

# Standard Operating Procedure (SOP)

## Post-operative Patient Transfer and Monitoring

This SOP details the procedures for **post-operative patient transfer and monitoring**, including safe and efficient patient transport from the operating room to the recovery area, continuous vital signs assessment, pain management, and complication identification. The protocol ensures patient safety by outlining steps for proper handoff communication, use of monitoring equipment, and timely intervention during the critical postoperative period, aiming to promote optimal recovery outcomes and reduce risks of adverse events.

### 1. Purpose

To ensure the safe transfer and continuous monitoring of post-operative patients to optimize recovery and minimize risks.

### 2. Scope

This SOP applies to all healthcare professionals involved in the transfer and monitoring of patients immediately following surgical procedures.

### 3. Responsibilities

- **Surgical Team:** Prepares patient for transfer and provides post-operative information.
- **Transport Staff/Nurses:** Safely transfers the patient and monitors during transfer.
- **Recovery Area Nurses:** Continuously monitor and assess patients, manage pain, and identify complications.
- **Physicians:** Provide oversight and interventions as needed.

### 4. Equipment Required

- Stretcher with safety straps
- Monitoring devices (pulse oximeter, ECG, blood pressure cuff, thermometer)
- Oxygen supply (if needed)
- Emergency cart (crash cart)
- Pain assessment tools

### 5. Procedure

1. **Preparation for Transfer**
  - Verify patient identity with a minimum of two identifiers.
  - Confirm procedure and immediate post-op status.
  - Ensure all lines, drains, and catheters are secure.
  - Document condition and attach all monitoring equipment.
2. **Safe Transfer to Recovery Area**
  - Transfer patient using a stretcher with safety measures in place.
  - Accompany the patient with a nurse and/or anesthesia provider if necessary.
  - Monitor vital signs during transfer.
3. **Handoff Communication**
  - Provide a structured handoff using SBAR (Situation, Background, Assessment, Recommendation).
  - Include information on allergies, medications given, intraoperative events, and concerns.
4. **Initial Assessment on Arrival**
  - Assess and document airway, breathing, circulation, consciousness, and pain.
  - Connect and verify functioning of all monitoring equipment.
5. **Ongoing Monitoring and Care**
  - Monitor vital signs at least every 15 minutes or as prescribed.
  - Assess pain and manage per protocol.
  - Observe for complications (bleeding, shock, airway compromise, etc.).
  - Document all observations, interventions, and patient responses.
6. **Escalation and Intervention**
  - Notify physician of any deterioration in patient condition.
  - Initiate emergency protocols if needed.

### 6. Complication Identification

Complication	Signs/Symptoms	Immediate Action
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Airway Obstruction	Difficulty breathing, stridor	Open airway, provide oxygen, call for help
Hemorrhage	Drop in BP, increased HR, visible bleeding	Apply pressure, notify physician, initiate emergency response
Shock	Pallor, low BP, rapid pulse, cold/clammy skin	Lay patient flat, initiate IV fluids, seek medical intervention
Pain Uncontrolled	Patient reports pain score >4/10 despite intervention	Administer ordered analgesics, reassess, contact physician if unresolved

## 7. Documentation

- All assessments, interventions, and communications must be clearly documented in the patient's record.

## 8. References

- Hospital Policy on Post-Operative Care
- Relevant clinical guidelines (e.g., ASA, RCN, WHO Surgical Safety Checklist)

*Review Date: [Insert Date]*

*Approved by: [Insert Name/Title]*