

Core Competencies for Adult Day Surgery



The Association for Perioperative Practice

Core Competencies for Adult Day Surgery

Joint recommendations of The British Association of Day Surgery (BADs) and The Association for Perioperative Practice (AfPP)

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Introduction

Day surgery is defined as the planned admission of a patient for surgery, where the admission, procedure and discharge take place on the same calendar day.¹ Successful day surgery requires both a dedicated pathway being in place *and* an associated day surgery team with specific knowledge and skills to enable safe, early recovery and discharge. Although there will be competencies shared between in-patient and day case surgery, simply applying in-patient competency criteria to day surgery will undermine its delivery as the underlying principle differs. With day surgery *all* activity is engineered around optimising patients for early discharge, including perioperative practice.

In the absence of comprehensive, national guidance for day surgery team competencies, The British Association of Day Surgery (BADs) and The Association of Perioperative Practice (AfPP) has formed a working party to address this. Both organisations promote educational activities for good clinical practice in their respective spheres, via their membership and national influence.

This document, 'Core Competencies for Adult Day Surgery' is the first in a series of three to be published, the following two will address core competencies for paediatric day surgery and specialist competencies for day surgery. Each will set recommendations for a minimum standard necessary to maximise outcomes for patient safety and experience of their day surgery care, from the point of admission to discharge. The adult core competencies are pertinent to members of the day surgery team with no experience of or following a long absence from day surgery practice to develop or refresh their competencies for management of patients in this setting. The intention is for these criteria to be used as a reference for workbook competency documents, whether they are already in place or are in development. They apply irrespective of the hospital day surgery model of care and across both the public and private healthcare sectors. Competencies for preoperative assessment are not included as frameworks are available elsewhere.²

For registered staff undertaking these competencies, there is an expectation that they will have capability in the basic skills to perform their registered role. It is acknowledged, however, that in some hospitals and trusts members of the day surgery team undertaking tasks in these areas of clinical activity may include non-registered practitioners. In such instances, it is the responsibility of the individual unit to ensure policies and guidance are in place for such members of staff, which clarify roles and ensure appropriate training, mentoring and competency assessment.^{3,4} It is beyond the scope of this document to make recommendations about the skill mix of staff in the day surgery team or processes for their evaluation.

For each of the areas of competence the following legend for assessment is used

O = Element observed in practice.

D = Element discussed to ensure understanding of rationale.

C = Element consistently, competently and confidently completed.

CLINICAL COMPETENCY DAY SURGERY ADMISSION (RECEPTION)

In most hospitals/trusts this is a clerical role but in some, nursing staff undertake this, if required.

Competency criteria	O/D/C	Initials	Date
1. Knowledge			
1.1 Define day surgery			
1.2 Trust policies relevant to the area			
1.3 Confidentiality policy			
• Discussions in the workplace			
• Outside work including online			
• Patients notes and records			
• Patients' relatives			
1.4 Importance of good communication			
1.5 Useful phone numbers, emails, contacts			
1.6 Understand content of pre-operative phone call script and key components e.g., fasting advice			
1.7 How to escalate concerns and who to contact			
1.8 Procedure for information technology (IT) down time			
2. Skills			
2.1 Completed trust induction			
2.2 Completed Management and Statutory Training (MaST)			
2.3 Effective communication			
2.4 IT competence			
• Access hospital IT system			
• Access email			
• Access areas of the electronic patient record (EPR) system relevant to role			
2.5 Obtain, record and return paper notes			
2.6 Perform pre-operative phone call			
2.7 Escalate a concern from pre-op phone call			
2.8 Admit a patient onto the EPR system			

<p>Assessor (to be completed when all competencies have been achieved)</p> <p>I confirm that the practitioner has been observed by myself and other experienced colleagues during their learning period and they have achieved a pass in the clinical competency.</p> <p>For this aspect of care and can practice safely</p> <p>For this aspect of care and can teach and assess other practitioners in this area.</p>	<p>Name Signature Date</p> <p>Name Signature Date</p>
<p>Practitioner</p> <p>I will maintain responsibility for the review of my own clinical competency and discuss it regularly with my line manager as part of my appraisal.</p>	<p>Signature Date</p>

Clinical Competency: Day surgery admission (reception) Written by: XXXXXXX Date: XXXXXXX	

CLINICAL COMPETENCY DAY SURGERY ADMISSION (WARD)

Competency criteria	O/D/C	Initials	Date
1. Knowledge			
1.1 Define day surgery			
1.2 Demonstrates understanding of the principles of day surgery, the management of a patient on a day surgery pathway (i.e., criteria and procedures undertaken) and the local policy for patient escort home			
2. Skills			
2.1 Demonstrates effective communication with the multi-disciplinary team (MDT) about relevant patient information, which may affect the patient's plan of care			
2.2 Demonstrates an understanding for the Mental Capacity Act and when it is relevant to use in relation to the consent of a patient who is deemed not to have capacity			
2.3 Demonstrates competence in completing the patient pre-operative checklist giving rationale for why we need to know about			
• Fasting			
• Escort home			
• Allergies			
• Dental status			
• Infection status			
• Diabetic status			
• Pre-operative medications/ patients on anticoagulants			
• Baseline observations			
• Pregnancy status			
• Correct patient ID bracelets			
• Jewellery			
• Make up / nail varnish			
• Prosthesis / metalwork			
• Glasses / contact lenses.			
2.4 Demonstrates effective communication with the patient ensuring that they are fully informed about the process of the patient journey whilst in the day surgery unit (DSU)/day surgery pathway both pre and post operatively. Encourage patients to ask questions and to be able to answer them competently			
2.5 Discuss which patients would require pre-operative tests such as international normalised ratio (INR), group and save (G&S) etc.			
2.6 Discuss which situations would require escalation to either the anaesthetist or surgeon pre-operatively			

<p>Assessor (to be completed when all competencies have been achieved)</p> <p>I confirm that the practitioner has been observed by myself and other experienced colleagues during their learning period and they have achieved a pass in the clinical competency.</p> <p>For this aspect of care and can practice safely</p>	<p>Name</p> <p>Signature</p> <p>Date</p>
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<p>For this aspect of care and can teach and assess other practitioners in this area.</p>	<p>Name Signature Date</p>
<p>Practitioner</p> <p>I will maintain responsibility for the review of my own clinical competency and discuss it regularly with my line manager as part of my appraisal.</p>	<p>Signature Date</p>
<p>Clinical Competency: Day surgery nursing admission Written by: XXXXXXX Date: XXXXXXX</p>	

CLINICAL COMPETENCY ANAESTHETIC ROOM/PREPARATION

Competency criteria	O/D/C	Initials	Date
1. Knowledge			
1.1 Define day surgery			
1.2 Demonstrate understanding of the principles of day surgery, the management of a patient on a day surgery pathway (i.e., criteria and procedures undertaken) and the local policy for patient escort home			
1.3 Understands the importance of the World Health Organisation (WHO) surgical site checklist, definition of each stage and awareness of how this should be completed, in accordance with local policy			
2. Skills			
2.1 Preparation of the environment			
2.1.1 Select and safely use equipment to meet the individual care needs of the patient whilst performing anaesthetic related duties in day case surgery			
• Anaesthetic machine in accordance with national and local guidelines			
• Medical gas supplies			
• Intubation equipment			
• Airway management equipment including difficult airway equipment			
• Suction			
• Preparation and application of monitoring equipment in accordance with national and local guidelines			
• Intravenous infusion equipment			
• Patient-warming equipment			
2.1.2 Maintain patient and staff safety acknowledging and implementing appropriate risk management strategies			
• Theatre ventilation systems			
• Lighting			
• Temperature			
• Humidity			
• Safe disposal of sharps, clinical and non-clinical waste			
2.2 Patient Identification and safety			
2.2.1 Correctly receive and identify patients with consideration to their individual care needs into the theatre department at the handover of care from other health care professionals in accordance with local policy			
2.2.2 Patient safety			
• Surgical safety checklist			
• Venous thromboembolism (VTE) prophylaxis			
• Stop before you block			
• Antibiotic cover			
• Pressure area care			
• Utilises an effective handover technique (e.g., Situation-Background-Assessment-Recommendation)			
• Checklist for local anaesthetic (LA), regional, spinal, general anaesthetic (GA)			
2.3 Patient monitoring			
2.3.1 Interpret vital signs and respond or escalate appropriately to changes in a patient's condition			

2.3.2	Demonstrates safe preparation and administration of intravenous fluids and blood products, in accordance with national and local guidelines			
	<ul style="list-style-type: none"> Demonstrates proficiency in calculations of infusion rates using manual and automated devices 			
	<ul style="list-style-type: none"> Displays an understanding and of the principles of administration of blood and blood products 			
	<ul style="list-style-type: none"> Monitors and respond to the effects of infusions, including blood and blood products 			
2.3.3	Provide informed, safe, and timely support in a variety of situations encountered in day case surgery with an understanding of emergency anaesthetic care			
	<ul style="list-style-type: none"> General anaesthesia 			
	<ul style="list-style-type: none"> Regional anaesthesia 			
	<ul style="list-style-type: none"> Local anaesthesia 			
	<ul style="list-style-type: none"> Sedation 			

<p>Assessor (to be completed when all competencies have been achieved)</p> <p>I confirm that the practitioner has been observed by myself and other experienced colleagues during their learning period and they have achieved a pass in the clinical competency.</p> <p>For this aspect of care and can practice safely</p> <p>For this aspect of care and can teach and assess other practitioners in this area.</p>		<p>Name Signature Date</p> <p>Name Signature Date</p>
<p>Practitioner</p> <p>I will maintain responsibility for the review of my own clinical competency and discuss it regularly with my line manager as part of my appraisal.</p>		<p>Signature Date</p>
<p>Clinical Competency: Day surgery anaesthetic room/preparation Written by: XXXXXXXX Date: XXXXXXXX</p>		

CLINICAL COMPETENCY THEATRE

Competency criteria	O/D/C	Initials	Date
1. Knowledge			
1.1 Define day surgery			
1.2 Demonstrate understanding of the principles of day surgery, the management of a patient on a day surgery pathway (i.e., criteria and procedures undertaken) and the local policy for patient escort home			
1.3 Understands the importance of the World Health Organisation (WHO) surgical site checklist, definition of each stage and awareness of how this should be completed, in accordance with local policy			
2. Skills			
2.1 Manage the safe positioning of patients for a variety of clinical procedures.			
2.2 Prepare and use appropriate surgical equipment to assist the needs of the patient and the surgical team			
• Suction			
• Diathermy			
• Smoke Evacuator			
• Mechanical venous thromboembolism (VTE) prophylaxis device e.g., Flowtrons			
• Forced air warming device			
• Tourniquet			
• Operating lights			
• Theatre tables/trolleys			
• Theatre table/trolley attachments			
• Bariatric air transfer mattress			
• Preparation and draping of surgical patient – dependant on role			
• Prepares and aids in the use of specialised equipment to support the surgical procedure when trained to do so (e.g., laser, microscope, camera stacker)			
2.3 Scrub - Minor/Intermediate			
• Displays competence in surgical scrub, gowning and gloving			
• Preparation and maintenance of the sterile field with appropriate choice of instrumentation and supplementary items for a wide range of surgical specialities			
• Ensures an accurate scrub count is completed for all surgical cases with a second authorised checker according to local policy			
• Documents and displays an account for instruments, swabs, sutures, needles, and additional sundries in accordance with national and local policy ⁵			
• Application of appropriate dressings for the size and type of wound			
• Effectively hand over the care of the patient to the recovery/ward practitioner			
2.4 Preparation of medication (e.g., local anaesthetic, ensure allergy status and dosage – two-person check, documentation)			
2.5 Circulating/Count			
• Demonstrates required skills and knowledge in the management and dispatch of surgical specimens			

<ul style="list-style-type: none"> • Understands the importance and selection of appropriate personal protective equipment (PPE) 			
<ul style="list-style-type: none"> • Competence in checking integrity, handling and storage of sterile goods 			
<ul style="list-style-type: none"> • Traceability – instruments, mesh, implants 			
<ul style="list-style-type: none"> • Demonstrates competence when participating in accountable item checks, in line with national and local policy⁵ 			
<ul style="list-style-type: none"> • Awareness of responsibility of completing records accurately and legibly 			

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<p>Practitioner</p> <p>I will maintain responsibility for the review of my own clinical competency and discuss it regularly with my line manager as part of my appraisal.</p>		<p>Signature Date</p>
<p>Clinical Competency: Day surgery theatres Written by: XXXXXXXX Date: XXXXXXXX</p>		

CLINICAL COMPETENCY 1st STAGE RECOVERY

Competency criteria	O/D/C	Initials	Date
1. Knowledge			
1.1 Define day surgery			
1.2 Demonstrates understanding of the principles of day surgery, the management of a patient on a day surgery pathway (i.e., criteria and procedures undertaken) and the local policy for patient escort home			
1.3 Understands and can explain why care in 1 st stage recovery (pain, postoperative nausea and vomiting [PONV], fluid balance, temperature management, avoidance of intravenous morphine etc.) can influence whether a patient is a successful day case			
1.4 Knows where standard and emergency drugs are located, how they are stored, documented, and secured (Medicines Management Policy)			
1.5 Understands the normal range of physiological cardiovascular and respiratory parameters (pulse, blood pressure, respiratory rate, oxygen saturation) and management if outside of this range			
1.6 Indications, side-effects, potential complications and how to care for patients following general anaesthesia			
1.7 Indications, side-effects, potential complications and how to care for a patient following spinal anaesthesia. Differences of a day case spinal			
1.8 Indications, side-effects, potential complications and how to care for patients with peripheral nerve blocks, including peripheral nerve catheters. (Blocks to be covered determined by what is used locally in the day surgery unit)			
1.9 Understands the therapeutic effects and potential side effects of intravenous opioids and the management of any complications			
1.10 Understands the physiological and therapeutic effects of the drugs used in 1 st stage recovery with reference to achieve successful day surgery			
Understands the causes of fluid loss and fluid management including treatment of hypovolaemia and indications for blood products			
1.11 Can discuss which situations would require escalation to either the anaesthetist or surgeon in 1 st stage recovery			
1.12 Understands 1 st stage recovery discharge criteria and process to transfer to day surgery 2 nd stage recovery or transfer to inpatient care			
1.13 Trust policies relevant to the area			
2. Skills			
2.1 Demonstrates being able to safely receive a patient from the operating theatre			
• Operation details			
• Relevant medical history			
• Drugs used			
• Complications			
• Dressings			
• Sutures			
• Observations			
• Pain			
• Post operative nausea and vomiting (PONV)			
• Interpret anaesthetic chart			
• Specific instructions e.g., limb elevation, bladder irrigation			

2.2	Able to complete an assessment of patient's condition and complete relevant documentation accurately			
2.3	Demonstrate and discuss airway management in 1 st stage recovery			
	<ul style="list-style-type: none"> Assessment 			
	<ul style="list-style-type: none"> Basic airway management in the unconscious patient 			
	<ul style="list-style-type: none"> Equipment (oropharyngeal airway, laryngeal mask airway, oxygen masks, tracheostomies [if relevant]) 			
	<ul style="list-style-type: none"> Demonstrate the use of oxygen delivery devices available in the area oxygen masks, T-pieces, waters circuits (hi-flow nasal cannula [HFNC], continuous positive airway pressure [CPAP]if relevant) 			
	<ul style="list-style-type: none"> Demonstrates the use of suction equipment 			
2.4	Demonstrates safe preparation and administration of intravenous fluids and blood products, in accordance with national and local guidelines			
2.5	Demonstrates use of temperature monitoring equipment and warming devices			
2.6	Demonstrate and discuss pain management including use of appropriate assessment tools and flowcharts to achieve a successful day case			
2.7	Understands treatment regimens for patients with diabetes			
	<ul style="list-style-type: none"> Check blood glucose 			
	<ul style="list-style-type: none"> Check ketones 			
	<ul style="list-style-type: none"> Management of hypo/hyperglycaemia 			
2.8	Demonstrates and understands how to monitor wounds and drains			
2.9	Demonstrates use of the visible infusion phlebitis (VIP) scoring system			
2.10	Demonstrate and discuss the management of a deteriorating patient			
	<ul style="list-style-type: none"> Recognising signs of deterioration 			
	<ul style="list-style-type: none"> Actions to be taken 			
	<ul style="list-style-type: none"> Escalation 			
	<ul style="list-style-type: none"> Possible causes 			
2.11	Understands protocols for the recognition and treatment of clinical emergencies relevant to area			
	<ul style="list-style-type: none"> Cardiovascular: severe hypotension, arrhythmia, cardiac arrest 			
	<ul style="list-style-type: none"> Respiratory: laryngospasm, bronchospasm, desaturation, respiratory arrest 			
	<ul style="list-style-type: none"> Inadequate reversal of muscle relaxant 			
	<ul style="list-style-type: none"> Anaphylaxis 			
	<ul style="list-style-type: none"> Local anaesthetic toxicity 			
	<ul style="list-style-type: none"> Malignant hyperexia 			
	<ul style="list-style-type: none"> Compartment syndrome 			
	<ul style="list-style-type: none"> Transurethral resection of prostate (TURP) syndrome if working with urology patients 			
	<ul style="list-style-type: none"> Major haemorrhage 			
	<ul style="list-style-type: none"> Return to theatre 			
2.12	Recognises when a patient is ready for discharge at the optimum time, based on the procedure and anaesthetic they have had			
	<ul style="list-style-type: none"> Observations satisfactory 			
	<ul style="list-style-type: none"> PONV under control 			
	<ul style="list-style-type: none"> Pain manageable 			
	<ul style="list-style-type: none"> Dressings dry and intact 			
2.13	Able to follow correct procedure if patient is not fit for discharge			

2.14 Demonstrate through observation completing patient care on a range of procedures and anaesthetic types			
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<p>Assessor (to be completed when all competencies have been achieved)</p> <p>I confirm that the practitioner has been observed by myself and other experienced colleagues during their learning period and they have following achieved a pass in the clinical competency.</p> <p>For this aspect of care and can practice safely</p> <p>For this aspect of care and can teach and assess other practitioners in this area.</p>	<p>Name Signature Date</p> <p>Name Signature Date</p>
<p>Practitioner</p> <p>I will maintain responsibility for the review of my own clinical competency and discuss it regularly with my line manager as part of my appraisal.</p>	<p>Date Signature</p>
<p>Clinical Competency: Day surgery 1st stage recovery Date: XXXXXXXX Review date: XXXXXXXX</p>	

CLINICAL COMPETENCY DAY SURGERY 2nd STAGE RECOVERY AND DISCHARGE

Competency criteria	O/D/C	Initials	Date
1. Knowledge			
1.1 Define day surgery			
1.2 Demonstrate understanding of the principles of day surgery, the management of a patient on a day surgery pathway (i.e., criteria and procedures undertaken) and the local policy for patient escort home			
1.3 Understands and can explain why care in 2 nd stage recovery (pain, postoperative nausea and vomiting [PONV], fluid balance, temperature management, avoidance of intravenous morphine etc) can influence whether a patient is a successful day case			
2. Skills			
2.1 Demonstrates being able to safely receive a patient from first stage recovery			
• Operation details			
• Relevant medical history			
• Drugs used			
• Complications			
• Dressings			
• Sutures			
• Observations			
• Pain			
• PONV			
• Specific instructions			
2.2 Demonstrate and discuss the management of a deteriorating patient			
• Recognising signs of deterioration, including detection of increasing pain scores, PONV			
• Actions to be taken, including appropriate pain and PONV management			
• Escalation			
• Possible causes			
2.3 Demonstrates an understanding of the nurse led discharge protocol and their responsibilities within this process			
2.4 Able to complete an assessment of a patient's condition against the criteria and that all relevant documentation is completed accurately			
2.5 Able to follow correct procedure if patient is not fit for discharge			
2.6 Recognises when a patient is ready for discharge at the optimum time, based on their pre-admission status and the procedure they have had			
• Observations satisfactory			
• PONV under control			
• Pain manageable			
• Dressings dry and intact			
• Awake and alert			
2.7 Identify what information needs to be given to the patient/carer both verbally and in writing			
• Post-operative instructions specific to the procedure			
• Appropriate anaesthetic information (general/local anaesthetic, regional block, spinal)			
• Post op medications (including analgesia advice)			

<ul style="list-style-type: none"> • Wound care/suture removal /out-patient follow up 			
<ul style="list-style-type: none"> • Post procedure voiding 			
<ul style="list-style-type: none"> • Escort in place (*if no home alone policy) 			
<ul style="list-style-type: none"> • How to seek help post operatively if required 			
<p>2.8 Demonstrates through observation completing patient discharges on a range of procedures and anaesthetic types with competence ensuring patients are given accurate information, advice and are given opportunity to ask questions</p>			
<p>Assessor (to be completed when all competencies have been achieved)</p> <p>I confirm that the practitioner has been observed by myself and other experienced colleagues during their learning period and they have achieved a pass in the clinical competency.</p> <p>For this aspect of care and can practice safely</p> <p>For this aspect of care and can teach and assess other practitioners in this area.</p>	<p>Name Signature Date</p> <p>Name Signature Date</p>		
<p>Practitioner</p> <p>I will maintain responsibility for the review of my own clinical competency and discuss it regularly with my line manager as part of my appraisal.</p>	<p>Signature Date</p>		
<p>Clinical Competency: Day surgery 2nd stage recovery and discharge Written by: XXXXXXXX Date: XXXXXXXX</p>			

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