



DEDER GENERAL HOSPITAL

SURGERY DEPARTMENT

DAYCARE SURGERY PROTOCOL

July 2016E.C

Deder, Eastern Ethiopia

SMT APPROVAL SHEET

TITLE	Title: SURGERY DEPARTMENT DAYCARE PROTOCOL Version: 1.0			
	NAME	POSITION	ROLE	SIGN
AUTHORS	Abdi Tofik (BSc, MPH)	Quality Director	Team leader	
	Abdella Aliyi (BSc MW)	Quality Officer	Member	
	Mahammad Aliyi (BSc N)	Reform head	Member	
	Draft Date: July 15, 2016E.C		Approved Date: July 20, 2016E.C	
SMT APPROVAL	Name	Position	Role	Sign
	Nuredin Yigezu (BSc, MPH)	CEO	Chair person	
	Dr. Derese Gosa (GP)	Medical director	Member	
	Dr Isak Abdi (G/Surgeon)	Staff Representative	Member	
	Dr. Dawit Seifu (GP)	IPD Director	Member	
	Abdi Tofik (BSc, MPH)	Quality Director	Member	
	Hamza Jamal (BSc N)	Metron	Member	
	Abrahim Tahir (BSc N)	HR Head	Secretary	
	Obsa Usma'il (BA)	Finance and procurement head	Member	
	Bellisa Usma'il (BSc Pharm)	Pharmacy head	Member	
	Alamudin Usma'il (BSc Lab)	Laboratory head	Member	
	Dine Bakar (BA)	Internal Auditor	Member	
	Redwan Sharafuddin (BSc Pharm)	Planning Head	Member	
REVIEW	Nure Jamal (BA)	General service head	Member	
	Mahammad Shamshaddin (BSc)	Qondaala Naamusaa	Member	
	Reviewed and updated			
	Review date: July 2018E.C			

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Introduction

Daycare surgery, also called ambulatory or same-day surgery, involves procedures that do not require overnight hospital stays. At Deder General Hospital, many surgical procedures can be safely performed on a daycare basis. This approach reduces hospital costs, lowers the risk of hospital-acquired infections, and facilitates faster recovery for patients at home.

This protocol provides standardized guidance for surgical staff, nursing, anesthesia, and administrative teams managing surgical daycare cases. It covers patient selection, preoperative preparation, intraoperative care, postoperative recovery, discharge, and follow-up.

Implementing this protocol will enhance patient safety, streamline workflow, optimize resource use, and uphold quality surgical care in alignment with local and international standards.

Purpose

To establish a standardized protocol for safe, efficient, and quality delivery of surgical daycare procedures at Deder General Hospital, focusing on patient safety, effective resource utilization, and satisfactory patient outcomes.

Scope

This protocol applies to all surgical department daycare cases. It involves surgeons, anesthetists, nursing staff, and administrative personnel managing general surgical outpatient procedures on a same-day basis.

Objectives

- Identify appropriate surgical cases eligible for daycare surgery.
- Ensure safe perioperative assessment and preparation.
- Standardize surgical and anesthesia practices for daycare cases.
- Promote early recovery and safe same-day discharge.
- Provide clear post-discharge support and follow-up pathways.

Eligible Procedures

Common surgical daycare procedures may include but are not limited to:

- Hernia repairs (inguinal, umbilical)
- Hemorrhoidectomy (selected cases)
- Excision of skin lesions and cysts
- Abscess drainage
- Varicose vein interventions (sclerotherapy, ligation)
- Appendectomy (selected early cases if feasible)
- Minor orthopedic procedures (e.g., closed fracture reductions)
- Biopsy of superficial masses
- Other minor general surgical procedures as per surgeon's decision

Patient Selection Criteria

Inclusion Criteria:

- ASA Physical Status I or II
- Age suitable for procedure and anesthesia (usually 18–65 years)
- No significant uncontrolled systemic diseases
- Availability of responsible escort post-discharge
- Residence within reasonable distance from hospital

Exclusion Criteria:

- ASA III or higher without optimization
- Complex or prolonged procedures expected
- Significant coagulopathy or bleeding risk
- Lack of post-discharge escort
- History of anesthesia complications or difficult airway

Infrastructure Criteria

Infrastructure Element	Requirements	Remarks
Surgical Daycare Unit	Dedicated clean area for surgical daycare cases	Near main OR for easy transfer
Preoperative Holding Area	Patient preparation area with monitoring and privacy	Beds/chairs available
Operating Theatres	Fully equipped with general surgical instruments & anesthesia equipment	Sterility & lighting standards
Recovery Room	Monitors (pulse oximeter, BP, ECG), oxygen supply	Capacity for minimum 2 patients
Patient Waiting Area	Comfortable, accessible seating for escorts	Drinking water and sanitation
Emergency Equipment	Crash cart, airway devices, emergency drugs	Daily inspection and readiness
Oxygen Supply	Central or portable oxygen supply	Accessible and functional
Sterilization Unit	Validated autoclaves and sterilization processes	IPC compliance
Communication Systems	Reliable intercom or mobile communication	For OR and ward communication
Patient Transport Facilities	Wheelchairs, stretchers	For safe intra-hospital transfers
Clean Water & Sanitation	Functional hand hygiene stations and toilets	For patients and staff
Documentation System	EMR or paper-based records for continuity	Accurate and timely

Staffing

Core Team:

- Consultant surgeon and anesthetist.
- Full-time nurse coordinator.
- Ward/PACU nurses, clerical staff, ancillary (runner/cleaner).
- On-call manager for follow-up.

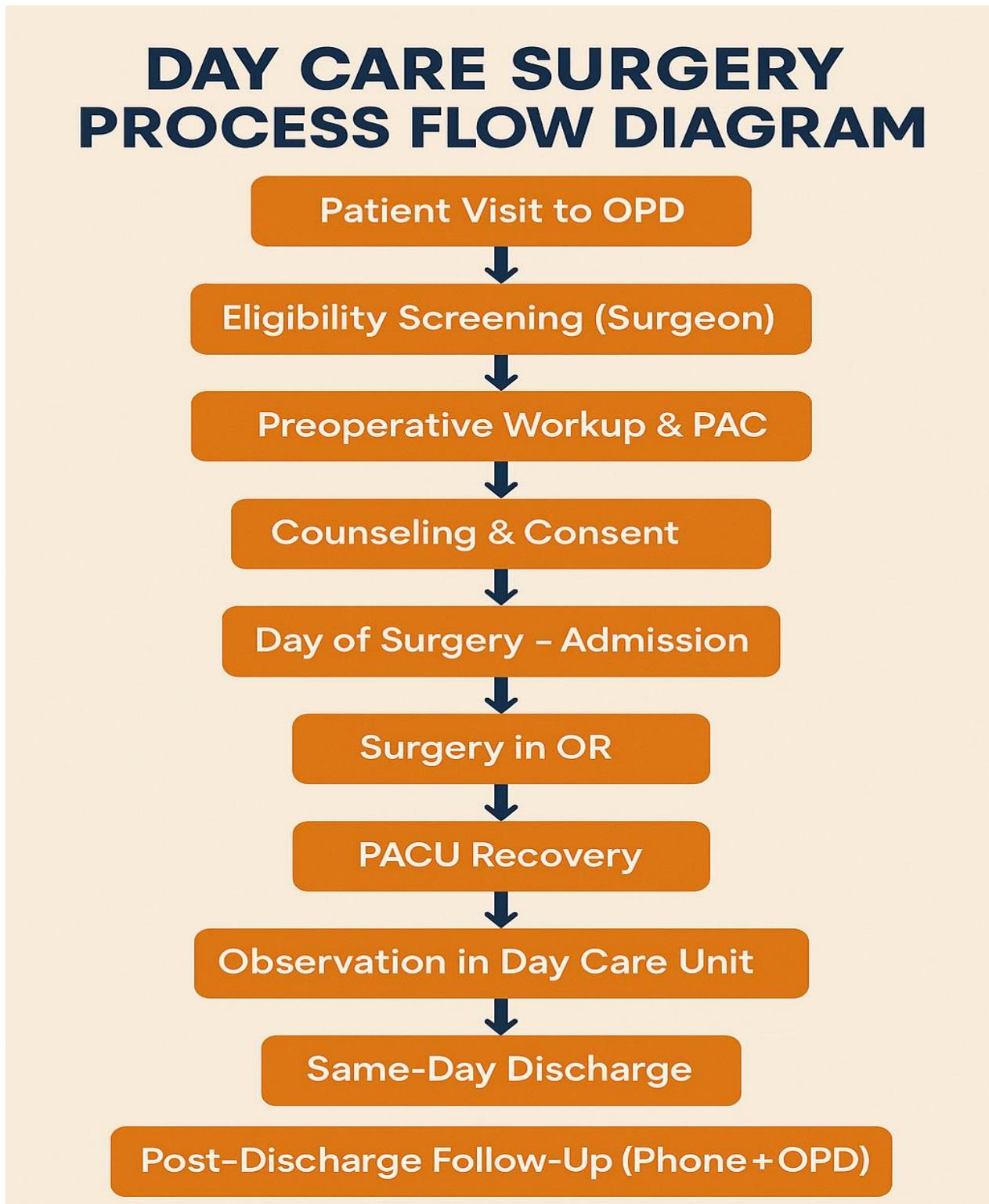
Roles & Responsibilities

Role	Responsibility
Surgical Department Head	Protocol oversight, quality assurance, staff training
Surgeons	Patient evaluation, surgery, postoperative care orders
Anesthetists	Preoperative anesthesia assessment, intra- and postoperative anesthesia care
Scrub Nurses	Surgical instrument preparation, sterile field maintenance
Circulating Nurses	Patient prep, documentation, intraoperative support
Recovery Nurses	Postoperative monitoring and discharge readiness
OR Coordinator	Scheduling, communication, logistics

Hospital Stay: Patient Journey from Preoperative to Discharge

Phase	Location/Area	Responsible Staff	Key Activities & Notes	Typical Duration
Pre-admission Evaluation	Outpatient / Pre-admission Clinic	Surgeon, Anesthetist, Nurse	History & physical exam, labs, anesthesia assessment, counseling, consent	1–3 days prior or same day if urgent
Preoperative Preparation	Preoperative Holding Area	Circulating Nurse, Anesthetist	Patient ID check, fasting confirmation, vitals, pre-medications	1–2 hours pre-surgery
Intraoperative Care	Operating Theatre	Surgeon, Anesthetist, Scrub & Circulating Nurses	Aseptic surgery, anesthesia management, monitoring, documentation	Procedure-dependent (30 min–2 hrs)
Immediate Postoperative Recovery	Recovery Room	Recovery Nurse, Anesthetist	Monitoring vitals, pain, consciousness, nausea, bleeding; oxygen therapy	Minimum 1 hour (Aldrete ≥ 9)
Postoperative Observation	Daycare Unit	Recovery Nurse, Surgeon	Continued observation, oral fluids, mobilization, pain management	2–4 hours based on recovery
Discharge Preparation	Daycare Unit	Recovery Nurse, Surgeon	Confirm discharge criteria, education, discharge paperwork	30 minutes
Discharge	Hospital Exit / OPD	Nurse, Patient Escort	Safe escort, follow-up scheduling, emergency contact provision	Immediate once ready

Figure 1: Day Care Surgery Process



Pre-Admission Evaluation

- Comprehensive clinical and anesthesia assessment
- Relevant laboratory investigations as indicated (CBC, coagulation, blood sugar, renal function, etc.)
- Patient education about the procedure, risks, benefits, and possibility of inpatient conversion
- Obtaining written informed consent for surgery and anesthesia

Preoperative Preparation

- Verify patient identity, procedure, and surgical site
- Enforce NPO guidelines (6 hours for solids, 2 hours for clear fluids)
- Administer preoperative medications per anesthetist's order
- Ensure availability of blood products if necessary
- Conduct Surgical Safety Checklist briefing

Intraoperative Care

- Maintain aseptic surgical technique
- Administer anesthesia appropriate to patient and procedure
- Continuous monitoring of vitals and patient status
- Accurate and timely documentation of operative events

Postoperative Care

- Monitor vital signs, pain, bleeding, consciousness level
- Administer analgesics and antiemetics as needed
- Initiate oral intake and encourage early mobilization when appropriate

Discharge Criteria (Modified Aldrete Score ≥ 9)

- ☞ Stable vital signs
- ☞ Fully awake and oriented
- ☞ Controlled pain and nausea
- ☞ Ability to ambulate if appropriate
- ☞ No active bleeding or other complications
- ☞ Accompanied by responsible adult

Discharge Instructions

- ☞ Provide written guidance on wound care, medications, activity restrictions
- ☞ Supply emergency contact numbers
- ☞ Schedule follow-up appointment
- ☞ Explain warning signs that require urgent medical attention (bleeding, fever, severe pain)

Post-Discharge Follow-up

- ☞ Telephone follow-up within 24 hours
- ☞ Physical outpatient visit within 3–7 days post-surgery

Documentation

Record all care stages accurately in EMR or paper records including:

- ☞ Preoperative assessments and consents
- ☞ Intraoperative details and anesthesia records
- ☞ Postoperative monitoring and discharge checklist
- ☞ Patient feedback and incident reports

1. Quality & Safety Monitoring

- ❖ Conduct monthly reviews of complications and outcomes
- ❖ Use patient satisfaction surveys to identify improvement areas
- ❖ Report and analyze incidents or adverse events
- ❖ Implement corrective and preventive measures

References

1. WHO Surgical Care at the District Hospital Manual
2. Ethiopian Ministry of Health Day Surgery Guidelines
3. ACOG Day Surgery Standards