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Perioperative Checks Consent and Postoperative Review

Practical 10 / Clinical or documentation case

Aim

Complete a perioperative safety review, practise consent discussion and recognise postoperative deterioration.

Principle

Shared identity, procedure and site checks prevent avoidable error. Documentation and trends support timely recognition of postoperative complications.

Materials and Requirements

- Mock theatre list, consent and safety checklist
- Fictional operation note, drain record and postoperative chart

Procedure

1. Verify patient, procedure, site, allergies, patient agreement and important risks. Review fasting, medicines, chronic conditions and nutritional risk.
2. Review patient identity, side, operation, fasting, relevant medicines, airway history and allergies with the team. Check consent, equipment readiness and which issues must be resolved before proceeding.
3. Explain the procedure’s purpose, benefits, material risks, alternatives and recovery. Confirm questions and use the simulated consent process.
4. Discuss the proposed operation and anticipated recovery in plain language, then review meaningful risks and alternatives. Invite questions and use teach-back before documenting the simulated choice.

Continue with step 5 on the next page.

Procedure Continued

Perioperative Checks Consent and Postoperative Review

5. Use the checklist to rehearse sign-in before anaesthesia, time-out before incision and sign-out before leaving the operating room.
6. Confirm checks aloud with the team at each stage, including site and procedure before incision and counts, specimen labels and recovery concerns before transfer.
7. Review postoperative observations, pain, wound, urine and drain trends. Identify deterioration or missing orders that require action.
8. Compare postoperative values with baseline and recent trends. Check alertness, breathing, perfusion, pain, urine and drain output and escalate a significant change with the exact time and values.
9. Hand over the procedure, concerns, actions and timing for follow-up.
10. Handover operation, anaesthetic and surgical issues, early findings, pending tasks and urgency. Confirm who will repeat the observations and review the next result.

Precautions

- Use clinical consent procedures with the responsible clinician during postings.
- Treat deterioration as a priority even when the checklist is incomplete.

Observations and Interpretation

Perioperative Checks Consent and Postoperative Review

Observations and Record

Item	What to record	What it tells you
Preoperative checks	Identity, site, allergy, agreement and issues	Prevents avoidable mismatch
Team checklist	Checks at each operative stage	Builds a shared plan
Recovery trend	Vitals, outputs, pain and actions	Detects complications

Worked Example

After a simulated operation, heart rate rises and urine output falls. Drain output increases and becomes bloodier.

Result and Interpretation

Escalate the change and assess possible bleeding or other causes of hypoperfusion promptly. Include baseline and current observations and timings.

Viva Questions and Answers

What is checked at time-out?

The team verifies patient, site and procedure and reviews critical concerns before incision.

Why record the actual drain trend?

Change over time may be more informative than a single value.

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