

# SOP Template: Handling Emergency or Complications Post-Surgery

This SOP details the essential protocols for **handling emergency or complications post-surgery**, including immediate assessment of the patient's condition, recognition of common postoperative complications, stabilization techniques, communication with medical team members, documentation of incidents, and timely interventions to ensure patient safety and recovery.

## 1. Purpose

To ensure a standardized and effective response to emergencies or complications arising after surgery, guaranteeing optimal patient outcomes, team coordination, and regulatory compliance.

## 2. Scope

This SOP applies to all healthcare professionals involved in postoperative care, including surgeons, anesthesiologists, nurses, and allied health staff in the recovery and ward settings.

## 3. Responsibilities

- **Surgeons:** Lead management and decision-making in complex cases.
- **Nursing Staff:** Monitor, identify, and report signs of complications, initiate immediate interventions as per protocols.
- **Anesthesiologists:** Manage airway, breathing, circulation, and pain in emergencies.
- **Medical Team:** Collaborate, document, and communicate as required for patient stabilization and transfer.

## 4. Procedure

Step	Action	Responsible Staff
1. Immediate Assessment	<ul style="list-style-type: none"><li>• Evaluate airway, breathing, and circulation (ABCs).</li><li>• Check vital signs (BP, HR, O2 Sat, Temp, RR).</li><li>• Identify symptoms: bleeding, pain, confusion, SOB, oliguria, fever, etc.</li></ul>	Nursing, Physicians
2. Recognition of Complication	<ul style="list-style-type: none"><li>• Hemorrhage</li><li>• Shock</li><li>• Infection or sepsis</li><li>• Respiratory distress</li><li>• Deep vein thrombosis (DVT)</li><li>• Anaphylaxis/allergic reaction</li></ul>	All Clinical Staff
3. Stabilization	<ul style="list-style-type: none"><li>• Initiate emergency protocols (e.g., call rapid response/code team).</li><li>• Administer oxygen, establish IV access, start fluids as indicated.</li><li>• Control bleeding with pressure, dressings, or surgical intervention.</li><li>• Administer medications as per order (vasopressors, antibiotics, analgesics, etc.).</li></ul>	Nursing, Physicians, Anesthesiologist
4. Communication	<ul style="list-style-type: none"><li>• Immediately notify the primary surgeon, anesthesiologist, and relevant specialists.</li><li>• Escalate care as required to ICU or higher-level support.</li><li>• Communicate with patient family if applicable.</li></ul>	Nurse-in-charge, Team Lead
5. Documentation	<ul style="list-style-type: none"><li>• Record time, nature of complication, assessment findings, interventions/procedures performed, and patient response.</li><li>• Document notification of physicians and communications with patient's family.</li></ul>	All Staff Involved

6. Ongoing Monitoring	<ul style="list-style-type: none"><li>Continue close monitoring of vital signs and clinical status.</li><li>Adjust management plan as per evolving clinical picture and review by senior staff.</li></ul>	Nursing, Physicians
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## 5. Post-Incident Review

- Conduct multidisciplinary assessment and debrief after any major complication or emergency.
- Review medical record for completeness and accuracy.
- Identify improvement opportunities and implement corrective/preventive actions if required.

## 6. References

- Institutional Emergency Response Guidelines
- Acute Care Surgery Best Practices
- World Health Organization (WHO) Surgical Safety Checklist
- Relevant Local Health Authority Regulations and Standards

## 7. Revision History

Date	Version	Description	Author
2024-06-18	1.0	Initial SOP draft	[Your Name/Title]