Royal Cornwall Hospitals
NHS Trust

Day Case Surgery Clinical Guideline

V1.0

March 2025

Summary

This document is guidance relating to day case surgery at the Royal Cornwall Hospital Trust (RCHT).

Day case surgery is defined as a surgical pathway where the patient is admitted and discharged on the same day, with day surgery as the intended management. The term ‘23-hour stay’ should be avoided. The terms day case surgery and day surgery may be used interchangeably.

At the Royal Cornwall Hospitals NHS trust, day case surgery is delivered over four main sites: Royal Cornwall Hospital (RCH), St Michael’s Hospital (SMH) in Hayle, West Cornwall Hospital (SMH) in Penzance and St Austell Surgical Hub (SASH).

1. Aim/Purpose of this Guideline

This guidance is focused on those either booking or caring for patients coming through the Royal Cornwall Hospitals trust as day cases. The overall patient pathway is summarized in Figure 1 at the end of section 2.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. Range of patients

2.1.1. The Association of Anaesthetists has published guidelines on selection of patients for day surgery [1].

2.1.2. Day case surgery is performed in all available surgical specialties at RCHT, including general surgery, urology, ENT, maxillofacial, vascular, breast, orthopaedics, dental surgery, ophthalmology, gynaecology and paediatrics.

2.2. Booking and pre-assessment process for day case surgery.

2.2.1. Patients are identified as candidates for day case surgery at the point of decision for surgery, usually in surgical outpatient clinics.

2.2.2. Patients are identified as candidates for day case surgery at the point of decision for surgery, usually in surgical outpatient clinics.

2.2.3. The patients are then referred by the surgical team to the preassessment clinic based at the Royal Cornwall Hospital or St Michael's Hospital (for orthopaedic and breast surgery). This is usually via an electronic referral on the Maxims system.

2.2.4. The form enables patients to be risk assessed to establish if they require no pre-operative assessment (BMI <30, no co-morbidities), a telephone nurse-led POA, a face-to-face nurse-led POA or a face-to-face appointment with an anaesthetist. The clinic also will request further investigations as required, prior to surgery.

2.2.5. The POA clinic will then review patients to establish if they are suitable for ‘any site’ or if they are higher risk and surgery should only proceed on the main site of the Royal Cornwall Hospital.

2.2.6. The POA clinic has set-out criteria for assessment of patients’ suitability for each site. Remote sites are at a distance from the main Royal Cornwall Hospital (RCH) site such as West Cornwall, which is approximately 50 minutes by road from the main site at RCH, should have patients which are assessed as low risk for peri-operative complications.

2.3. Audit

Regular audit should be undertaken in day case surgery. Data should include on the day cancellations, unplanned overnight admission, unplanned return or readmission to day surgery unit or hospital, and patient experience (see figure 1).

2.4. Staffing structure

2.4.1. Day case surgery admission and discharge pathways are nurse-led.

2.4.2. Nursing staff are responsible for these pathways, and communication with the surgeon and anaesthetist, if there are concerns regarding the patient at any point during the pathway. The theatre lead nurse or manager are responsible for supporting the nursing team, as well as maintaining training.

2.4.3. The operating surgeon and anaesthetist should review the patient prior to surgery and post-operatively, where possible. These clinicians are responsible for the peri-operative care of the patient whilst they are in hospital for their day case procedure.

2.5. Admission pathway

A patient's admission will be conducted quietly and efficiently taking due care and attention of any religious and cultural beliefs maintaining privacy, dignity and confidentiality throughout. A sensitive approach will be maintained whilst gathering and imparting all the necessary information, ensuring that the patient is made to feel welcome and at ease.

2.6. Admission times

Patients should be admitted as close as possible to the time of surgery, without disruption to the flow of the list. Grouping patients into morning and afternoon admission times – for example 07:00 h, 10:00 h, 12:00 h and 15:00 h enables theatre lists to run smoothly while minimising delays and disruption for patients.

2.7. Documentation

For day case surgery admissions, RCHT have a complete day case pathway document which records the clinical and nursing assessment throughout the patient's day surgery pathway, including the WHO surgical safety checklist. This should be completed for all planned day case surgery patients.

2.8. Starvation times

2.8.1. Trust guidelines on starvation guidance for adults and children should be followed, see 'Fasting for adults who require anaesthesia or intravenous sedation' [2] and 'Fasting for children 0-15 years who require anaesthesia or intravenous sedation' [3] guidelines for more details.

2.8.2. Trust fasting guidance: Unrestricted still water until 7.30 (am lists) or 12.30 (pm lists) and then continue to 'sip til send' (patients can sip water 150 mls/1 cup hourly) [1]. This should be confirmed with the anaesthetist during patient review.

2.8.3. Solid food and drinks containing milk is prohibited for six hours before elective surgery in adults and children.

2.8.4. Where day case patients are booked alongside planned inpatients on the same list, all attempts should be made to prioritise the day case patients first on the list to allow recovery time for successful day case discharge.

2.9. Pre-medication

Premedication with oral analgesia for adults:

Where possible, simple oral analgesia should be prescribed and administered pre-operatively. Adult day case patients should be pre-medicated with:

- Paracetamol 1g PO, AND
- If no contraindication to NSAIDs: ibuprofen 400mg PO **or** 800-1600mg modified release ibuprofen PO.

2.10. Anaesthesia and analgesia

2.10.1. Patients undergoing day case procedures should receive short-acting anaesthetic agents. For general anaesthesia, total intravenous anaesthesia or volatile anaesthesia can be used. Propofol TIVA has the benefit of minimising risk of PONV. It can be used with Marsh or Schnider models. The minimum effect-site concentration to maintain anaesthesia is advised. BIS can be used for this purpose and is mandatory where muscle relaxants are used. Maintaining BIS 40-60 to ensure depth of anaesthesia.

2.10.2. A shorter acting volatile anaesthetic with sevoflurane is an alternative.Short acting opioids, including fentanyl, alfentanil and remifentanil should be used for analgesia, alongside simple analgesia as described above in 2.19.

2.10.3. The avoidance of longer-acting opiates such as morphine is advised to reduce the risk of post-operative nausea and vomiting. Nitrous oxide should be avoided for the same reason.

2.10.4. There should be agents available and prescribed for rapid analgesic rescue if required. Standard prescriptions of intravenous fentanyl (6 doses of 25mcg) and oral morphine sulphate are effective.

2.10.5. Post-operative simple analgesia is often sufficient (regular paracetamol and ibuprofen). Procedures with anticipated higher pain post-operative, should have PO codeine, tramadol and/or oral morphine as appropriate. Rescue anti-emetic medication should be available and prescribed.

2.10.6. All patients should have adequate analgesia and anti-emetics prescribed, as well as take-home medications as appropriate.

2.11. **Spinal and regional anaesthesia for day case**

2.11.1. Short acting spinal anaesthesia is appropriate for a range of day case procedures. Prilocaine and chloroprocaine are useful short-acting spinal anaesthetics.

2.11.2. For regional anaesthesia, where patient is awake under a regional block, patients should be advised to have oral analgesia available at home for when the block reduces.

2.12. **Patient discharge criteria**

For most patients there is no specified time-period before which they can be discharged [4,5], unless specifically determined. Tonsillectomy patients should be monitored for at least four hours post-procedure to exclude primary haemorrhage.

Basic criteria for discharge:

- Pain controlled with oral analgesia.
- Nausea and vomiting controlled (or acceptable for transfer home).
- Patient tolerates oral fluids.
- Patient can mobilise safely.
- Patient has stable observations.

2.13. **Voiding**

Voiding is not a discharge requirement, unless the patient has specific risk of developing urinary problems, such as:

- Bladder instrumentation.
- Spinal anaesthesia.
- Inguinal surgery.

- Surgery specific requirement or specifically requested (often gynaecological or urological procedures).

2.14. **Carer**

Currently it is RCHT policy to ensure a patient has a responsible adult to escort them home and a carer overnight following discharge from day case surgery.

2.15. **Information on discharge**

2.15.1. Discharge information should be explained to the patient and their carer and provided in written form. Patients must have the following information prior to discharge:

- A copy of their discharge letter detailing the procedure and any follow-up arrangements.
- A copy of the RCHT operation-specific information leaflet.
- A copy of the RCHT 'following your general anaesthesia or sedation' leaflet, if appropriate.
- Postoperative medication, if prescribed, and instructions as to when the medication is next due.
- Details of who to contact if they have any concerns, including escalation from GP/111/urgent care or 999 in an emergency.

2.16. **Discharge checklist**

The discharge checklist on the rear of the day case surgery nursing assessment booklet should be completed prior to discharge.

2.17. **Unplanned inpatient admissions**

2.17.1. **Unplanned admission procedure**

2.17.1.1. A patient intended for day case surgery may need to be admitted as an inpatient, for surgical, anaesthetic or nursing reasons.

2.17.1.2. It is essential that all patients are reviewed by the operating surgeon and the anaesthetist at the end of the list (if they have not already been discharged).

2.17.1.3. If the nursing staff have concerns regarding discharge, this should be discussed with the operating team as soon as possible. All patients who may require admission should be reviewed by the operating surgeon and the anaesthetist.

2.17.1.4. If there is a decision to admit the patient, they should be risk stratified according to NEWS as low, medium or high risk (see Safe transfer between care areas and hospitals policy [5]), according to:

- **Low**: NEWS 0-3 GCS 15.
- **Medium**: NEWS 4-7 or SpO2 88-92% or GCS <15 or base deficit 5-10mmol/L.
- **High**: NEWS >/=8 or SpO2 <88% or GCS <12 or base deficit >10.

2.17.1.5. The clinician is responsible for the decision for admission should record, as a minimum, the following information regarding the unplanned admission in the patient's notes:

- Name, age, ASA.
- Type of anaesthesia.
- Surgical procedure.
- Length of procedure.
- Co-morbidities.
- Reason for admission.

2.17.1.6. A DATIX form should be completed for all for unplanned admission following day case surgery.

2.17.1.7. After the decision to admit, the patient's current location needs to be considered and whether transfer to the Royal Cornwall Hospital (RCH) site is required.

2.17.2. **Admission procedure for patients on main site (Royal Cornwall Hospital site)**

2.17.2.1. The responsible clinician should decide whether to admit the patient.

2.17.2.2. Once this decision has been made, the appropriate admitting team should be contacted and the site coordinator should be contacted to facilitate admission to an appropriate bed.

If intensive care or higher level care is required, the responsible clinician (usually the anaesthetist) should also discuss the patient with the admitting intensive care unit consultant for the day.

2.17.3. Admission and transfer procedure for remote sites (St Michael's Hospital (SMH), West Cornwall Hospital (WCH) and St Austell Surgical Hub(SASH)

2.17.3.1. After day case surgery in remote sites, there will be an on-going necessity to admit or transfer the patient to RCH post-operatively.

2.17.3.2. If a patient deteriorates after the operating team have left, or there is on-going concern the nursing staff should contact medical doctor (RMO) in SMH or WCH to review the patient. From Monday to Thursday at SMH there is a higher-level care fellow who should also be contacted.

2.17.3.3. SMH/WCH: If the patient requires non-urgent inpatient admission for issues that can be managed at SMH/WCH then the patient can be admitted via the SMH/WCH site coordinator and a medical bed requested on St Joseph's ward (SMH) or Medical ward 1 or 2 (WCH). If no bed is available, the patient should be admitted and transferred to the RCH site.

SASH: SASH is a stand-alone surgical hub. There is no inpatient admission capability. All patients requiring inpatient admission will need to be transferred as per trust transfer protocol [5].

2.17.3.4. For patients deemed unfit for nurse-led discharge at a remote site and require transfer to RCH site, the transfer and admission policy should be followed - 'Safe transfer of patients between care areas or hospitals policy'- Safe Transfer of Patients Between Care Areas or Hospitals Policy (cornwall.nhs.uk).

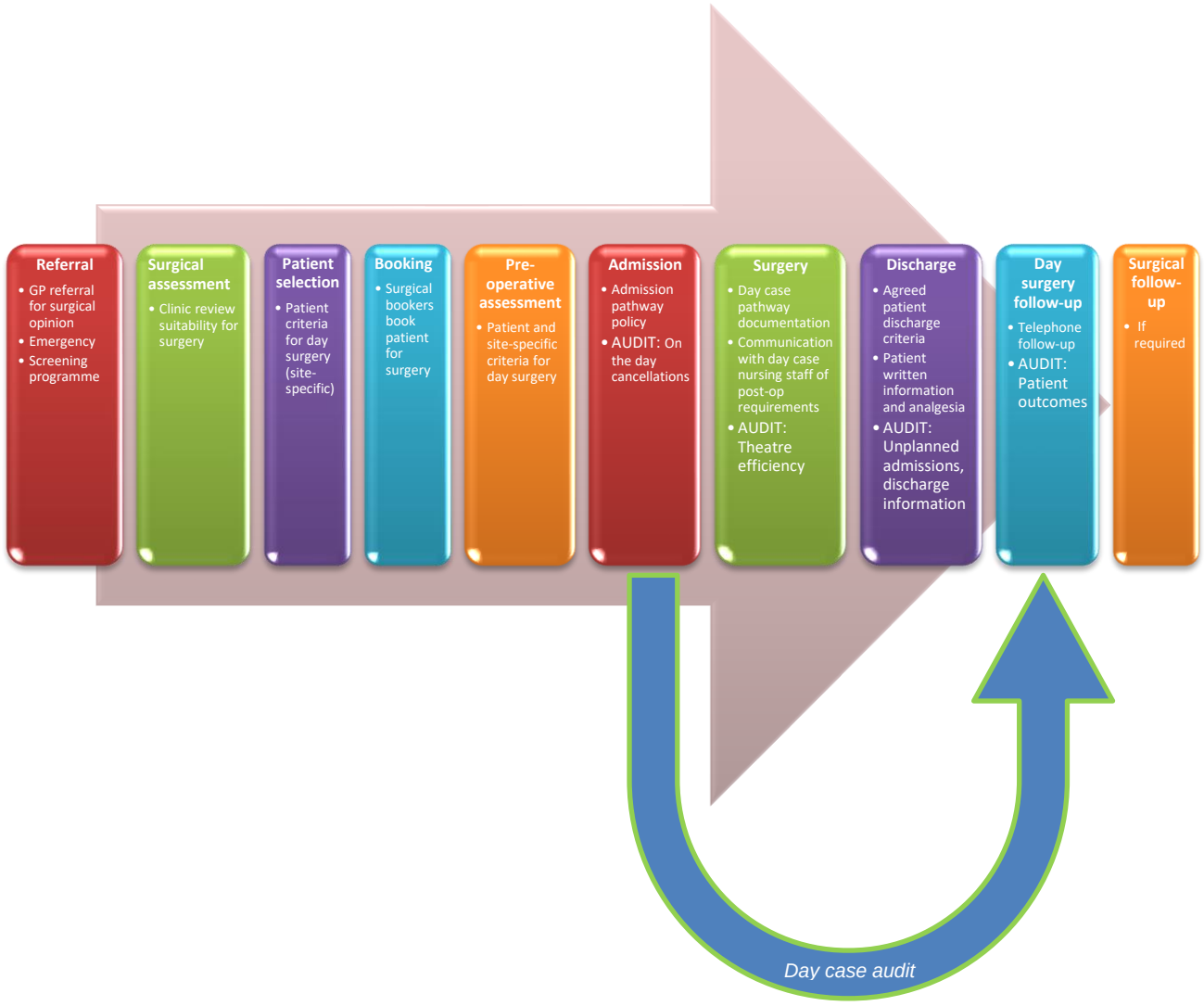
2.17.3.5. For any transfer of patient between RCHT hospital sites or from an RCHT site to another Trust, consultant-to-consultant referral and agreement to transfer is mandatory.

2.17.3.6. An appropriate level of patient supervision in surgical care unit should be determined until patient is transferred, depending on risk stratification (see section 3.4).

2.17.3.7. Transfer should be expedited through the RCH site coordinator, to transfer patients before 8pm.

See Figure 1 on next page

Figure 1: Royal Cornwall Hospitals NHS trust day case surgery pathway, relevant documentation and audit



References:

1. Bailey, C. R., Ahuja, M., Bartholomew, K., Bew, S., Forbes, L. R., Lipp, A., … & Stocker, M. (2019). Guidelines for day-case surgery 2019. Anaesthesia, 74(6), 778-792. https://doi.org/10.1111/anae.14639Anaesthesia. Association of Anaesthetists of Great Britain and Ireland.

2. Fasting For Adults Who Require Anaesthesia or Intravenous Sedation. RCHT guideline. Updated January 2024. https://doclibrary-rcht.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Anaesthetics/FastingForAdultsWhoRequireAnaesthesiaOrIntravenousSedationClinicalGuideline.pdf.

3. Fasting for Children (0-15 years) Who Require Anaesthesia or Intravenous Sedation clinical guideline. Updated Nov 2021. RCHT guideline. https://doclibrary-rcht.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Anaesthetics/FastingForChildren0-15yrsWhoRequireAnaesthesiaOrIntravenousSedationClinicalGuideline.pdf.

4. Getting it right first time (GIRFT). National Day Surgery Delivery Pack. Sept 2020. https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2021/08/National-Day-Surgery-Delivery-Pack_Aug2021_final.pdf.

5. Safe transfer of patients between care areas and hospitals policy. RCHT document. http://doclibrary-rcht-intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/ChiefOperatingOfficer/PatientAccess/SafeTransferOfPatientsBetweenCareAreasOrHospitalsPolicy.pdf.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Adherence to RCHT guidance.
Lead	Dr Lucy French, Consultant Anaesthetist. Dr Chris Smith, Consultant Anaesthetist.
Tool	Regular review of data for on the day cancellations, unplanned overnight admission, unplanned return or readmission to day surgery unit or hospital, and patient experience.
Frequency	On-going.
Reporting arrangements	Day case leads review of outcomes and presentation of this at governance.
Acting on recommendations and Lead(s)	See above.
Change in practice and lessons to be shared	See above.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Day Case Surgery Clinical Guideline V1.0
This document replaces (exact title of previous version):	New Document.
Date Issued/Approved:	November 2024.
Date Valid From:	March 2025.
Date Valid To:	March 2028.
Directorate / Department responsible (author/owner):	Dr Lucy French, Consultant Anaesthetist. Dr Chris Smith, Consultant Anaesthetist.
Contact details:	Lucy.french4@nhs.net.
Brief summary of contents:	Day case surgery pathway and transfer from remote sites.
Suggested Keywords:	Day case, day case surgery, nurse-led discharge, transfer to RCH site, discharge criteria
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Specialty governance, Care Group Governance Meeting.
Manager confirming approval processes:	Lisa Niemand, HON, ACCT
Name of Governance Lead confirming consultation and ratification:	Suzanne Barber Interim Governance Lead ACCT
Links to key external standards:	Getting It Right First Time (GIRFT)
Related Documents:	Bailey, C. R., Ahuja, M., Bartholomew, K., Bew, S., Forbes, L. R., Lipp, A., & Stocker, M. (2019). Guidelines for day-case surgery 2019. Anaesthesia, 74(6), 778-792. https://doi.org/10.1111/anae.14639Anaesthesia.

Information Category	Detailed Information
	Association of Anaesthetists of Great Britain and Ireland. Fasting For Adults Who Require Anaesthesia or Intravenous Sedation. RCHT guideline. Updated January 2024. https://doclibrary-rcht.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Anaesthetics/FastingForAdultsWhoRequireAnaesthesiaOrIntravenousSedationClinicalGuideline.pdf. Fasting for Children (0-15 years) Who Require Anaesthesia or Intravenous Sedation clinical guideline. Updated Nov 2021. RCHT guideline. https://doclibrary-rcht.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Anaesthetics/FastingForChildren0-15yrsWhoRequireAnaesthesiaOrIntravenousSedationClinicalGuideline.pdf. Getting it right first time (GIRFT). National Day Surgery Delivery Pack. Sept 2020. https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2021/08/National-Day-Surgery-Delivery-Pack_Aug2021_final.pdf. Safe transfer of patients between care areas and hospitals policy. RCHT document. http://doclibrary-rcht-intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/ChiefOperatingOfficer/PatientAccess/SafeTransferOfPatientsBetweenCareAreasOrHospitalsPolicy.pdf.
Training Need Identified?	None
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Anaesthetics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
September 2024	V1.0	Initial issue	Dr Lucy French

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Day Case Surgery Clinical Guideline V1.0
Directorate and service area:	Anaesthetics/Anaesthetics, Critical Care and Theatres care group.
Is this a new or existing Policy?	New.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Dr Lucy French, Consultant Anaesthetist.

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	All staff involved in day case surgery patient pathway.
2. Policy Objectives	To standardize and document patient pathway in day case surgery, and delineate transfer of day case patients from remote sites to RCH.
3. Policy Intended Outcomes	Safe and standardized day case surgery pathway.
4. How will you measure each outcome?	Audit (see above).
5. Who is intended to benefit from the policy?	Day case surgery patients.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Anaesthetics.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	**GIRFT.**

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Dr Lucy French

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis