

OR.9.1.2 The name of the surgeon and assistants.

OR.9.1.3 The operation/procedure performed.

OR.9.1.4 Description of the surgery/procedure and findings.

OR.9.1.5 Presence or absence of intra-operative complications.

OR.9.1.6 Surgical specimens removed and sent to histopathology.

OR.9.1.7 Amount of blood loss.

OR.9.2 The operative report is documented before the patient leaves the recovery room to support the continuity of patient care.

OR.9.3 The operative report is signed/authenticated by the surgeon performing the procedure.

Standard Intent:

Operating room should have a policy that control pre, intra, and post procedure documentation. An operative report should be completed before the patient transferred from the room in order to ensure that patient information, surgeon name, samples taken and purpose for it, any complication that occurred during operation are documented elements of substandard OR.9.1.1 through OR.9.1.7). The operative report can be completed by the surgeon or his assistant. If the assistant surgeon is the one who wrote the operative report the principle surgeon (MRP) should review the report and co-sign it in order to ensure that all information included is correct.

OR.10 Tissues removed during surgery are sent for pathologic examination.

OR.10.1 Tissues or specimens removed during surgery have pathological examination unless exempted by a hospital policy.

OR.10.2 Surgical specimens are accurately identified.

OR.10.3 The report of the examination is signed by the pathologist and made part of the medical record.

Standard Intent:

The operative room has a policy that controls all surgical specimen that taken during operation, how to label these specimens and by whom, what type of pathological examination requested, and if a report generated for this examination is should be signed by the authorized pathologist. This specimen must be correctly identified to ensure sending the right specimen for the right patient.

OR.11 Each patient has a post-operative plan of care.

OR.11.1 A post-operative plan of care is written by the responsible surgeon.

OR.11.2 The post-operative plan of care includes:

OR.11.2.1 Post-operative monitoring parameters and its frequency.

OR.11.2.2 Wound care.

OR.11.2.3 Care of drains and catheters.



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- OR.11.2.4 Special patient positioning requirements.
 - OR.11.2.5 Nutritional instructions.
 - OR.11.2.6 When to start mobilization.
 - OR.11.2.7 Special referrals (e.g. physical therapy, respiratory therapy)
 - OR.11.2.8 A new order for all required medications.
 - OR.11.2.9 Any other post-operative care needed including required follow up.
- OR.11.3 The post-operative plan of care is available in the patient's medical record before discharge from recovery.
- OR.11.4 Each patient is assessed after surgery and reassessed at intervals appropriate to the patient's condition.
- OR.11.5 Medical, nursing, and other care plans are documented in the patient's medical record.

Standard Intent:

A postoperative plan should be written by the surgeon immediately after the surgery and before discharging the patient from the recovery unit. The plan should include the elements of the substandard OR.11.2.1 through OR.11.2.9. Patients' reassessment after surgery by all disciplines should follow the standards of practice, in line with the postoperative plan written by the surgeon

OR.12 Adequate pain relief is provided for patients after surgery.

- OR.12.1 Pain is assessed by the most responsible physician or his designee after surgery.
- OR.12.2 Pain medications are adjusted according to the patients' response.

Standard Intent:

Pain assessment/ reassessment should be implemented post-surgery and the MRP or assistance surgeon should be notified in order to prescribe pain killer and adjust dose according to the findings.

OR.13 The hospital has appropriate measures against fires in the operating room.

- OR.13.1 The operating room has a fire safety plan.
- OR.13.2 The operating room staff are aware of the fire triangle: ignition sources, oxidizers, and fuels.
- OR.13.3 The operating room staff are trained on the identification and location of medical gases, ventilation and electrical systems and controls, as well as when, where and how to shut off these systems.
- OR.13.4 There are proper methods for rescue and escape.
- OR.13.5 Staff participate in fire drills.
- OR.13.6 There are fire-fighting equipment.
- OR.13.7 Anesthesia staff determine the safe concentration of oxygen for open delivery during facial surgery.