

AIIMSGHY Hospital	Doc No.	E/NABH /AIIMSGHY/ COP 7 / 06
<b>POLICY ON POST-PROCEDURE PATIENT TRANSFER</b>	Issue No.	01
	Rev. No.	00
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POLICY ON POST-PROCEDURE PATIENT TRANSFER

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES,  
GUWAHATI**



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### Control of the Manual

1. The holder of the copy of this manual is responsible for maintaining it in good and safe condition and in a readily identifiable and retrievable.
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The authority over control of this manual is as follows:

Preparation	Approval	Issue
		

The procedure manual with original signatures of the above on the title page is considered as 'Master Copy', and the photocopies of the master copy for the distribution are considered as 'Controlled Copy'.

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Sr. No.	Designation
1.	Executive Director
2.	Medical Superintendent, Principal College of Nursing
3.	All HODs for departmental Distribution

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### COP - POLICY ON POST-PROCEDURE PATIENT TRANSFER

*(Ward → OT → Recovery → Ward / ICU)*

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#### 1.0 PURPOSE

The purpose of this policy and its supportive guidelines is to ensure **safe, structured, and appropriate transfer of patients** with minimal risk.

This policy aims to:

- Clarify clinical accountability of nursing staff, medical team, and support staff
- Ensure continuity of care during transfers
- Minimize interruption, adverse events, and risk during patient movement

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#### 2.0 SCOPE

This policy applies to **all patients undergoing surgical or procedural interventions** who require transfer:

- From **Ward to Operation Theatre (OT)**
- From **OT to Post-Operative Recovery Area**
- From **Recovery Area to Ward or ICU**

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### 3.0 RESPONSIBILITY

- Treating Consultant
- Anaesthesiologist
- On-duty Doctor
- Ward Nurse
- OT Nursing Staff

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### 4.0 TRANSFER OF PATIENT FROM WARD TO OPERATION THEATRE (OT)

While transferring an operative patient from the ward to the Operation Theatre, the following steps **must be verified and completed** by nursing and OT staff **before shifting the patient**:

#### 4.1 Patient Verification

- Operation date and time
- Patient name
- UHID number and IP number
- Planned procedure / surgery
- Name of treating consultant and operating surgeon

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#### 4.2 Pre-Operative Verification

- Completion and verification of all **pre-operative investigations**
- Physician fitness clearance documented
- Completion of **Pre-Anaesthesia Evaluation Form**, including:
  - Known allergies
  - Unknown / suspected allergies

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#### 4.3 Patient Preparation

- Patient dress changed to OT attire
- Mouth wash completed
- Part Preparation is done

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- Motion pass ensured
- Surgical site marking (if applicable)
- Pre-operative medication administered as ordered

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#### 4.4 Documentation

- Operation Theatre documents prepared
- Relevant investigation reports attached (X-ray, CT, MRI, USG, ECG as applicable)
- Valid consents obtained and attached:
  - Anaesthesia consent
  - Surgery consent
  - High-risk consent (if applicable)
  - Any additional procedure-specific consent

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#### 4.5 Clinical Stability

- Vital signs stabilized and recorded:
  - Temperature
  - Pulse
  - Respiratory rate
  - SpO<sub>2</sub>
  - Blood pressure
  - Blood sugar (if indicated)

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#### 4.6 Blood Availability

- If expected blood loss > 500 ml:
  - Blood arranged
  - Blood bag stored and verified as per requirement

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#### 4.7 Final Checklist

- OT checklist completed and verified

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- Documentation confirmed before transfer from ward to OT

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## 5.0 TRANSFER OF PATIENT FROM OT TO POST-OPERATIVE RECOVERY AREA

### 5.1 Immediate Post-Surgery Transfer

- Post-surgery, patient is transferred to the **Post-Operative Recovery Area**
- Minimum observation period: **30 minutes after recovery from anaesthesia**
- Patients requiring intensive monitoring for:
  - Poor cardiac status
  - Poor respiratory status  
→ are **shifted directly to ICU**

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### 5.2 Post-Anaesthesia Monitoring

All patients receiving:

- General anaesthesia
- Spinal anaesthesia
- Epidural anaesthesia
- Regional anaesthesia
- Sedation

shall receive post-anaesthesia care in the Recovery Area under OT supervision.

Monitoring includes:

- ECG (if indicated)
- SpO<sub>2</sub>
- Pulse
- Blood pressure

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### 5.3 Clinical Observation

Patients are monitored for:

- Pain relief adequacy
- Restlessness

- Respiratory distress
- Excessive sedation or depression

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#### 5.4 Criteria for Alerting Anaesthesiologist

Anaesthesiologist must be informed immediately if any of the following occur:

- Abnormal ECG rhythm
- SpO<sub>2</sub> < 95%
- Pulse < 60 or > 110 per minute
- Systolic BP < 100 mmHg or > 150 mmHg
- Respiratory rate < 12 or > 30 per minute
- Inadequate pain control
- Patient not arousable

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#### 5.5 Medical Supervision

- General medication and supervision in Recovery Area is under:
  - Anaesthesiologist
  - In consultation with the operating surgeon

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#### 6.0 TRANSFER OF PATIENT FROM RECOVERY AREA TO WARD

After stabilization, the patient is transferred from Recovery Area to Ward.

#### 6.1 Discharge Criteria from Recovery Area

Decision is taken based on:

1. Respiratory rate
2. Cardiac rhythm
3. Blood pressure
4. Oxygen saturation
5. Pulse rate

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#### 6.2 Authority for Transfer

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- Discharge from Post-Operative Recovery Area is decided by:
  - Anaesthesiologist
  - Consultant Surgeon

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#### **7.0 RECORDS GENERATED**

- Anaesthesia Notes
  - OT Checklist
  - Pre-Anaesthesia Evaluation Form
  - Post-Anaesthesia Monitoring Chart
  - Recovery Room Observation Record
  - Surgical Safety Checklist
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