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FORMER REFERENCE(S)	<p><i>List documents that are replaced by this one</i></p> <p>PD2022_001- Elective Surgery Access Policy Advice for Referring and Treating Doctors- Waiting Time and Elective Surgery Policy IB2012_004 NSW Health Performance Surgery CPC List NSW Health- Elective Surgery Waitlist Management Resource Guide SESLHD Guide for Managing Elective Surgery</p>
EXECUTIVE SPONSOR	Medical Co Director Gynaecology Services
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SUMMARY	To promote clinically appropriate, consistent and equitable management of elective surgery patients and waiting lists in the Royal Hospital for Women (RHW)

CONTENTS:

CONTENTS:	2
1. AIM	3
2. STAFF	3
3. EQUIPMENT.....	3
4. CLINICAL PRACTICE	3
5. DOCUMENTATION	7
6. RELATED POLICIES/ PROCEDURES/ CLINICAL PRACTICE GUIDELINES . Error! Bookmark not defined.	
7. RISK RATING	Error! Bookmark not defined.
8. NATIONAL STANDARD.....	Error! Bookmark not defined.
APPENDIX 1: RHW ELECTIVE SURGERY FLOW CHART.....	7
APPENDIX 2: WEEKLY WAITLIST AUDIT REPORTS	9
APPENDIX 3: MONTHLYWAITLIST AUDIT REPORTS.....	10
APPENDIX 4: MINIMUM DATA SET FOR COMPLETED RFA	11
APPENDIX 5: MINIMUM DATA SET FOR COMPLETED RFA FOR CAESARIAN SECTION	12
APPENDIX 6: ESCALATION PROCESS FOR CANCELLATION OF PATIENTS IN RANDWICK CAMPUS OPERATING THEATRE	13
APPENDIX 7: CLINICAL URGENCY CATEGORY (CUC) LETTER	14
APPENDIX 8: CLINICAL URGENCY CATEGORY (CUC) LETTER	15
APPENDIX 9: PATIENT TELEHEALTH VIDEO LINK LETTER	16
APPENDIX 10: PATIENT TELEPHONE CONSULT LETTER	17
APPENDIX 11: PREADMISSION SCREENING TOOL	18
.....	18
APPENDIX 12: ANAESTHETIC ANTENATAL REFERRAL FORM	19

This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

1. AIM

- To promote clinically appropriate, consistent and equitable management of elective surgery patients and waiting lists in the RHW
- To align with the MOH [PD2022_001](#) Elective Surgery Access

2. STAFF

- RHW Management Executive
- Access and Demand Manager
- Clinical Co-Directors Gynaecology/ Maternity Services
- Medical Officers
- Department Heads
- RHW Theatre Management Committee
- Randwick Campus Operating Theatre Management Committee
- After Hours Nurse Managers
- Surgical Booking Office
- General Practitioner

3. EQUIPMENT

4. CLINICAL PRACTICE

- Ensure all requests for elective and emergency surgical admission for all women (adult or adolescent) at RHW must be on the official **Recommendation for Admission (RFA) Form**
- Process requests through the Booking Office for all planned elective surgery
- Book emergency surgical admissions through the Access and Demand Manager (#44020)
- Book elective non-surgical admissions through the RHW Admissions Office
- Refer to flow chart *Appendix 1*

4.1 Responsibility of the Waiting List Coordinator (Access Demand Manager)

- Maintain and report monthly waiting lists to the Admitting Medical Officer (AMO), for all surgical departments as per [PD2022_001](#)- Elective Surgery Access
- Review of waiting lists by all Departments regularly to ensure:
 - Patient priorities accurately reflect her current condition
 - Admission from the waiting list is conducted equitably
 - Ensure that all patients waiting for more than 12 months are clinically reviewed either in the consultant's room or Gynaecology Outpatients' Department
- Admit all elective Intended Day Only patients to Day Surgery Unit (DSU) unless by exception and in line with the RHW Admissions Policy
- Ensure all elective overnight admissions are booked as Day of Surgery Admissions (DOSAs).
- Admit DOSA patients to DSU unless direct ward admissions to Macquarie Ward
- Conduct waitlist audits weekly and monthly - responses actioned by the surgical booking clerk *Appendix 2 & 3*
- Collate and store waitlist audits
- Report results to the Management Executive and Clinical Co-Director Gynaecology and Maternity Services

GYNAECOLOGY SERVICES- (Benign, Oncology and Breast)

4.2 Surgeons Responsibility:

- Assign a woman who requires an elective procedure a Clinical Urgency Category (CUC) by the treating clinician. The CUC must be:
 - Appropriate to the patient and their clinical condition
 - Not influenced by the availability of hospital or surgeon resources
- Access to treatment is based on clinical need regardless of health insurance status
- Acceptance of an RFA from clinicians is only for those that are currently contracted and appropriately credentialed with the SESLHD-RHW
- Ensure the RFA and all mandatory data set is complete, legible and accurate *Appendix 4*
- Ensure the woman has been fully informed about the planned procedure or treatment and obtain her consent
- Forward the completed RFA direct to the hospital within 3 working days of the patient agreeing to the proposed procedure/treatment (via the most relevant means e.g., mail, hand delivery or by woman/ carer)
- Initiate prompt and appropriate communication with the referring General Practitioner (GP) regarding management of the woman
- Ensure that the treating doctor is available to perform the procedure within the CUC timeframe. Alternatively, the treating doctor should make arrangements for another clinician to perform the procedure within the appropriate CUC time frame as per table below

Clinical Urgency Categories (CUC):

Category 1 (A)	Admission within 30 days	Desirable for a condition that has the potential to deteriorate quickly to the point it may become an emergency
Category 2 (B)	Admission within 90 days	Desirable for a condition that is not likely to deteriorate quickly or become an emergency
Category 3 (C)	Admission within 365 days	Acceptable for a condition which is unlikely to deteriorate quickly and which has little potential to become an emergency
Category 4 (D)	Not Ready for Care (staged and deferred)	Patients who are either not ready for admission (staged) or those who have deferred admission for personal reasons (deferred)

4.3 Responsibilities of the Surgical Booking Clerk:

- Ensure all relevant data is entered on the waiting list system (iPM) within 3 working days of receipt of the RFA. This includes changes notified by the patient, GP, Surgeon, RMO, administrative or other staff
- Check allocated CUC against the Surgery Urgency Categorisation List - [Advice for Referring and Treating Doctors - Waiting Time and Elective Surgery Policy](#)
- Contact the referring doctor if there is no supporting clinical information supplied to provide the additional clinical information that supports the selected CUC
- Escalate to the Waitlist Coordinator where clinical information is missing and to action accordingly
- Ensure documented evidence must be readily available to validate any changes to a woman's CUC
- Ensure documentation has been signed by the relevant staff member and include **date and time** of notification of priority change, the **person notifying** priority change, **reason** for priority change
- Contact and notify the woman of placement onto waitlist and Planned Admission Date/ To Come In (PAD/TCI) via phone, Telstra Integrated Messaging (TIM SMS), email and/or letter
- Ensure completed RFA is presented to the booking office for management in Surginet and allocation to the surgical theatre list in a timely manner

- Comment on the elective theatre list relating to the requirements of the woman for allocation to appropriate ward - Acute Care Ward (ACW)/ Intensive Care Unit (ICU)
- Ensure the woman is advised of change of booking date as far in advance as possible
- Ensure woman cancelled on day of surgery due to uncontrolled circumstances in Operating Theatres are rebooked and offered a new admission date as soon as possible and as confirmed
- Classify all women as Ready for Care if their admission is postponed/delayed due to reasons other than their own availability, e.g., unavailability of doctor, operating theatre or bed
- Manage Not Ready for Care (NRFC) women to ensure they become Ready for Care (RFC) or are removed from the waitlist. A NRFC can be defined as a woman who is not available to be admitted to hospital until some future date and is either staged or deferred
 - Staged Procedures- NRFC
 - On request for admission the NRFC timeframe should be identified by the treating doctor and an RFC clinical priority category indicated
 - Once the identified staged timeframe is completed the woman returns to RFC category as indicated by the treating doctor
 - A PAD/TCI can be arranged whilst the patient is NRFC
 - Deferred Procedures- NRFC
 - The period of time the patient request deferment should be determined and the woman returned to the original CPC at that timeframe
 - A deferred woman should not exceed the timeframes of their CPC as indicated
 - Cumulative timeframes for NRFC
 - Cat 1 - 15 days (discussion with the referring doctor must occur)
 - Cat 2 - 45 days
 - Cat 3 – 180 days
- Ensure all documentation and electronic data input is accurate, legible and complete
- Attach supporting documentation to be part of the RFA, this will become part of the woman's medical record
- Ensure the electronic waiting list is updated with any changes
- Action and amend waitlist audit reports as directed by the Access and Demand Manager (Waitlist Coordinator)
- Attend weekly Access Committee meeting to review all planned surgical admissions for proceeding two weeks
- Report and discuss pertinent issues that arise in relation to the Elective Surgical Waitlist with the Access Committee
- Send audit letter to any woman who has been on the waitlist greater than 6 months to ascertain remaining on waitlist or to remove the waitlist entry

4.4 Pre-Admission Assessment

- Complete all elective surgical woman's' RFA prior to presentation to the Booking Office for processing prior to their admission date. The assessment should include review of completed Patient Health Questionnaire (PHQ)
- Screen the completed PHQ by Gynaecology OPD nursing staff for completeness. Woman/ carers must be contacted where PHQs are identified as incomplete
- Review of the RFA by the Anaesthetic Consultant to determine if assessment at Pre-Anaesthetic Clinic (PAC) is required prior to surgery (Appendix 9)
- Schedule to PAC woman requiring anaesthetic or surgical assessment/ education four weeks prior to planned admission unless requires urgent Pre-admission assessment as per CUC or anaesthetic request

4.5 Pre-admission Clinic (PAC)

- Ensure woman attending PAC will:
 - Be assessed in the PAC unit via telehealth or face to face as per Pre-Admission Screening Tool (Appendix 9)

- Ensure telehealth instructions are delivered to woman
- Book interpreter services as required, woman must attend in person for PAC appointment
- Have an anaesthetic assessment conducted
- Have surgical admission commenced including booking of Acute Care Ward (ACW)/ICU post-op beds if required, documentation of medications, diagnostic tests booked, if required
- Have Admission and Discharge Risk Assessment tool commenced by nursing staff

4.6 Surgical Postponements and Rescheduling Theatre

- Enact the rebooking of an elective surgical woman who is cancelled on the day of surgery due to uncontrollable circumstances in the Randwick Campus Operating Theatres (RCOS) by the surgeon and reschedule the woman for future surgery
- Negotiate with the Nurse Manager RCOS or delegate with the surgical registrar or Fellow to determine available theatre time
- Forward the RFA back to the booking office with the new advised theatre time, date and reason for cancellation so that the woman's waitlist can be re-established (iPM Disassociation of waitlist record) and information regarding the postponement can be recorded accordingly in waiting list system (iPM)
- Ensure the theatre team leader cancels the woman in eMR Surginet to reflect the cancellation on day of surgery and select the most accurate reason for surgical postponement
- Ensure surgical team contacts the woman before discharge or the following day to advise of the new theatre date and time planned for surgery. *Appendix 3*

MATERNITY SERVICES

4.7 Surgeon's Responsibility:

- Acceptance of an Obstetric RFA from clinicians is only for those that are currently contracted and appropriately credentialed with the SESLHD - RHW
- Ensure the RFA and all mandatory data set is complete, legible and accurate *Appendix 2*
Ensure the woman has been fully informed about the planned procedure or treatment and obtain their consent
- Forward the completed RFA direct to the Booking office, the assessment should include the completed Patient Health Questionnaire (PHQ)
- Ensure the gestation of the pregnancy is > 39 weeks for low-risk pregnancy, repeat Caesarean Section or breech on request for Elective Caesarean Section
- Include the medical and obstetric history, if relevant to pregnancy, on the RFA for any deviation from normal e.g., MCDA Twins 36-37 weeks; major Placenta Praevia 37 weeks
- Review of incomplete RFA's to be attended by Maternity Services Medical Co-Director

4.8 Responsibilities of the Surgical Booking Clerk:

- Ensure completed RFA is presented to the booking office for management in Surginet and allocation to the surgical theatre list in a timely manner
- Contact and notify woman by phone, email and/or letter of planned admission date
- Notify patient of Pre-Admission Clinic (PAC) appointment
- Comment on the elective theatre list relating to the requirements of the mother and baby for allocation of appropriate ward, Midwifery Group Practice (MGP) patient and gestation of pregnancy, admission to Neonatal Care Centre (NCC) or Acute Care Ward (ACW)

4.3 Pre- Admission Clinic (PAC)

- Ensure woman attending Maternity PAC will:
 - Be assessed in the Maternity OPD and have a group discussion with the midwifery staff relating to their upcoming planned admission for Elective Surgical Caesarean Section
 - Have an anaesthetic assessment conducted. Complete eMR PAC file review
 - Have an obstetric review and have a surgical admission commenced including:

- consent signed and accurate procedure documented
- gestation calculated and accurate
- booking of ACW/ICU post-op beds if required
- documentation of medications and diagnostic tests booked if required
- concerns discussed with team consultant if required
- complete eMR PAC file review

5. DOCUMENTATION

- Recommendation for Admission (RFA) Form
- Patient Administration System – iPM (PAS)
- Electronic Medical Record – eMR, eMaternity, Surginet
- Telstra Integrated Medical Messaging Service – TIM SMS

REVISION & APPROVAL HISTORY

Version 4 Approved 18 October 2023 RHW SQC

Author - Access and Demand Manager

Reviewed by Access Demand Manager March 2023 - update PD2022_01 and PAC Assessment Tool

Reviewed by Access Demand Manager October 2021

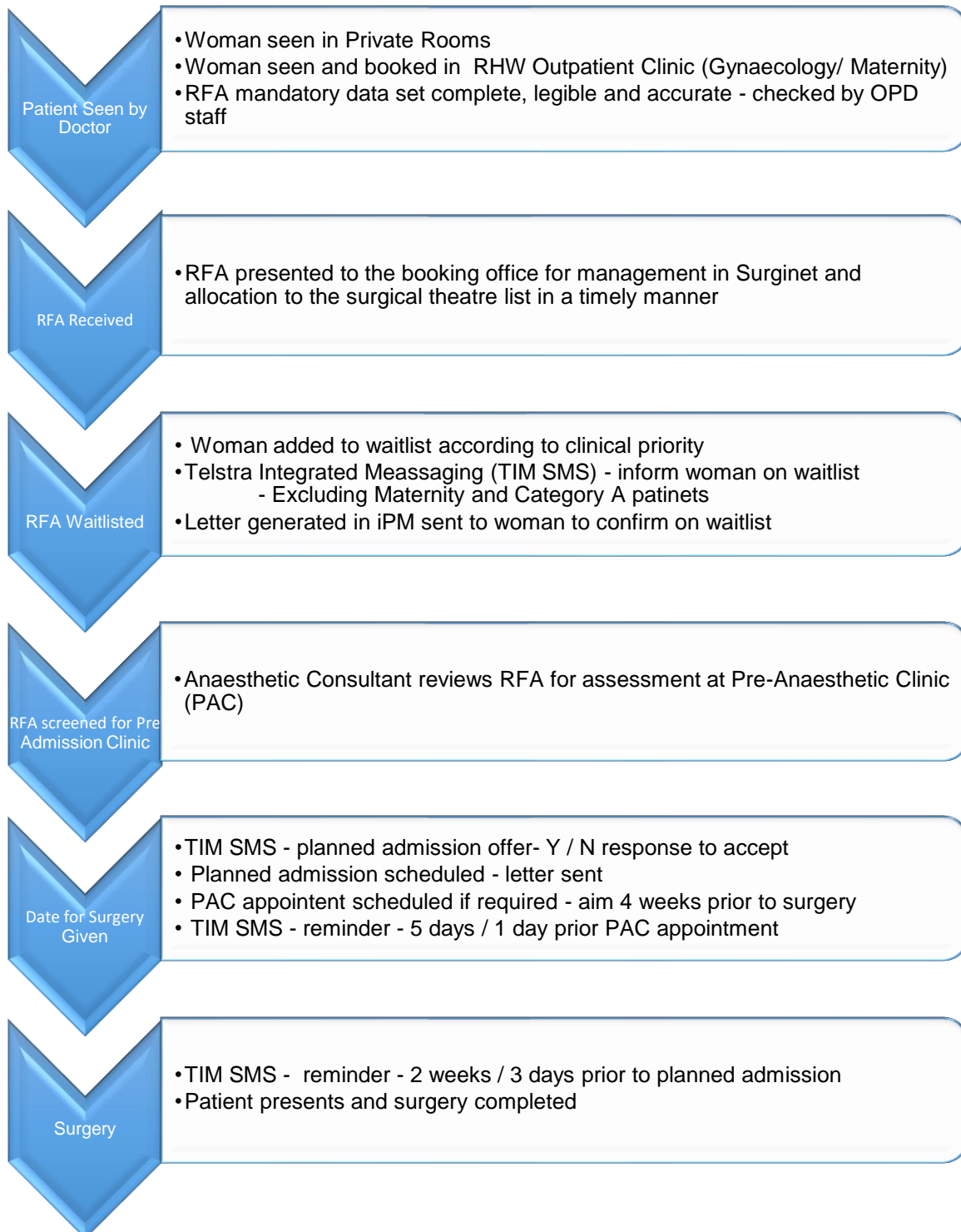
Amended by Access and Demand Manager January 2019

Approved - Quality & Patient Safety Committee April 2017

(Approved by General Manager pending Committee Approval)

FOR REVIEW: 2028

APPENDIX 1: RHW ELECTIVE SURGERY FLOW CHART



APPENDIX 2: WEEKLY WAITLIST AUDIT REPORTS

Date of Report:

Policy Ref.	Audit Requirement	Report	Issues Identified Y/N	Corrections made / Comments
7.2	Duplicate Booking at Same Facility Check for duplicate bookings	RSE_WLIST 45		
7.2	Inappropriate Wait Check for breach of Category	RSE_WLIST11 A		
7.2	Status Review/WL Open Suspension w priority Not =9/ WLPriority=9 and No Current Suspension/ WL Suspension W.Out Resume Date Update status review date for Category 4 patients	RSE_WLIST12/ WL1017_SBB		
7.2	Planned Admission Date Passed <ul style="list-style-type: none"> ➤ Review exceeded planned admission dates ➤ Ascertain whether a patient has already had their procedure 	WLI008_SBB		
7.2	Emergency Admission and has an Active WL Booking Identify patients on list admitted through ED for same procedure	RSE_WLIST39		
7.2	Patient Delays with No Rescheduled TCI Ensure delayed patient is rescheduled for next available theatre session	WLI014_SBB		
7.2	Number of patients removed and reasons for removal from the waiting list Patients Removed from WL excl. due to Admission	RSE_WLIST 44		

Recommendations for improvement:

Location of audit files:

Name and signature of auditor:		Name and signature of Senior Hospital Executive:	
Date:		Date:	

This report should be submitted to relevant executive/manager and tabled at the relevant governance committee

APPENDIX 3: MONTHLYWAITLIST AUDIT REPORTS

Date of report:

Policy Ref.	Audit Requirement	Report	Issues identified Y/N	Corrections made / Comments
7.3	Patients Removed from WL excl. due to Admission Patients who have been removed from waitlist	RSE_WLIST44		
7.3	Planned Admission Delays *Patients who have incurred a delay	WLI012_SBB		
7.3	*Patients with Two or More Planned Admission Delays *Patients who have had 2 or more delays	WLI013_SBB		
7.3	*Patient Delays with No Rescheduled TCI Patients who have been delayed and do not have a rescheduled PAD	WLI014_SBB		
7.3	Duplicate Booking at Same Facility	RSE_WLIST 45		
7.3	Theatres KPI Report Surginet Patients cancelled or postponed after admission on their day of surgery	SN027A		
7.3	Waitlist Summary by AMO Comprehensive list of patients for each treating doctor	RSE_WLIST34		

* This report must also be supplied to the LHD/Network CEO or delegate

Recommendations for improvement:

Location of audit files:			
Name and signature of auditor:		Name and signature of Senior Hospital Executive:	
Date:		Date:	

This report should be submitted to relevant executive/manager and tabled at the relevant governance committee

APPENDIX 4: MINIMUM DATA SET FOR COMPLETED RFA

- Patient's full name
- Patient's address
- Patient's email address if available
- Patient's contact information (home, work and/or mobile)
- Patient's gender
- Patient's date of birth
- Patient's Medicare number
- Clinical Urgency Category
- If classified as staged, the time interval when the patient will be ready for care must be indicated
- **Discharge intention** (i.e. Day only, or indication of number of nights in hospital)
- Anticipated election status
- Presenting problem/Diagnosis
- Planned procedure/treatment
- Significant medical history (including allergies)
- Date RFA Completed
- Treating Doctor (if different)
- Patient and Treating Doctor's signed consent (if available)
- Estimated operating time
- **General Practitioner** (name and address if available)
- Interpreter required
- **Special requirements** (e.g. ICU bed, theatre equipment and preadmission)

Specify

RFA entered in Patient Administration System: Date: _____ Clerk: _____

Minimum Data Requirements Completed: • Yes • No

Completed RFA received in Admission Office: Date: _____ Clerk: _____

Patient Contacted/Instructions Given: Date: _____ Clerk: _____

APPENDIX 5: MINIMUM DATA SET FOR COMPLETED RFA FOR CAESARIAN SECTION

- Patient's full name
- Patient's address
- Patient's email address if available
- Patient's contact information (home, work and/or mobile)
- Patient's gender
- Patient's date of birth
- Patient's Medicare number
- Presenting problem/Diagnosis
- Estimated Date of Confinement (EDC)
- Dates 39-40 weeks gestation
- Planned procedure/treatment
- Estimated operating time
- Significant medical history/ Comorbidities/ Psychosocial Care Plan (PSCP)
- Highly Vulnerable Patient
- Known Infectious Risk
- Known Allergies
- Special requirements (e.g. ACW, ICU bed, theatre equipment and preadmission)
- Date RFA Completed
- Treating Doctor (if different)
- eMR Pre-Admission Clinic File Review completed- Anaesthetics/ RMO

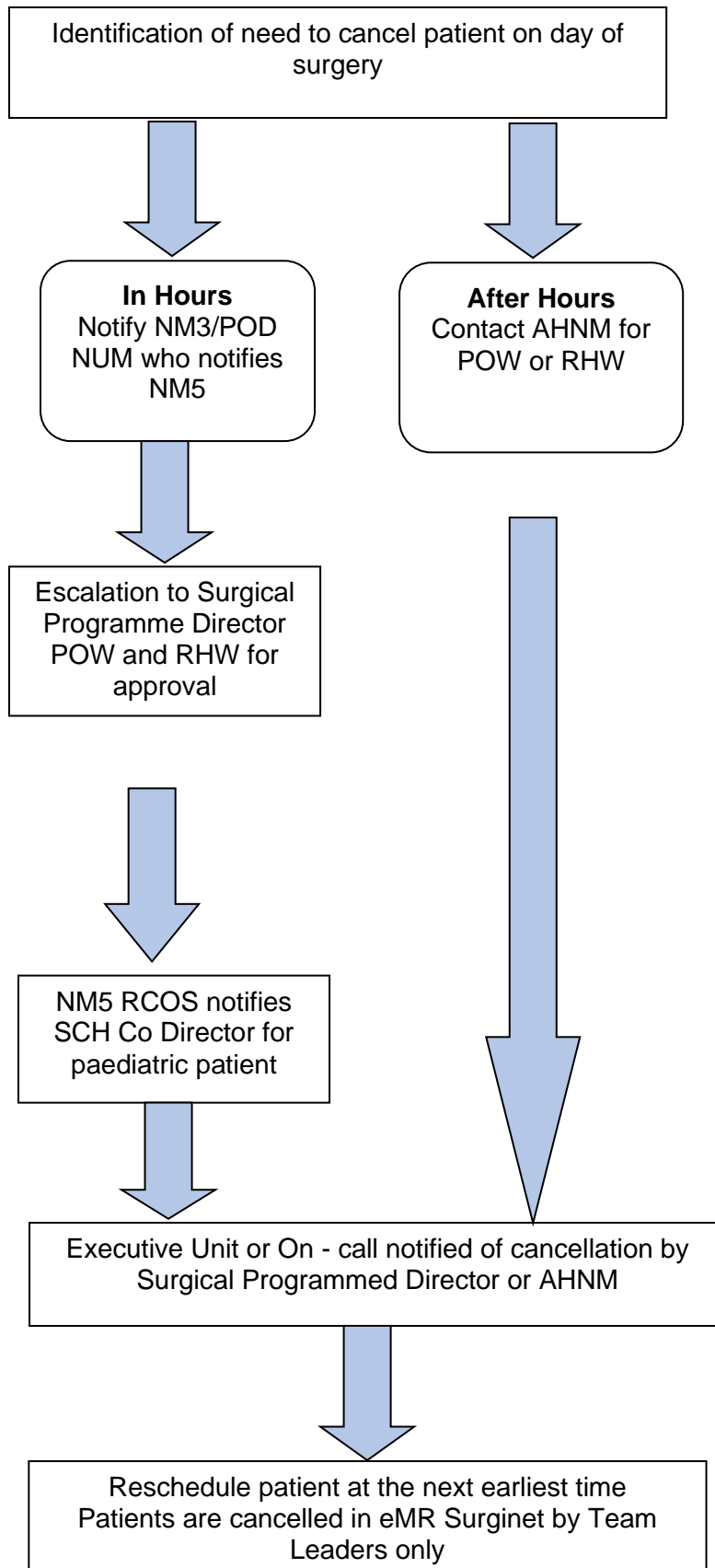
RFA entered in Patient Administration System: Date: _____ Clerk: _____

Minimum Data Requirements Completed: • Yes • No

Completed RFA received in Admission Office: Date: _____ Clerk: _____

Patient Contacted/Instructions Given: Date: _____ Clerk: _____

APPENDIX 6: ESCALATION PROCESS FOR CANCELLATION OF PATIENTS IN RANDWICK CAMPUS OPERATING THEATRE



APPENDIX 7: CLINICAL URGENCY CATEGORY (CUC) LETTER

FAX

To:	Fax:
	Phone:
From:	Fax:
Department:	Phone:
Date: / /	Number of pages:
Subject: Clinical supporting documentation for allocation of Clinical Urgency Category	

Patient Details		Procedure	CUC allocated on RFA	Reference list CUC
Patient Name				
D.O.B				

Dear Dr

We received a recommendation for admission (RFA) for the patient listed above. The allocated Clinical Urgency Category (CUC) differs from the reference list CUC in [IB2012_004 Advice for Referring and Treating Doctors – Waiting Time and Elective Surgery Policy](#).

Appropriate categorisation of patients with similar conditions enhances the health systems ability to manage patient access equitably, so that priority is given to the patients with the greatest clinical need.

Individual patient exceptions to the recommended CUC are facilitated by supporting documentation. The received RFA does not include sufficient clinical information to support the allocated CUC.

We request that you provide further clinical information to support the allocation of the higher CUC within 14 days. While we are waiting for the supporting documentation the reference list CUC will be assigned.

Your response will be reviewed and considered by the Dr <INSERT NAME>, Co-Director Gynaecology Services, RHW and you will be notified of the decision.

If no response is received within 14 days, the reference list CUC will continue to be used to manage the care of the patient.

Yours sincerely,

NAME
Waitlist Manager

<Decision Maker Name>
Posi

Booking Process for Elective Surgical Patients RHW/BR-XXXX/MM-YYYY

APPENDIX 8: CLINICAL URGENCY CATEGORY (CUC) LETTER

Date:

Dear Dr

Acceptance of allocation of Clinical Urgency Category

Patient Details			Procedure	CUC allocated on RFA
Patient Name				
D.O.B				

Thank you for providing the requested clinical information.

The documentation has been reviewed by Dr <NAME>, Co-Director Gynaecology Services, RHW and has been accepted. The clinical urgency that you allocated to the patient will remain. The patient administration system has been updated to reflect the allocated CUC.

Yours sincerely,

<NAME>
Waitlist Manager

<Decision Maker Name>
Position

Booking Process for Elective Surgical Patients RHW/BR-XXXX/MM-YYYY

APPENDIX 9: PATIENT TELEHEALTH VIDEO LINK LETTER

Dear

We are pleased to confirm your **telehealth (video-link)** preadmission clinic appointment for *<date>* between 13:00-16:00.

To prepare for your appointment, please find a quiet space where you will feel comfortable discussing your medical and family history. You can open your appointment from a computer, smartphone or tablet.

On the day of your appointment you will speak to a nurse, doctor and an anaesthetist who may need to arrange further tests or investigations. Please allow approximately **three hours** for your appointment.

Accessing your appointment via your computer, tablet or smart phone:

1. Please open **Google Chrome** and copy and paste link
<https://myvirtualcare.health.nsw.gov.au/public/#/sesrhwgynopd>
2. Type in your name, contact number and your role 'a patient'
3. Click **next**
4. Confirm your appointment time
5. Accept billing consent

You can find more detailed instructions on how to access your appointment attached to this email.

A few things to keep in mind on the day of your appointment:

- 1) Occasionally the appointment before yours will run over time – you can still login to the 'my virtual healthcare' platform where you will enter a virtual 'waiting room'. As soon as we can, we will join you
- 2) If you have any questions or concerns on the day of your appointment you can contact us on 9382 6248.

We look forward to meeting you

RHW Gynaecology Outpatient Department

Booking Process for Elective Surgical Patients RHW/BR-XXXX/MM-YYYY

APPENDIX 10: PATIENT TELEPHONE CONSULT LETTER

Dear < _____ >

This letter is to provide you with some important details before your scheduled surgery.

You will be given a Pre-Admission 'telephone appointment time' by the booking office after they receive your RFA form. To prepare for the appointment, please find a quiet space where you will feel comfortable to discuss your medical and family history.

On the Friday morning of this 'telephone' appointment you will need to be available between 09:00-12:00.

An Anaesthetist will ring you at your home for a telephone consult. It will say 'No Caller ID' so you will need to answer. **Please do not come to the hospital** on that day. This is so you have less contact with other people in the week before your surgery.

You will also receive a phone call from the hospital the day before your admission for confirmation of your surgery date between 13:00-15:00.

On the day of your surgery, come to the hospital on < _____ > at 6.30am.

(Nothing to eat or drink from 12 midnight the day before surgery unless otherwise advised).

If you take regular medications, your Obstetrician will advise whether you need to take these on the day of your surgery.

Remember to clean your skin with the Chlorhexidine anti-bacterial wash provided, when you have ***your shower at home on the morning of your surgery.***

When you arrive at our hospital, leave your suitcase in the car. This can be brought to the ward after your operation.

Come to the front Admissions Desk, at the main entrance of RHW, where you will be directed to the appropriate ward. Routine pre-operation blood tests (FBC and Group& hold) will then be attended by our staff on the day.

You will need your ***Medicare card***, or if you are an overseas patient please bring your ***health insurance details***.

Kind Regards,
RHW Maternity Outpatient Department

CLINICAL BUSINESS RULE

Booking Process for Elective Surgical Patients RHW/BR-XXXX/MM-YYYY

APPENDIX 11: PREADMISSION SCREENING TOOL

PREADMISSION CLINIC SCREENING TOOL

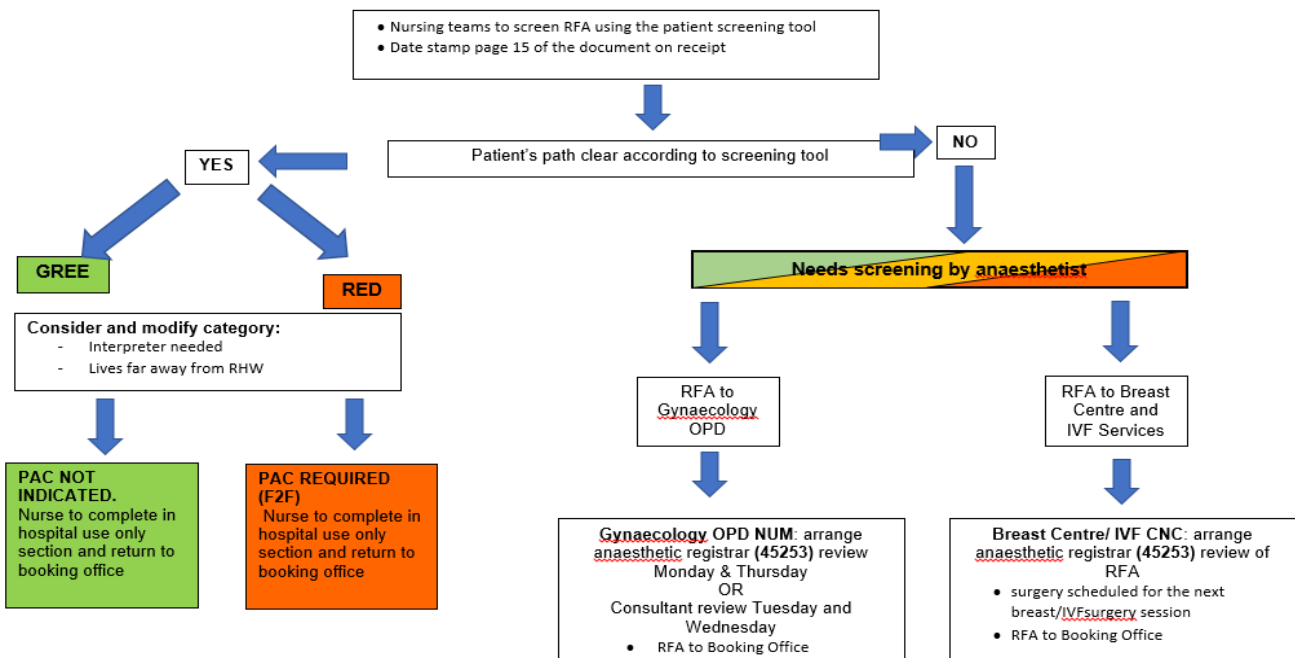
		SURGICAL LEVEL OF COMPLEXITY		
		LOW	INTERMEDIATE	HIGH
		<ul style="list-style-type: none"> ≤ 90 minutes Hysteroscopy LLETZ/cone biopsy 	<ul style="list-style-type: none"> 90 - 120 minutes Bleeding not expected Laparoscopic hysterectomy 	<ul style="list-style-type: none"> > 120 minutes Complex oncology/laparotomy
PACIENT LEVEL OF COMPLEXITY	LOW	<ul style="list-style-type: none"> 18 < BMI < 35 Fit and well Age < 60 years 	RFA review by Anaesthesia	RFA review by Anaesthesia
	INTERMEDIATE	<ul style="list-style-type: none"> Well controlled comorbidities (hypothyroid) Smoker/chronic cough Alcohol use (>15 drinks/week) Anaemia/declining blood products BMI < 18 	RFA review by Anaesthesia	RFA review by Anaesthesia
	HIGH	<ul style="list-style-type: none"> Previous MI/CV/on anticoagulation Substance abuse Respiratory disease Renal disease Chemo/radiotherapy Age > 70 years BMI > 50 - 	RFA review by Anaesthesia	

- Other considerations:
- Interpreter required
 - Live far away from RHW

Legend

 No need for pre-admission assessment	 Review by anaesthetist/telehealth	 PAC Face to face
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PREADMISSION CLINIC RFA PROCESS



CLINICAL BUSINESS RULE

Booking Process for Elective Surgical Patients RHW/BR-XXXX/MM-YYYY

APPENDIX 12: ANAESTHETIC ANTENATAL REFERRAL FORM

Obstetric History	
G: ___ P: ___ BMI: ___ Height: _____ cm Weight: _____ kg EDD: _____ Blood group and antibodies: _____	
Previous deliveries	Vaginal No: _____ VBACs: _____
	LSCS No: _____
Previous epidural/spinal	No previous spinal: _____ No previous epidural: _____
	Any issues? _____ <input type="checkbox"/> Failed to site epidural/spinal <input type="checkbox"/> Spinal cord injury <input type="checkbox"/> Ineffective <input type="checkbox"/> Extensive neurosurgical lumbar/thoracic procedure/hardware <input type="checkbox"/> Other: (specify)
Disorders of placentation	<input type="checkbox"/> Placenta previa <input type="checkbox"/> Placenta accreta/increta/percreta
Previous obstetric complications	<input type="checkbox"/> Pre-eclampsia/eclampsia <input type="checkbox"/> Post-partum haemorrhage <input type="checkbox"/> Perineal trauma <input type="checkbox"/> Traumatic birth/experience <input type="checkbox"/> Other: (specify)
Other pregnancy considerations	<input type="checkbox"/> Multiple gestation <input type="checkbox"/> Increased risk PPH <input type="checkbox"/> Fe deficiency anaemia <input type="checkbox"/> Other: (specify)
Medical Conditions:	
Anaesthetic complications	<input type="checkbox"/> Malignant hyperthermia <input type="checkbox"/> Sux apnoea <input type="checkbox"/> Known difficult airway <input type="checkbox"/> Allergy to any anaesthetic drugs <input type="checkbox"/> Other: (specify)
Other medical conditions	<input type="checkbox"/> BMI > 45 <input type="checkbox"/> Diabetes/GDM <input type="checkbox"/> Asthma <input type="checkbox"/> Obstructive Sleep Apnoea
Cardiac disease	<input type="checkbox"/> Congenital heart disease <input type="checkbox"/> Previous cardiac surgery <input type="checkbox"/> Arrhythmias/palpitations <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Other: (specify)

CLINICAL BUSINESS RULE

Booking Process for Elective Surgical Patients

RHW/BR-XXXX/MM-YYYY

<p>Musculoskeletal disease</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Myopathy <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Achondroplasia <input type="checkbox"/> Osteogenesis Imperfecta <input type="checkbox"/> Scoliosis/vertebral column abnormalities <input type="checkbox"/> Previous spinal surgery <input type="checkbox"/> Other: (specify)
<p>Haematological Disease</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Von Willebrand Disease <input type="checkbox"/> Factor V Leiden <input type="checkbox"/> Haemophilia <input type="checkbox"/> Thrombocytopaenia <input type="checkbox"/> Anticoagulation therapy <input type="checkbox"/> Jehovah's Witness <input type="checkbox"/> Other: (specify)
<p>Neurological Disease</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Multiple sclerosis <input type="checkbox"/> Neurofibromatosis <input type="checkbox"/> Arnold Chiari malformation <input type="checkbox"/> Spina bifida (occulta) <input type="checkbox"/> Spina bifida (cystica) <input type="checkbox"/> Myasthaenia gravis <input type="checkbox"/> Benign intracranial hypertension <input type="checkbox"/> Epilepsy <input type="checkbox"/> Tumour <input type="checkbox"/> Spinal cord injury <input type="checkbox"/> V-P shunt, hydrocephalus <input type="checkbox"/> Other: (specify)
<p>Connective Tissue Disease</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Marfan's Syndrome <input type="checkbox"/> Ehlers Danlos Syndrome (vascular or non-vascular type) <input type="checkbox"/> Systemic Lupus Erythematosus <input type="checkbox"/> CREST syndrome <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Other: (specify)
<p>Psychosocial</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Anxiety/Depression <input type="checkbox"/> Post-partum depression/psychosis <input type="checkbox"/> Illicit substance abuse/alcohol abuse <input type="checkbox"/> Other: (specify)