COVID-19 PRE-SURGERY ISOLATION (PSI) PATHWAY

PATIENT ATTENDS SOPD – DECISION TO PROCEED TO SURGERY

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CONSENT FOR PSI AND SURGERY

1. IF COVID-19 DEVELOPS POST-OPERATIVELY, **MORTALITY** IS THOUGHT TO BE 25-45%
2. THIS IS **IN ADDITION TO** USUAL SURGICAL PERI-OPERATIVE RISKS
3. TO REDUCE THE RISK, THE PATIENT SHOULD ISOLATE PRE-OPERATIVELY
4. **PSI IS A MAJOR CHANGE IN LIFESTYLE WHICH RELIES SOLELY ON PATIENT COMPLIANCE**. THIS **MUST** BE EMPHASISED TO THE PATIENT.

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PATIENT ATTENDS PRE-ASSESSMENT

1. THE PATIENT SHOULD BE SENT STRAIGHT TO PRE-ASSESSMENT FROM SOPD TO BE SEEN AS A 'DROP-IN' – THE PATIENT WILL NOT HAVE TO RETURN FOR AN APPOINTMENT
2. **PRE-ASSESSMENT IS FUNDAMENTAL – IF PATIENTS ARE OPTIMISED PRE-OPERATIVELY THE RISK OF POST-OPERATIVE COMPLICATIONS IS REDUCED**
3. PRE-ASSESSMENT WILL GIVE **PSI GUIDANCE** TO PATIENTS AND SUPPORT PATIENTS THROUGH THE ISOLATION PERIOD

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PATIENT LEAVES HOSPITAL

THE NEXT FEW DAYS MUST BE USED TO OPTIMISE THE PATIENT AND ALSO COMPLETE ANY FURTHER INVESTIGATIONS REQUIRED FOR SURGERY.

WHEN THE PATIENT BEGINS PRE-SURGICAL ISOLATION, THEY CANNOT LEAVE THEIR HOMES. IF THEY DO, THEY ARE NO LONGER ISOLATING

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PRE-ASSESSMENT COMPLETE
DATE GIVEN FOR SURERY

THE DATE FOR SURGERY MUST BE COMMUNICATED TO BOTH THE PATIENT AND PRE-ASSESSMENT

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PATIENT BEGINS PSI 14 DAYS PRE-OPERATIVELY

THE PRE-ASSESSMENT CLINIC WILL

1. COMPLETE A SARS-CoV-2 SWAB THE DAY BEFORE PSI STARTS
2. ENSURE THE PATIENT **STARTS PSI ON THE CORRECT DATE**
3. **SUPPORT** THE PATIENT THROUGH PSI WITH REGULAR TELEPHONE CALLS INCLUDING **SCREENING QUESTIONS** FOR COVID-19
4. ARRANGE A HOME SARS-CoV-2 TEST ON DAY 12

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COVID-19 SCREENING TEST
PSI DAY 12

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POSITIVE
PATIENT AND **GP** INFORMED BY PRE-ASSESSMENT TEAM
SURGERY CANCELLED
AND RESCHEDULED WHEN APPROPRIATE

NEGATIVE

- DAY OF SURGERY ADMISSION ON DAY 14 OF PSI
- PATIENT WEARS FLUID-RESISTANT MASK TO ATTEND HOSPITAL AND IS ADMITTED TO COVID NEGATIVE SURGICAL WARD

Dr Christina Beecroft, May 2020 FINAL