



# **DEDER GENERAL HOSPITAL**

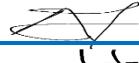
## **PREOPERATIVE EVALUATIONS AND WORK-UPS PROTOCOL**

***PREPARED BY: HSQU***

***July 2016E.C***

***Deder, Eastern Ethiopia***

### SMT APPROVAL SHEET

<b>TITLE</b>	<b>Title:</b> PREOPERATIVE EVALUATION AND WORK-UP PROTOCOL <b>Version:</b> 1.0			
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## **1. Introduction**

Surgical care is a critical component of healthcare delivery, yet it carries inherent risks related to anesthesia, surgical trauma, and underlying patient conditions. To ensure patient safety and optimal outcomes, a structured preoperative evaluation is essential.

At Deder General Hospital, this protocol standardizes the preoperative assessment and preparation process for all surgical patients—both elective and emergency—to reduce complications, prevent avoidable delays, and promote high-quality, patient-centered care. It aligns with the Federal Ministry of Health's Perioperative Surgical Patient Management System (PSPMS) guidelines and supports national efforts to improve surgical safety and efficiency.

## **2. Objectives**

**The primary objectives of this protocol are:**

- Ensure patient safety by identifying and optimizing medical conditions before surgery.
- Standardize preoperative practices across all surgical departments.
- Enhance communication among surgical, anesthesia, and nursing teams.
- Support informed consent and shared decision-making.
- Improve operational efficiency by minimizing last-minute cancellations.
- Maintain complete documentation for clinical, legal, and quality assurance purposes.

### **3. Scope**

**This protocol applies to:**

- ☒ All patients undergoing surgical procedures at Deder General Hospital.
- ☒ All elective and emergency surgeries, regardless of specialty.
- ☒ All clinical staff involved in surgical care:
  - ☒ Surgeons
  - ☒ Anesthetists
  - ☒ Ward and operating theatre nurses
  - ☒ Laboratory and radiology personnel
  - ☒ Medical records and theatre coordinators

### **4. Definitions**

<b>TERM</b>	<b>DEFINITIONS</b>
<b>Preoperative Evaluation</b>	Comprehensive clinical assessment of a patient before surgery to assess fitness and risk.
<b>Work-up</b>	Required laboratory tests, imaging, and other investigations to confirm surgical readiness.
<b>Informed Consent</b>	A documented process where the patient understands the procedure, risks, benefits, and alternatives, and voluntarily agrees to surgery.
<b>ASA Classification</b>	American Society of Anesthesiologists Physical Status grading system (I–VI) used to assess anesthesia risk.
<b>NPO</b>	Nil Per Os (nothing by mouth); fasting guidelines before anesthesia.
<b>Preoperative Conference</b>	Multidisciplinary team meeting to confirm patient readiness and align care plans.

## 5. Role and Responsibilities

Role	Key responsibilities
<b>Surgeon</b>	Conduct clinical assessment, order investigations, obtain informed consent, mark surgical site.
<b>Anesthetist</b>	Perform pre-anesthetic evaluation, assign ASA class, plan anesthesia, advise on fasting and premedication.
<b>Nursing Staff</b>	Complete preoperative checklist, verify NPO, prepare patient physically and emotionally, ensure documentation.
<b>Operating Theatre Coordinator</b>	Organize preoperative conference, ensure availability of blood, equipment, and reports.

## 6. Preoperative Evaluation Steps

### 6.1 Clinical Assessment (by Surgeon/Physician)

#### A. History Taking:

- ☛ Present illness and surgical indication
- ☛ Past medical history (cardiac, respiratory, diabetes, hypertension, renal, neurological)
- ☛ Previous surgeries and anesthesia reactions
- ☛ Medication history (including OTC and herbal medicines)
- ☛ Allergies (drugs, latex, food)
- ☛ Nutritional status and recent weight loss
- ☛ Last Menstrual Period (LMP) for women of reproductive age

## **B. Physical Examination:**

- ☛ Vital signs (BP, HR, RR, Temp, SpO<sub>2</sub>, BMI)
- ☛ Airway assessment (Mallampati score, neck mobility)
- ☛ Systemic examination: cardiac, respiratory, abdominal, CNS

## **C. Investigations (Tailored to Patient and Procedure Risk):**

TEST	INDICATIONS
CBC	All patients
Blood Glucose	Diabetics, suspected hyperglycemia
RFT	Elderly, hypertensives, diabetics
LFT	Liver disease, jaundice, alcohol use
Coagulation Profile	Bleeding disorders, anticoagulant use
ECG	Age >40, cardiac history, DM, HTN
Chest X-ray	Respiratory symptoms, cardiac disease
Urinalysis	Diabetics, UTI symptoms
Blood Group & Crossmatch	Major surgery, expected blood loss >500 mL
Pregnancy Test ( $\beta$ -hCG)	Women of reproductive age (12–50 years)

**Note:** Avoid unnecessary routine testing. Order based on clinical judgment.

## 6.2 Anesthesia Assessment (by Anesthetist)

- ☛ Review medical records and prior anesthesia history.
- ☛ Perform airway evaluation.
- ☛ Assign ASA Physical Status Classification:

<b>ASA</b>	<b>DESCRIPTION</b>
I	Healthy patient
II	Mild systemic disease
III	Severe systemic disease
IV	Severe disease that is a constant threat to life
V	Moribund, not expected to survive without surgery
VI	Brain-dead patient (organ donor)

- ☛ Discuss anesthesia plan (general, spinal, regional, local).
- ☛ Advise on NPO (Fasting) Guidelines:
  - ✚ Clear liquids: 2 hours
  - ✚ Breast milk: 4 hours
  - ✚ Light meal: 6 hours
  - ✚ Regular/fatty meal: 8 hours
- ☛ Prescribe premedication if needed (e.g., midazolam, ranitidine).

## 6.3 Nursing Assessment (by Ward Nurse)

Preoperative Nursing Checklist:

- ☛  Patient identity confirmed (name, ID, DOB)
- ☛  Procedure and site verified and marked
- ☛  Informed consent signed and attached
- ☛  Allergies documented in chart and on ID band

- ☒ Vital signs recorded and stable
- ☒ NPO status confirmed (last intake time documented)
- ☒ Blood type and crossmatch completed (if needed)
- ☒ All lab and imaging reports sent to OR
- ☒ Dentures, jewelry, nail polish, makeup removed
- ☒ Preoperative bath/shower completed
- ☒ Patient in hospital gown with ID band
- ☒ IV line established (if required)

#### 6.4 Informed Consent

- ☒ Conduct in a private setting.
- ☒ Use simple, non-medical language.
- ☒ Explain:
  - ▢ Nature of the procedure
  - ▢ Benefits and expected outcomes
  - ▢ Risks (common and serious)
  - ▢ Alternatives (including no treatment)
- ☒ Allow time for questions.
- ☒ Use interpreter if language barrier exists.
- ☒ Document:
  - ▢ Date and time
  - ▢ Patient/guardian signature
  - ▢ Witness signature (healthcare provider)
  - ▢ Name of person obtaining consent

**Consent must be obtained before sedation or anesthesia.**

## 6.5 Preoperative Conference

- ☞ Held: 24 hours before elective surgery
- ☞ Attendees: Surgeon, anesthetist, scrub nurse, ward nurse, theatre coordinator.

Review:

- ☞ Patient identity and procedure
- ☞ Lab results and imaging
- ☞ Blood availability
- ☞ Prophylactic antibiotics and DVT prevention
- ☞ Anticipated intraoperative needs
- ☞ Postoperative care plan and bed availability

Document: Use standardized Preoperative Conference Checklist.

## 8. Documentation Requirements

All of the following must be completed and available before surgery:

- ☞  Preoperative Assessment Form
- ☞  Anesthesia Record (initiated)
- ☞  Informed Consent Form (signed)
- ☞  Nursing Preoperative Checklist
- ☞  Preoperative Conference Checklist
- ☞  Laboratory and Imaging Reports
- ☞  Blood Type and Crossmatch Status
- ☞  Surgical Site Marking Confirmation

*Incomplete documentation = surgery delay.*