Reference Number: *UHBOBS169* **Version Number:** 2	**Date of Next Review:** **Previous Trust/LHB Reference Number:**

UHW Maternity Department

Clinical guideline for postoperative care in the recovery unit of delivery suite

Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently.

Policy Commitment

Providing safe and effective care to post operative women

Supporting Procedures and Written Control Documents

Other supporting documents are:

Scope

This policy applies to all of our staff in all locations including those with honorary contracts

Equality Impact Assessment	An Equality Impact Assessment (EqIA) has not been completed

Health Impact Assessment	A Health Impact Assessment (HIA) has not been completed
Policy Approved by	Maternal Professional Forum
Group with authority to approve procedures written to explain how this policy will be implemented	Obstetric & Gynaecology Quality & Safety Group
Accountable Executive or Clinical Board Director	Jason Roberts, Executive Nurse Director

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	Maternity Professional Forum, O&G Q&S	*23/10/2017*	
2	Q&S 7/2/24	13/2/24	Updated by theatre team

Contents

' The words woman and women have been used throughout this document as this is the way that the majority of those who are pregnant and having a baby will identify. For the purpose of this document, this term includes girls. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity'.

1. Background

The period immediately after anaesthesia, whether general or regional is a potentially hazardous time. This has led to the development of specialist post anaesthesia care units. Women who have had an anaesthetic as part of their delivery process have additional risks compared to the general population. All women having an anaesthetic on the delivery suite should receive the same level of care during and after as any patient having an operation.

2. Aim

This guidance aims to provide guidance to obstetricians, midwives, midwifery care assistants, anaesthetists and operating department practitioners who are involved in caring for women in the delivery suite postanaesthesia care unit. Maternal well-being is promoted while preventing complications that may result from surgery or anaesthesia.

3. The Guidance

3.1.1 The recovery area

3.1.2 Staffing

When there is a patient present in the recovery unit who does notmeet discharge criterion, there should be a minimum of two members of staff present at all times; one of whom should be a registered practitioner.

Patients who have had an aneasthetic need **one to one** observationuntil they have regained control of their airway (i.e the patient is fully conscious, able to maintain a clear airway and can communicate) and have stable cardiovascular and respiratory observations. This should be for a minimum of:

- 30 minutes after regional anaesthesia
- 60 minutes after general anaesthesia.
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All patients who have had general anaesthesia must be recoveredby a member of staff who has the appropriate training and experience in recovering patients after general anaesthesia.

3.1.3 Essential equipment

- All drugs, equipment, fluids and algorithms that may be required for resuscitation and management of surgical and anaesthetic emergencies should be immediately available
- Oxygen supply – pipeline and cylinder
- Suction (with yankaeur)
- Full monitoring unit with ability to display continuously oxygen saturations and non-invasive blood pressure
- Thermometer
- Emergency call system
- Ratio of at least two recovery beds per theatre
- Open plan with storage areas
- Facility to mechanically ventilate
- 2 separate landline telephones
- Secure supply of drugs
- Adjustable examination light available if needed

3.2 Transfer from theatre

- It is the responsibility of the anaesthetist assisted by the ODA to transfer the women from theatre to the recovery area
- The woman should be physiologically stable before transfer
- Following a general anaesthetic, the women must be conscious and maintaining her own airway before transfer and should be transferred with monitoring and oxygen attached

3.3 Recovery process

3.4 Staff

All women should be recovered by **a dedicated member of registered staff** for at least half an hour after regional anaesthesia and an hour after general anaesthesia

3.5 Observations in recovery

3.5.1 General Anaesthesia

Observations of heart rate and rhythm, blood pressure, respiratory rate, oxygen saturations and conscious level should be recorded on a MEOWS chart with the following frequency:

- Every 5 minutes for the first 30 minutes
- Every 15 minutes for the next hour
- Every 30 minutes thereafter until discharge criteria are met

3.5.2 Regional Anaesthesia

Observations of heart rate and rhythm, blood pressure, respiratory rate, oxygen saturations and conscious level should be recorded on a MEOWS chart with the following frequency:

- Every 15 minutes for the hour
- Every 30 minutes thereafter until discharge criteria are met

In addition to the above, the following observations should be performed every 30minutes for the 1st hour, every hour for the next two hours and then two hourly for 24 hours:

- Temperature
- Pain intensity using verbal rating score
- Sensory level of regional block
- Blood loss from wound
- Blood loss from vagina
- Blood loss from any drains
- Intravenous infusions running and rate of infusion
- Fluid balance

Additional two hourly observations include:

- Patient's colour and perfusion
- Urine output

3.5.3 Documentation

All women should have the following times recorded in the notes:

- Admission to recovery
- Time that discharge criteria are met
- Time of discharge to postnatal ward

Observations as above should be recorded on an appropriate chart (MEOWS or HDU)

Additional information should also be documented in the notes/on the chart throughout the recovery period:

- All drugs administered
- Condition of wound dressings and site
- Uterine contraction
- Condition of pressure areas
- Presence, condition and site of:

- Surgical drain
- Bakri balloon
- Vaginal pack
- Intravenous cannula

4. Dignity and care

- A woman's dignity should be maintained at all times
- A maternity care assistant should be available to help with care ofthe baby if applicable
- All documents should include the patients name, hospital number
- The woman should be supported in achieving skin-to-skin contactwith her baby as soon as she is able
- Hydration should be maintained via the oral route once able, or intravenous if needed
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5. Discharge from Recovery

- Minimum length of stay in recovery should be two hours
- All women should meet the maternity recovery discharge criteria asbelow (see separate document):
    - Meows score less than 2 and stable for last 60 minutes
    - Oxygen saturations on air >96% on air
    - Patient orientated appropriately

- Urine output >0.5ml/kg/hr
- Completed cell salvage and/or syntocinon infusions
- No nausea or vomiting and able to tolerate oral fluids
- Wound site dry and dressed
- Normal lochia
- Surgical drainage <100ml since entry into recovery
- Uterus well contracted
- Pain score 0 or 1 (i.e. non or mild at rest)
- Sensation and mobility returning to lower limbs
- Venous thromboembolism risk assessment and prescription completed
- Printed electronic operation note, anaesthetic chart and peri-operative careplan completed and in notes
- Post-operative analgesia, antiemetic regimens prescribed
- TTH signed (if elective case)
- Baby labels present and correct

If there is any question as to whether a woman can be discharged,the anaesthetist and obstetrician must review the woman and document any changes to criteria on the document

3.6 Transfer to postnatal ward

- Women should be transferred by an appropriately trained memberof staff with an assistant
- The patient's notes, anaesthetic care record, printed electronic operation note, prescription charts and observation charts should accompany the woman to the ward

3.7. Postnatal care

Observations on the post natal ward should be 4 hourly except when spinal opioids have been used whereby the observation are 2hourly.

Post operative pain should be controlled by administering regularparacetamol and non-steroidal anti-inflammatories unless contraindicated

An individual pressure care plan should be completed

Mobilisation should be encouraged as soon as possible, post regional anaesthesia this must initially be in the presence of amember of staff

Prescribed thromboprophylaxis measures should be continued

4 Training

All midwifery/nursing staff undertaking recovery should haveundergone the specific maternity unit training in recovery.

Training should be updated on a regular basis as follows:

- Training session on recoveryevery 2 yrs
- MEOWS yearly.
- PROMPT training yearly

5 Monitoring and Compliance

5.1 Potential Audits

- Staffing levels in recovery
  - Standard – two members of staff at all times, one of whomshould be

registered

- Available equipment
  - Standard - As above list

- Observations recorded and frequencies

- Documentation of additional information

- Length of stay in recovery
  - Standard - once met discharge criteria should be discharged assoon as possible to postnatal ward
  - Data – length of delay and reason for delay

- Compliance with discharge criteria
  - Standard – all patients should have met the discharge criteriabefore discharge.

- Timings

    - Standard - all patients should have the following timings documentedclearly in the notes:
    - Admission to recovery
    - Time discharge criteria met
    - Discharge to postnatal ward

6 References

- Obstetric Anaesthetists' Association and Association of Anaesthetists of Great Britain and Ireland. Guidelines for Obstetric Anaesthetic Services 2013. London, 2013.
- Association of Anaesthetists of Great Britain and Ireland. Immediate Post-anaesthesia Recovery 2013. Anaesthesia 2013; 68: 288-97.
- Association of Anaesthetists of Great Britain & Ireland. UK National Core Competencies for Post-anaesthesia Care 2013. London, 2013.
- Royal College of Anesthetists, Guidelines for the provision of Anesthetic services, Obstetric Anesthesia services, Chapter 9, 2015.
- NICE guidance 132 – Caesarean section www.nice.org.uk/guidance/cg132
- Royal Cornwall hospitals – clinical guideline for care in recovery and post-operative delivery in Maternity – 2015
- Royal Berkshire hospitals – post anaesthetic care guideline for recovery on delivery suite – 2012.