Postoperative Patients - Early Management - SDU - Full Clinical Guideline

Reference no.: CG-STEP/2023/010

This guideline aims to formalise the admission of postoperative patients to the Step Down Unit (SDU). Whilst aimed at the first 24 hours of SDU care, the principles may be applied at any time thereafter.

This is an overarching document that must be read in conjunction with surgical post-operative plans and ERAS guidance.

1. Admission

- Patients will be clerked and examined upon admission to SDU, and an admission pro-forma will be completed.
- Postoperative fluids and drugs will be written up in line with SDU protocols.
- Particular attention will be paid to surgical post-operative plan for;
    - Antibiotics
    - VTE prophylaxis
    - Nutrition plans
    - Components of any applicable enhanced recovery protocol
    - **Epidurals catheters still in situ should not have clopidogrel, NOAC drugs or therapeutic anticoagulation prescribed. (Prophylactic LMWH is appropriate)**

2. Blood Tests

- Full blood count, urea & electrolytes,
    - Will be required on day 1 post op for all patients.
    - On admission if requested by the responsible anaesthetist or bleeding concerns
    - When the patient is known to be anaemic preoperatively
    - If there is suspected ongoing bleeding
    - Where documented intraoperative blood loss is 1L or greater
    - When blood was transfused intra-operatively
    - When a cell saver was used intra-operatively and blood was returned to the patient

  - Consider in patients with known renal impairment
  - When requested by the anaesthetist / surgeon responsible for the case
- Coagulation tests should be performed if pts have a known preoperative coagulopathy, received intraoperative anticoagulation or a large intraoperative blood loss (> 1000ml)

3. Chest X-ray

- A CXR is required on postoperative patients who;
  - Have had a central venous catheter inserted
  - Have had a tracheostomy inserted
  - Have undergone thoracic surgery
  - Have had a chest drain inserted
  - Have suffered a significant increase in oxygen requirement
- Ensure that the result of the CXR has been documented on the anaesthetic chart by the relevant theatre anaesthetist, or whoever this has been delegated too.
- Any abnormal findings should be discussed with the consultant anaesthetist supervising SDU or the on-call anaesthetic SpR.

4. Twelve lead ECG & Troponin level

- A twelve lead ECG will be required for the following postoperative patients;
  - New onset arrhythmias
  - New onset cardiac symptoms
  - Patients with persisting tachycardia and hypotension
- 6 & 12 hour postoperative troponins level will be required for the following patients
  - New onset arrhythmias
  - New onset cardiac symptoms

5. Blood Gases

- Arterial/Venous pH and lactate level are useful non-specific markers of compromised physiology in a clinically deteriorating patient who may otherwise have reasonable cardiovascular parameters.

5. Calling for help

- The Foundation Year doctor may ask for a senior review (by the consultant anaesthetist supervising SDU, anaesthetic SpR on-call, admitting surgical team or surgical SpR on-call, as appropriate) at any time. It is expected that a review will be requested;
    - When there is worsening of NEWS data
    - When there is suspected ongoing bleeding
    - When 1L or more of fluid has been given to maintain urine output
    - When there is deterioration in the patient's GCS
    - When there is evidence of any progressive neurological deterioration
    - When there is deterioration in the patient's airway or respiratory function
    - When there is suspected sepsis or septic shock
- The date and time at which help was requested must be documented in the patient's notes.

Documentation Controls

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Consultation with:	
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