiry Date (YYYY/MM/DD)	
<b>HUN:</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female		Classification: <input type="checkbox"/> Urgent <input type="checkbox"/> Elective <input type="checkbox"/> Scheduled Recheck	
Mailing Address:		City:			
Civic Address:		Home Phone:			
Province:		Postal Code:		Work Phone:	
Next of Kin:		Next of Kin Phone #			

### Surgery Information

Service:		Diagnosis:			
Surgery/Treatment:					
Equipment:		Pt allergies/medications/complicating conditions:		Priority Level:	
Cancer: <input type="checkbox"/> Proven <input type="checkbox"/> Suspected <input type="checkbox"/> No				<input type="checkbox"/> 1 week <input type="checkbox"/> 13 weeks <input type="checkbox"/> 3 weeks <input type="checkbox"/> 26 weeks <input type="checkbox"/> 6 weeks <input type="checkbox"/> 52 weeks	
<input type="checkbox"/> X-Rays to be sent to the O.R.		Surgery at CH in last 12 mos? <input type="checkbox"/> Yes <input type="checkbox"/> No		Site: _____	
Anaesthesia: <input type="checkbox"/> General <input type="checkbox"/> Local Surg. <input type="checkbox"/> Local Anaes. <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> MAC <input type="checkbox"/> Regional <input type="checkbox"/> Other		Estimated O.R. Time:			

### Preadmission Testing:

<input type="checkbox"/> Hb <input type="checkbox"/> Platelets <input type="checkbox"/> Na <input type="checkbox"/> Type/Screen <input type="checkbox"/> Blood Glucose <input type="checkbox"/> Group/Cross Match _____ Units <input type="checkbox"/> K <input type="checkbox"/> CXR <input type="checkbox"/> PT <input type="checkbox"/> EKG <input type="checkbox"/> PTT <input type="checkbox"/> Pulmonary Function Tests		Testing Arranged? <input type="checkbox"/> Yes    Where: _____ <input type="checkbox"/> No	
		Other Pre-op Orders Requested: _____ DGH only: <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Home Care	

### Consults:

<input type="checkbox"/> Anaesthesia <input type="checkbox"/> SICU Bed <input type="checkbox"/> IMCU Bed <input type="checkbox"/> Medicine Dr.    Dr. _____ <input type="checkbox"/> Cardiology Dr.    Dr. _____ <input type="checkbox"/> Other                _____		Consults Arranged? <input type="checkbox"/> Yes    Where: _____ <input type="checkbox"/> No <input type="checkbox"/> Pre-op History and Physical Examination attached <input type="checkbox"/> Surgical Consult Note attached	
---	--	--	--



Surgeon's Signature: _____	Date (YYYY/MM/DD): _____
Send completed form to Booking Officer:    Top – Booking Officer    2nd – PAC    3rd – Physician	

Referral Forms

CD0031MR\_08\_11

Page 1 of 1

**Appendix E – Stat Dictation Pending**

STAT DICTATION PENDING



## **Appendix F – Out of Town Patients (Nova Scotia >50 km)**

### **Memorandum**

**Date:** August 13, 2021  
**To:** All Booking and Registration Clerks, Nursing staff, Patient Navigators, Physicians, Admin. Assistants  
**From:** Belinda Riles, Manager, NSH Offsite Patient Accommodations  
**Re:** **\*Revised\* provider and reservation process for patient lodging**

Effective **August 23<sup>rd</sup>, 2021** the provider for offsite patient accommodations for all **Nova Scotian** patients will change to **The Lord Nelson Hotel** as the Primary provider on the new contract. Point Pleasant Lodge is the second-place provider and then The Lodge that Gives is third. Reservations will be placed at the Lord Nelson Hotel first. If the Lord Nelson cannot accommodate then Point Pleasant Lodge will be booked. The care team will be notified if The Lord Nelson cannot accommodate and the second or third provider was used so that the patient can be notified.

Please review the information below that details the criteria and booking process. Highlights of the changes are as follows:

- Booking requests will be placed through the Patient Lodging Reservations email address. [patientlodgingreservations@nshealth.ca](mailto:patientlodgingreservations@nshealth.ca)
- Requests for the Atlantica Hotel will no longer be accepted.
- Requests for Point Pleasant Lodge will not be accepted; the care team will be notified if the Lord Nelson could not accommodate and Point Pleasant Lodge was booked.
- Parking is not included; patients will be responsible for all parking charges and will pay the provider directly.
- NSH Meal vouchers can ONLY be used at the NSH cafeterias (VG and HI site, **not** Rehab)
- Casino Taxi service will be provided for free from the Lodge that Gives.
- Patients from NB or PEI will be approved by the NB/PEI Liaison office and will be booked where the liaison office approves them to be placed; care team will be notified.

Any patients booked prior to August 23<sup>rd</sup> will not be changed, their booking will remain where it was originally requested to be placed.

If there are any questions or further clarification is required, please contact:

Belinda Riles, Manager, Offsite Patient Accommodations. 902-221-2374 or [belinda.riles@nshealth.ca](mailto:belinda.riles@nshealth.ca)  
OR Amanda Hatcher, NSH Offsite Accommodations Liaison at [patientlodgingreservations@nshealth.ca](mailto:patientlodgingreservations@nshealth.ca)

## Criteria, Provisions and Booking Process

Effective August 23, 2021 (F22)

NS Health provides offsite accommodations for patients from all services that are required to travel to Halifax (QEII Sites and IWK) for treatment and/or procedures that are unable to be provided in their home community.

To provide consistent and equitable access for patients and to ensure accountability and sustainability of the service, the patient must meet the following criteria to be eligible for coverage. Coverage criteria can change at any time; changes will be communicated.

### Providers – In the order that they will be used

- The Lord Nelson Hotel – **Primary**
- Point Pleasant Lodge
- The Lodge that Gives (**Primary for Oncology Patients** requiring supportive cancer care resources)

The Lord Nelson Hotel accommodations will be standard rooms with one or two beds – double or queen, mini fridge and microwave (by request) are available in all rooms. Boxed breakfast (juice, fruit and breakfast bar) will be provided each day for up to two guests. NSH will not pay for upgraded rooms.

### Criteria and Provisions:

1. The patient's home address must be at least 50 kms one-way from the QEII/IWK site.
2. Coverage will be provided 24 hours Pre and Post treatment and/or procedure (OR, day surgery). **Note, coverage for the night before, or day of, DI or Lab tests and physician/nurse consult, follow-up/check in appointments are NOT covered. Every effort should be made to schedule these appointments at a time that the patient can safely travel to and from the appointment. The patient can arrange to stay in Halifax, but it would be at their own expense and responsibility to make appropriate arrangements.** Patients should be encouraged to go home after they receive care and should not be booked the night before if their appointment is at a reasonable time for them to be able to travel from home. Appointment time will need to be provided when patient is being booked.

It will be assumed that all ambulatory patients will be going home on weekends unless it is clearly stated that they will be receiving treatment or are required to stay close to hospital on the weekend. If a patient chooses to stay over the weekend, they will be responsible to pay for their room directly to the provider on the nights that are not covered. Patients are to fully check out of the hotel on weekends and take their belongings with them. Any non-approved stays will be charged back to the booking cost center, this includes if a patient's procedure is cancelled but the patient does not check out of the hotel, when this situation happens it is the care team's responsibility to notify the patient lodging liaison. If a patient arrives and are checked into the hotel before they are told of the cancellation, then they would be covered for 24 hours from the time of their original appointment. Unless their procedure is re-booked for the next day, they are to check out.

3. Bookings for patients from PEI or New Brunswick **must** be approved by the PEI or NB Liaison Office. The liaison office will also approve any meal allowance that the patient is eligible to receive. Note: Ambulatory patients from New Brunswick are NOT covered for any stay that is less than 3 days. The current Liaisons are Beth Hennessey, PEI, Shelley Kelly, NB, Melissa Devine PEI/NB and Janice Mellish PEI/NB. They each have “nshealth” email accounts and can be found in Outlook. Please ensure they are included in all email communications for out of province patient lodging. \*Note: the out of province liaison will decide where the patient will be booked, it may not be at the Lord Nelson Hotel, if there is a change, the care team will be informed.
4. If a patient from Newfoundland requires accommodation, they are responsible to book their own lodging and submit to the NL provincial health department for reimbursement. NSH does not cover the cost of lodging for NL patients. Please contact Belinda Riles if there is a specific circumstance to consider for a NL patient.
5. The patient can have a companion share their room with them while they are receiving ambulatory care. Once a patient becomes an inpatient for any reason (planned or unplanned admission) the room is no longer covered under the NSHealth account. If the patient is admitted please communicate this with the accommodation’s liaison. The companion can stay but it will be at their expense and they will need to make those arrangements directly with the provider. Please note on the booking if the patient will have a companion, their name, and if they require 1 bed or 2 beds, please only book two beds when necessary. Discourage more than one companion whenever possible.
6. NS Health will not pay for parking, meals or any other amenities that the hotel may offer. The Lord Nelson Hotel includes a maximum of two boxed breakfast meals (fruit, juice, breakfast bar) per day per room. Parking is \$14 plus tax per day at the Lord Nelson. **\*\*Patients will be asked to provide a credit card or debit card payment for their parking when they check in, please ask if the patient will require parking and if so, inform them about needing to pay up front. \*\***
7. For NS patients that are booked 5 days or more, they can be provided with 2 x \$5 NSHA Meal vouchers for each day. **These vouchers are ONLY to be used in the NSHA cafeterias.** NB and PEI patients are not eligible for NSHA Meal vouchers. The provider will not accept NSH meal vouchers.
8. Taxi service through Casino Taxi to and from the hotel and health centers is provided and no cost to the patient. Only Casino Taxi is covered. The patient can call (not book online) Casino and request a taxi under the NSH account. The only covered transport is to and from the QEII sites or IWK, no other location.

**Reservation Request Process:**

All bookings MUST be submitted by email to [PatientLodgingReservations@nshealth.ca](mailto:PatientLodgingReservations@nshealth.ca) , cc the out of province liaison office if the patient is not from NS.

**Required information:**

- Care Area (example –Dialysis, Cardiac Cath etc.)
- Reason for requiring accommodation (example: dialysis treatment or education, Cardiac Cath etc.)
- Patient Name
- Home Address
- Phone Number
- Health Card Number and expiry date
- Email (if provided they will receive a confirmation of reservation)
- Companion (Y/N) name if known
- Number of beds required
- Special needs- such as wheelchair accessible
- Parking Required (Y/N) **\*\*Let them know that parking is at their own cost!**
- Date and time of FIRST appointment, details if patient will be receiving a series of appointments.
- Check in date
- Check out date (multiple dates can be booked in one reservation)

**NOTE: Reservations that are received without the required information will be returned to the sender and not processed until all information is received.**

All reservations will be placed at the Lord Nelson Hotel unless they do not have availability. If the reservation is unable to be made at the Lord Nelson, the next provider, Point Pleasant Lodge, will be contacted. The care area will be notified to let the patient know if the Lord Nelson was not available.

For a special circumstance that falls outside of the criteria for coverage please have the manager from the care area email Belinda Riles – [Belinda.Riles@nshealth.ca](mailto:Belinda.Riles@nshealth.ca) with the request. Any special circumstance requests will be reviewed and sent to the Director, CZ CCP/VG Site lead for consideration.

Please email all enquiries to the Patient Lodging Reservations. For urgent matters, please contact Belinda **Riles, NS Health Patient Accommodation Manager at 902-221-2374**  
**Thank you very much for your cooperation! If there are any questions, please let me know.**

*Belinda Riles*

## **Appendix G – Out of Town Patients (Prince Edward Island)**

Essentially PEI patients are booked using the same process – sending a request to Patient Lodging Reservations via email with the detailed information.

**Eligibility** for PEI patients is much the same as NS patients. Coverage is provided for the preoperative night (day surgery or same day surgery), and if the day surgery patient has an out-patient follow up appointment the day following surgery they are covered for the surgical night. As with NS patients, coverage for the night before, or day of, DI or Lab tests and physician/nurse consult, follow-up/check in appointments are NOT covered. In saying this, the night before pre-operative assessment clinic appointment in PAC is also not covered. Every effort should be made to schedule these appointments at a time that the patient can safely travel to and from the appointment. The patient can arrange to stay in Halifax, but it would be at their own expense and responsibility to make appropriate arrangements.

**Companion coverage** is approved if they patient must say as an out-patient post day surgery, if they require a care partner for the service (BMT patient, PD patients, Liver Transplant Work Up patients, etc), if they need daily assistance with ADLs, or the family is providing a medical/nursing function like treatments or dressing changes. Also if the patient is a minor they are approved companion coverage. Needing a “driver” is not a reason for companion coverage.

As well, when the patient is admitted to hospital there is no funding for families to continue staying in out-patient accommodations. Funding is only provided when the patient is medically required to be in Halifax as an out-patient.

PEI patients are provided a \$28.75 per day meal subsidy – for patients who stay at **Point Pleasant Lodge** they can eat meals in the Lodge restaurant and up to \$28.75 per day will be billed back to PEI. When the **Lord Nelson** was awarded the contract we were assured they could provide meals to patients, however they have yet to come up with a way to direct bill PEI. So for patients staying at the Lord Nelson, they must pay for meals up front (they can eat anywhere or pick up something at the grocery store) and the PEI Liaison Nurse has to contact them provide them where to send receipts for reimbursement. As such, PEI patients who are here for short 1-3 night stays we prefer them to stay at the Lord Nelson (so direct billing can happen and our office and claims clerk are not overwhelmed with meal reimbursement work). Belinda Riles and Mandie Hatcher are well aware of this. Longer stays can stay at the Lord Nelson but they must understand they need to pay up front for meals and submit for reimbursement. It takes approximately 4 weeks to be reimbursed.

PEI Cancer Patients can also stay at The Lodge That Gives (TLTG) where room and 3 meals at TLTG are directly billed back to Health PEI.

Any additional fees for parking or Wifi are the responsibility of the patient – not funded by Health PEI.

PEI Liaison

Melissa Devine, MN, RN  
PEI Out-of-Province Liaison Nurse  
Room 354 Bethune Building  
1276 South Park St.  
Halifax, Nova Scotia, B3H 2Y9  
Tel: 902-473-7398

E-mail: [melissa.devine@nshealth.ca](mailto:melissa.devine@nshealth.ca)

## **Appendix H – Out of Town Patients (New Brunswick)**

What is the Out of Province Liaison Program?

- The program was established by Medicare NB to provide New Brunswick patients and their families who must travel out of province for medical treatment with a resource to contact concerning their care.

What services does the program offer?

- The Out of Province Liaison Program
  1. Offers resource information to NB patients and families who must receive health care services out of province.
  2. Functions as a linkage to health care professionals on behalf of NB patients and their health care needs.
  3. Provides assistance with discharge planning needs of NB patients.

Who qualifies for the program?

- The program is for NB patients and families who will be or are currently receiving care outside of New Brunswick.

How do I access the program?

You can contact the Liaison nurse at:

Office: 1-902-473-7082

Toll Free: 1-866-266-3311

Fax: 1-902-473-3290

Email: [shelley.kelly@nshealth.ca](mailto:shelley.kelly@nshealth.ca) or [Melissa.devine@nshealth.ca](mailto:Melissa.devine@nshealth.ca)

The office is located at the QEII Bethune Building, 1278 Tower road, Halifax, Room 371

**\*\*Please note a NB must require a minimum stay of three nights to qualify for hotel/offsite coverage\*\***

**Appendix I – Indications for a Preoperative Anesthesiology Consult – Adult Elective Non-Cardiac Surgery (NSH and IWK)**

- Patient considerations (Yes to \* question on Preoperative Health History Questionnaire)
- Major surgery (see section in “Preoperative Investigations for Adult Elective Non-Cardiac Surgery (NSH and IWK)”
- Patient/surgeon request
- BMI > 40
- NT-proBNP > 300 or BNP > 92
- Other \_\_\_\_\_



## **Appendix J – Preoperative Investigations for Adult Elective Non-Cardiac Surgery (NSH and IWK)**

November 10<sup>th</sup>. 2021

This guideline addresses **minimum requirements** and does not include tests necessitated by individual clinical circumstances. History and physical examination (H&P) are major components of any preoperative evaluation. All patients assessed by the Perioperative Anesthesia Clinic will have previously completed a Preoperative Health History Questionnaire. Before the patient is seen by the anesthesiologist, the nursing staff will use this document to identify all required bloodwork using the “Laboratory Requisition – Inpatient and Clinic” and “Test Request – Blood Transfusions Services” forms. Clinic nurses may also request ECGs depending on the questionnaire results. Finally, the anesthesiologist will have an opportunity to select additional testing based on the patient’s H&P.

- Preoperative testing (bloodwork and electrocardiograms) should not be performed routinely before low-risk surgery on asymptomatic patients. For outpatient surgery, routine testing will only be performed on patients who require an anesthesia consult, need an INR/PTT due to Warfarin therapy, a creatinine level due to NOAC therapy, or are having outpatient total joint arthroplasty.
- If the surgery is typically performed as an outpatient procedure but the patient is staying overnight for social reasons (no support at home) consider this outpatient surgery when determining the need for testing.
- Tests are valid for 6 months, provided there has been no interim change in the patient's condition

### **Electrocardiogram:**

	ECG
Ischemic heart disease (angina or previous MI)	X
Congestive heart failure	X
Symptomatic arrhythmia (with chest pain, shortness of breath, pre-syncope, syncope)	X
Known valvular disease or other structural heart disease (e.g. cardiomyopathy)	X
Pacemaker or implantable cardioverter-defibrillator	X
Cerebral vascular disease (e.g. previous TIA or stroke)	X
Peripheral vascular disease	X
End-stage renal disease (dialysis or pre-dialysis)	X
Diabetes requiring insulin therapy	X

**Bloodwork:**

	CBC	Lytes	Cre	Extended Lytes	Albumin	Total Bili	INR PTT	Hb A1C	TSH	T4	Digoxin Level	NT-proBNP or BNP	AED Levels
Major surgery (see list)	X	X	X										
Known or suspected anemia	X												
Surgical procedure requiring type and screen	X												
Diuretic, ACE-I or ARB therapy		X	X										
Hypertension			X										
Congestive heart failure		X	X										
Potential malnutrition (BMI <18.5 or unintentional weight loss > 10% of TBW)		X	X	X	X		X						
Pituitary or adrenal disease		X							X	X			
Thyroid disease									X				
Hepatic disease	X	X	X		X	X	X						
Renal insufficiency		X	X										
End-stage renal disease (dialysis or pre-dialysis)	X	X	X										
Diabetes			X					X					
Hemophilia / Coagulopathy	X						X						
Warfarin therapy (Bloodwork on day before surgery)							X						
NOAC therapy			X										
Digitalis/Digoxin therapy		X									X		
Age ≥65 years, age 45-64 years with significant cardiovascular disease, or RCRI ≥1 (for same day admission surgery only)												X	
Poorly controlled or difficult to control epilepsy													X

**Bloodwork (Continued):**

- An INR/PTT is not needed for patients on Warfarin if this has already been arranged by an Anticoagulation Clinic. The patient's last recorded INR should always be added to the chart.
- A fasting point of care glucose test will be obtained on the day of surgery for diabetics, patients with hepatic disease, and patients treated with oral corticosteroid therapy.
- If applicable, the patient will be offered a preoperative point of care pregnancy test.

**Definitions:**

- Lytes = sodium and potassium
- Cre = creatinine
- Extended Lytes = magnesium, calcium and phosphate
- Total Bili = Total bilirubin
- AED = Antiepileptic drugs including Carbamazepine, Phenobarbital, Phenytoin, or Valproic Acid
- Major surgery: see list below
- Surgical procedure requiring type and screen: please see NSHA MSBO (Maximum Surgical Blood Order), reviewed June 2006
- TBW = total body weight
- Hepatic disease: history of jaundice, hepatitis, cirrhosis, hepatic metastases or EtOH abuse (daily EtOH consumption of 2 or more standard drinks per day for females or 3 or more for males)
- Renal insufficiency: history of proteinuria or elevated creatinine / reduced eGFR
- NOAC = novel oral anticoagulant drugs such as Rivaroxaban (Xarelto), Apixaban (Eliquis) and Dabigatran (Pradaxa)
- Significant cardiovascular disease = history of coronary artery disease, cerebral vascular disease, peripheral artery disease, congestive heart failure, severe PHTN or a severe obstructive intracardiac abnormality
- Poorly controlled or difficult to control epilepsy: At least one of the following – a history of unstable AED levels or a seizure within the last 6 months

**Chest X-Ray:**

- There are no routine indications for a pre-operative chest x-ray (outside of surgical reasons). This may be added at the anesthesiologist's discretion based on signs and symptoms from the history and physical examination.

**Major Surgery:** In general, major surgery typically corresponds to Categories 3, 4 and 5 on the Johns Hopkins Surgical Classification System, and major or complex surgery in the NICE guidelines (National Institute for Clinical Excellence). These procedures often have an expected blood loss of >500 mL, significant fluid shifts and patients spend at least one night in hospital. Please see a list of major surgeries below. Use clinical judgement for uncommon procedures.

**ENT:**

- Laryngectomy
- Free flap reconstruction
- Oropharyngectomy
- Glossectomy
- Mandibulectomy
- Maxillectomy

**Thoracic Surgery:**

- Lobectomy
- Thoracotomy
- Esophagectomy
- Resection of mediastinal mass

**General Surgery:**

- Open repair or resection of stomach, small bowel, colon, gallbladder, pancreas, spleen, adrenals, or liver (does not include Hartmann or ileostomy reversal)
- Laparoscopic adrenalectomy, splenectomy, or liver resection
- Massive incisional or ventral hernia repair
- Sugarbaker procedure

**Urology:**

- Open nephrectomy (including partial)
- Cystectomy

**Gynecology:**

- Open hysterectomy
- Complex pelvic floor repair involving the vaginal vault (does not include single cystocele or rectocele repair)

**Neurosurgery:**

- Intracranial surgery
- Multi-level spinal decompression, instrumentation, or fusion
- Spinal tumor resection

**Orthopedic Surgery:**

- Redo major joint arthroplasty (knee, hip or shoulder)

**Plastic Surgery:**

- Free flap reconstruction
- Panniculectomy

**Vascular Surgery:**

- AAA repair (EVAR and open)
- Carotid endarterectomy
- Peripheral arterial bypass surgery

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## Appendix K – Observers/visitors in the Operating Room (Excluding Vendors)



### PERIOPERATIVE MANUAL Policy and Procedure

<b>TITLE:</b> Observers/visitors in the Operating Room (Excluding Vendors)	<b>NUMBER:</b> SS 01-017
Section: Perioperative General	Date Issued: April 2009
Source: Periop P&P	<i>Date To Be Reviewed:</i> March 2012
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#### POLICY

1. Visits to the operating room by **observers** and **visitors** are to be regulated in order to maintain patient confidentiality, provide infection control, prevent liability and facilitate evacuation should an emergency situation occur.
  - 1.1. The number of observers/visitors may be limited based on situation, room size and space limitations.
2. In circumstances when it is necessary for patient care/safety, the visitor may accompany the patient into the Operating Room
3. **Visitors are not permitted in the OR during the surgical procedure, except when deemed necessary for patient safety.**

#### DEFINITION

**Observer:** An individual who is visiting the OR strictly for a viewing educational experience.

**Visitor:** An individual who is not an employee or affiliate of the Operating Room. Visitors include but are not limited to: interpreters, caregivers and/or family members/friends and law enforcement personnel

## PROCEDURE

### *Observers*

1. Health Services manager/ visiting faculty/ clinical instructor contacts the operating room nurse manager/ supervisor and /or charge nurse for approval for student/staff visits. (Refer to policy- *Student Attendance in the OR- Guidelines for Visiting Faculty Clinical Instructors SS 01-030.*)
2. Obtain permission from the surgeon and patient, when possible.
3. During the scheduled visit, observers:
  - 3.1. follow the OR dress code policy
  - 3.2. wear identification badge while in OR
4. The circulating nurse documents all observers on the operative record.

### *Visitors*

1. Contact the OR nurse manager/ supervisor and /or charge nurse to determine and arrange access (Refer to CDHA policy - *Interacting with Law Enforcement Agencies CH 100-065*).
2. Obtain permission from surgeon, anaesthesiologist, and circulating nurse.
3. A nurse or delegate escorts the visitor to the OR change room and provides direction for donning appropriate OR attire.
4. When the visitor's presence is no longer necessary for patient care and safety, (e.g. once induction is complete), a nurse accompanies or directs the visitor(s) to the appropriate area outside the OR.
5. The circulating nurse documents all visitors on the operative record.

## REFERENCES

ORNAC (2003- revised May 2005). Recommended standards for Perioperative Nursing Practice (Module 3 p. 28- 29).

## RELATED POLICIES

Interacting with Law Enforcement Agencies CH 100-065

Student Attendance In The OR - Guidelines for Visiting Faculty, Clinical Instructors SS 01-03.

## HISTORICAL DATES

April 1998, December 2005