



## DEDER GENERAL HOSPITAL

### PRE-AND POST OPERATIVE HOSPITAL STAY PROTOCOL



***PREPARED BY: HSQU***

***JULY 2016 E.C***

***DEDER, EASTERN ETHIOPIA***



**PROTOCOL APPROVAL SHEET**

**NAME OF PROTOCOL: PRE-AND POST OPERATIVE HOSPITAL STAY PROTOCOL**

<b>PREPARED BY</b>			
<b>S/N</b>	<b>NAME</b>	<b>RESPONSIBILITY</b>	<b>SIGN</b>
1	Abdi Tofik (BSc, MPH)	Health Service Quality Director (HSQD)	
2	Abdella Aliyi (BSc MW)	HSQ Officer and Reform f/person	
3	Redwan Sharafuddin (BSc Pharm)	HSQ Officer	

<b>APROVED BY</b>			
<b>S/N</b>	<b>NAME</b>	<b>RESPONSIBILITY</b>	<b>SIGN</b>
1	Nureddin Yigezu (BSc, MPH)	Chief Executive Officer (CEO)	
2	Dr. Derese Gosa (MD)	Medical Director	
3	Dr. Isak Abdi (MD, G/Surgeon)	OR Director & SaLTS Team leader	

**THIS PROTOCOL IS EFFECTIVE**  
**FROM**  
**JULY 2016 E.C TO JUNE 2018 E.C**



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## PURPOSE

- To protocolize the pre- and post-operative stay of patients of similar case.
- To decrease un-necessary hospital, stay to decrease hospital acquired infection and hospital contamination.
- To inform the patient about his length of stay at this hospital so that he/she prepare his/her self socially, psychologically and economically for this period of stay.
- To design plan on resource and Bed management
- To orient the patient on the length of stay and estimated discharge plan at liaison office as well as what is expected and not expected from the client and attendant.
- To inform the client indirectly to prepare for expected hospital fee.

## PROCEDURES

- ✓ The patient ( if conscious ) will be informed the length of stay and discharge plan at liaison office as well as at ward.
- ✓ If the patient is not conscious or confused the caregiver will be informed.
- ✓ All elective patient will stay at hospital only one day before the operation unless :-
  - ✓ The patient develop other health problem which make him unfit for surgery
  - ✓ All OR bed are occupied by emergency cases
  - ✓ OR is un functional because of an non-anticipated limit.
  - ✓ The surgeon or anasthetists can't do the operation for un omittable problem

- ✓ When the operation is cancelled, it will be registered at liaison office and OR unit with the cause of cancellation and possible next appointment.
- ✓ The patient will be given an explanation about the reason why the operation cancelled.
- ✓ **The patient should not stay at hospital more than the estimated days unless :-**
  - ☞ The client develop complication or other health problem.
  - ☞ The most senior of the ward is decided to stay more than the expected plan
  - ☞ If there is a confusion to decide on his discharge, or if there is argue to discharge or not between the seniors ( to respect the right of the patient to be fully treated )
  - ☞ If the diagnosis is changed intra operantly. In such case the family and client will be clearly informed about the previous diagnosis and current diagnosis with their estimated expected date of discharge by the OR team, by the health professional who undergone the operation.
- ✓ **Before the estimated discharge plan the patient will not be discharged unless :-**
  - ☞ The patient referred to higher facility or other facility that can offer similar surgical service and the client preferred. The patient will be transferred to that facility after full and clear communication through the liaison officer.
  - ☞ There is special case and the most senior of the ward and care giver believe in discharging and after signature of the senior and client or care giver on discharge summery.

- ☞ The patient died
- ☞ The patient or family decided to self discharge and signed on patient folder.

**Table 1: The below table is the estimated pre and post operative hospital stay.**

Lakk.	Surgical CASE	Pre-operative hospital stay	Post-operative	Remark
1.	Acute appendicitis	One day	5days	
2.	SBO 2 <sup>o</sup> to volvulus ( derotation )		7days	
3.	Resection and anastomosis		7days	
4.	Sigmoid volvulus with colostomy		6adays	
5.	Perforated PUD		7days	
6.	GOO		7days	
7.	BPH		7days	
8.	Goiter		6days	
9.	Intra-Abdominal Mass		5days	
10.	Amputation		5days	
11.	Hernia		4days	
12.	Trans-Abdominal Hystrectomy		5days	
13.	TV hysterectomy		5days	
14.	Cholecystectomy		5days	
15.	Contracture release and skin graft		6days	
16.	Colostomy closure		9days	
17.	C/S		4days	
18.	Laparotomy due to Abdominal organ injury		7days	
19.	Wound Debridment under GA		5days	
20.	Tracheostomy		7days	
21.	Chest tube		6days	
22.	Hemorrhoidectomies		5days	

23.	Fistulotomies		5days	
24.	Drainage of perianal abscesses		7days	
25.	Cast		5days	
<p>☞ <b><i>For Cases that are not listed here, the senior physician will decide the post-operation hospital stay at surgical referral clinic and inform the patient and the liaison officer.</i></b></p>				