

# Competencies for the Day Surgery Team

2nd edition



The Association for Perioperative Practice

Competencies for the Day Surgery Team, 2<sup>nd</sup> edition

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

Copyright © The British Association of Day Surgery and The Association for Perioperative Practice June 2024. All rights reserved. No part of this publication may be reproduced, stored or transmitted by any means without the prior permission on writing of The British Association of Day Surgery and The Association for Perioperative Practice.

ISBN number: 978-1-908427-49-6

Authors:

Marsden J, Stott D, Harries K, Jack C, Belfield F, Conquest A, Leyshon S, Russon K, Tibble R, Wright R, C Boateng, J Maher on behalf of the Council of the British Association of Day Surgery and the Association for Perioperative Practice.

Katie Bagstaff (The British Anaesthetic and Recovery Nurses Association)

Simon Courtman (The Association of Paediatric Anaesthetists of Great Britain and Ireland).

Ms Jo Marsden

Immediate Past President, The British Association of Day Surgery

Consultant Breast Surgeon (retired), King's College Hospital NHS Foundation Trust, England

Ms Dawn Stott

Former CEO, The Association for Perioperative Practice

Lay Council member, The British Association of Day Surgery

Ms Karen Harries

President Elect, The British Association of Day Surgery

Lead Nurse for Day Surgery and Pre-operative Assessment, King's College Hospital NHS Foundation Trust, England

Ms Catherine Jack

Council member, The British Association of Day Surgery

Theatre Manager, NHS Fife, Scotland

Ms Fiona Belfield

Council member, The British Association of Day Surgery

Senior Nurse Manager Day Surgery and Pre Assessment Services, Hywel Dda university Health Board, Wales

Ms Ann Conquest

Council member, The British Association of Day Surgery

Manager Tavistock Day Surgery Unit, Bedfordshire Hospitals NHS Foundation Trust, England

Ms Sally Leyshon

Lay Council member, The British Association of Day Surgery (retired),

BADS, 35-43 Lincoln's Inn Fields, London

Dr Kim Russon  
Past President, The British Association of Day Surgery  
Consultant Anaesthetist and Clinical Lead for Day Surgery, The Rotherham NHS Foundation Trust, England

Dr Rachel Tibble  
Honorary Secretary, The British Association of Day Surgery  
Consultant Anaesthetist and Lead for Day Surgery, University Hospitals of Derby and Burton, England

Ms Rebecca Wright  
Member, The Association for Perioperative Practice,  
Senior Operating Department Practitioner and Lecturer, Staffordshire University, England

Ms Carly Boateng  
Anglia Regional Lead, The Association for Perioperative Practice  
Senior Operating Department Practitioner, Princess Alexandra Hospital, England

Ms Jennifer Maher,  
Board member, The Association for Perioperative Practice  
ODP Team Leader and Clinical Skills Facilitator, Alder Hey Children's Hospital Trust, England

Ms Katie Bagstaff  
Board member, The British Anaesthetic and Recovery Nurses Association  
Matron, Recovery. Cambridge University NHS Foundation Trust, England  
East of England Operational Delivery Network. Surgery in Children, Recovery.

Dr Simon Courtmen  
President, The Association of Paediatric Anaesthetists of Great Britain and Ireland  
Consultant Paediatric Anaesthetist, University Hospitals Plymouth NHS Trust, England  
Clinical Director, NHSE Surgery in Children Operational Delivery Network

## **Contents**

Introduction

Core Competencies for Adult Day Surgery

Day Surgery Admission (Reception)

Day Surgery Patient Admission (Ward)

Anaesthetic Room/Preparation

Theatres

First Stage Recovery

Second Stage Recovery and Discharge

Appendix 1 Additional Competencies for Adult Day Surgery

Appendix 2 Additional Competencies for Paediatric Day Surgery

References

## 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.<sup>1</sup> Successful care 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 for Perioperative Practice (AfPP) formed a working party to produce criteria to complement and enhance local competency assessments. Both organisations promote educational activities for good clinical practice in their respective spheres, via their membership and national influence.

The main part of this document 'Core Competencies for Adult Day Surgery' sets out recommendations for a minimum standard necessary to maximise outcomes for patient safety and experience of their day surgery care, from the point of day surgery admission to discharge. These 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. 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 them that clarify roles and ensure appropriate training, mentoring and competency assessment.<sup>2,3</sup> It is beyond the scope of this document to make recommendations about the skill mix of staff in the day surgery team or the process for competency evaluation.

The two appendices provide competencies over and above the core-level recommendations to address the (1) more challenging situations that may arise in the adult day-case surgery setting and (2) additional knowledge and skills required for adult trained nurses or allied health professionals if paediatric day-case surgery is undertaken. Although comprehensive frameworks for adult and paediatric preoperative assessment are available elsewhere, competencies apposite to assessing suitability for day surgery, are summarised and included.<sup>4,5</sup>

The intention is for these criteria to be used as a reference for day surgery unit workbook competency documents, whether they are already in place or are in development. All sections place emphasis on the knowledge and ability to identify, anticipate and act on clinical and management scenarios in this setting. They apply irrespective of the hospital day surgery model of care and across both public and private healthcare sectors.

## Core Competencies for Adult Day Surgery

<b>CLINICAL COMPETENCY DAY SURGERY ADMISSION (RECEPTION)*</b>	
<b>Competency criteria</b>	
<b>1.</b>	<b>Knowledge</b>
1.1	Define day surgery
1.2	Trust policies relevant to the area
1.3	Confidentiality policy
	<ul style="list-style-type: none"> <li>• Discussions in the workplace</li> <li>• Outside work including online</li> <li>• Patients notes and records</li> <li>• Patients' relatives</li> </ul>
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
<b>2.</b>	<b>Skills</b>
2.1	Completed trust induction
2.2	Completed Management and Statutory Training (MaST)
2.3	Effective communication
2.4	IT competence
	<ul style="list-style-type: none"> <li>• Access hospital IT system</li> <li>• Access email</li> <li>• Access areas of the electronic patient record (EPR) system relevant to role</li> </ul>
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

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

## CLINICAL COMPETENCY DAY SURGERY ADMISSION (WARD)

Competency criteria	
<b>1.</b>	<b>Knowledge</b>
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
<b>2.</b>	<b>Skills</b>
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 <ul style="list-style-type: none"> <li>• Fasting</li> <li>• Escort home</li> <li>• Allergies</li> <li>• Dental status</li> <li>• Infection status</li> <li>• Diabetic status</li> <li>• Pre-operative medications/ patients on anticoagulants</li> <li>• Baseline observations</li> <li>• Pregnancy status</li> <li>• Correct patient ID bracelets</li> <li>• Jewellery</li> <li>• Make up / nail varnish</li> <li>• Prosthesis / metalwork</li> <li>• Glasses / contact lenses.</li> </ul>
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

## CLINICAL COMPETENCY ANAESTHETIC ROOM/PREPARATION

Competency criteria	
<b>1.</b>	<b>Knowledge</b>
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
<b>2.</b>	<b>Skills</b>
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
	<ul style="list-style-type: none"> <li>• Anaesthetic machine in accordance with national and local guidelines</li> <li>• Medical gas supplies</li> <li>• Intubation equipment</li> <li>• Airway management equipment including difficult airway equipment</li> <li>• Suction</li> <li>• Preparation and application of monitoring equipment in accordance with national and local guidelines</li> <li>• Intravenous infusion equipment</li> <li>• Patient-warming equipment</li> </ul>
2.1.2	Maintain patient and staff safety acknowledging and implementing appropriate risk management strategies
	<ul style="list-style-type: none"> <li>• Theatre ventilation systems</li> <li>• Lighting</li> <li>• Temperature</li> <li>• Humidity</li> <li>• Safe disposal of sharps, clinical and non-clinical waste</li> </ul>
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
	<ul style="list-style-type: none"> <li>• Surgical safety checklist</li> <li>• Venous thromboembolism (VTE) prophylaxis</li> <li>• Stop before you block</li> <li>• Antibiotic cover</li> <li>• Pressure area care</li> <li>• Utilises an effective handover technique (e.g., Situation-Background-Assessment-Recommendation)</li> <li>• Checklist for local anaesthetic (LA), regional, spinal, general anaesthetic (GA)</li> </ul>
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"> <li>• Demonstrates proficiency in calculations of infusion rates using manual and automated devices</li> <li>• Displays an understanding and of the principles of administration of blood and blood products</li> <li>• Monitors and respond to the effects of infusions, including blood and blood products</li> </ul>
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"> <li>• General anaesthesia</li> <li>• Regional anaesthesia</li> <li>• Local anaesthesia</li> <li>• Sedation</li> </ul>

## CLINICAL COMPETENCY THEATRE

### Competency criteria

#### 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.<sup>6</sup>
- 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
- Understands the importance and selection of appropriate personal protective equipment (PPE)
- Competence in checking integrity, handling and storage of sterile goods
- Traceability – instruments, mesh, implants
- Demonstrates competence when participating in accountable item checks, in line with national and local policy<sup>5</sup>
- Awareness of responsibility of completing records accurately and legibly

## CLINICAL COMPETENCY 1<sup>st</sup> STAGE RECOVERY

### Competency criteria

#### 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 <sup>st</sup> 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 <sup>st</sup> 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 <sup>st</sup> stage recovery   |
| 1.12 | Understands 1 <sup>st</sup> stage recovery discharge criteria and process to transfer to day surgery 2 <sup>nd</sup> 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  |
|     | <ul style="list-style-type: none"> <li>• Operation details</li> <li>• Relevant medical history</li> <li>• Drugs used</li> <li>• Complications</li> <li>• Dressings</li> <li>• Sutures</li> <li>• Observations</li> <li>• Pain</li> <li>• Post operative nausea and vomiting (PONV)</li> <li>• Interpret anaesthetic chart</li> <li>• Specific instructions e.g., limb elevation, bladder irrigation</li> </ul>  |
| 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 <sup>st</sup> stage recovery   |
|     | <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Basic airway management in the unconscious patient</li> <li>• Equipment (oropharyngeal airway, laryngeal mask airway, oxygen masks, tracheostomies [if relevant])</li> <li>• 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)</li> <li>• Demonstrates the use of suction equipment</li> </ul> |

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"> <li>• Check blood glucose</li> <li>• Check ketones</li> <li>• Management of hypo/hyperglycaemia</li> </ul>
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"> <li>• Recognising signs of deterioration</li> <li>• Actions to be taken</li> <li>• Escalation</li> <li>• Possible causes</li> </ul>
2.11	Understands protocols for the recognition and treatment of clinical emergencies relevant to area
	<ul style="list-style-type: none"> <li>• Cardiovascular: severe hypotension, arrhythmia, cardiac arrest</li> <li>• Respiratory: laryngospasm, bronchospasm, desaturation, respiratory arrest</li> <li>• Inadequate reversal of muscle relaxant</li> <li>• Anaphylaxis</li> <li>• Local anaesthetic toxicity</li> <li>• Malignant hyperexia</li> <li>• Compartment syndrome</li> <li>• Transurethral resection of prostate (TURP) syndrome if working with urology patients</li> <li>• Major haemorrhage</li> <li>• Return to theatre</li> </ul>
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"> <li>• Observations satisfactory</li> <li>• PONV under control</li> <li>• Pain manageable</li> <li>• Dressings dry and intact</li> </ul>
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

## CLINICAL COMPETENCY DAY SURGERY 2<sup>nd</sup> STAGE RECOVERY AND DISCHARGE

### Competency criteria

#### 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<sup>nd</sup> 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)
  - Wound care/suture removal /out-patient follow up
  - Post procedure voiding
  - Escort in place (\*if no home alone policy)
  - How to seek help post operatively if required
- 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

## Appendix 1 Additional Competencies for Adult Day Surgery

<b>COMPETENCIES THAT APPLY TO ALL AREAS OF THE DAY SURGERY PATHWAY</b>	
<b>Competency criteria</b>	
<b>1.</b>	<b>Knowledge and skills</b>
1.1	<p>Recognise, assess, escalate and manage challenging or unexpected situations arising in the day surgery unit. The following list of examples is not exhaustive as additional circumstances may arise.</p> <ul style="list-style-type: none"> <li>• Managing situations involving other health care professionals and staff working in the day surgery unit               <ul style="list-style-type: none"> <li>○ Methods for conflict resolution</li> <li>○ Demonstrate/explain how concerns should be escalated</li> <li>○ Unexpected staff shortage</li> <li>○ Unprofessional behaviour</li> <li>○ Unsafe practice (nursing, allied health professional, anaesthetic, surgical)</li> <li>○ Emotional distress/mental health symptoms</li> </ul> </li> <li>• Patient, family members or carers, for example,               <ul style="list-style-type: none"> <li>○ Fluctuating capacity</li> <li>○ Verbal and or physical aggression</li> <li>○ Intoxication</li> <li>○ Emotional distress/mental health symptoms</li> </ul> </li> <li>• Estate               <ul style="list-style-type: none"> <li>○ Defective theatre equipment – identification, notification and following up escalation procedures</li> <li>○ Defective theatres equipment</li> <li>○ Power failure</li> <li>○ Water supply failure</li> <li>○ Flooding</li> <li>○ Fire</li> <li>○ IT downtime</li> </ul> </li> </ul>
1.2	Ability to support, advise and train staff new to the day surgery unit in core competency skills
<b>PREOPERATIVE ASSESSMENT (POA)</b>	
<b>Competency criteria</b>	
<b>1.</b>	<b>Knowledge</b>
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	<p>Demonstrate understanding that day-case patients must be safe, relative to their co-morbidities, procedure and support post-operatively for discharge to a home environment where there is an absence of</p> <ul style="list-style-type: none"> <li>• Nursing observation or monitoring</li> <li>• No access to additional oxygen or iv analgesia</li> <li>• Lack of qualified staff to identify and manage early deterioration</li> </ul>
1.4	Understand and explain why fitness for a procedure should relate to a patient’s functional status as determined at POA and not by the American Society of Anesthesiologists (ASA) Physical Status Grading, body mass index (BMI) alone or age <sup>7,8,9</sup>
1.5	Understand there are no absolute exclusions for adult day surgery and that complex patients or those with poorly controlled medical problems should undergo individualised POA and anaesthetic review.
1.6	Explain how modification of risk factors for surgery (e.g., smoking, alcohol, lack of physical activity and obesity) may increase suitability for management as a day-case <sup>10</sup>
1.7	<p>Demonstrate understanding of preoperative assessment risk assessment tools as set by local policy (e.g., STOP-BANG questionnaire for obstructive sleep apnoea [OSA])</p> <ul style="list-style-type: none"> <li>• Explain indications for their use in individual patients</li> <li>• Explain how the results are interpreted</li> <li>• Explain the process for escalation, as appropriate</li> </ul>

1.8	Demonstrate understanding of specific co-morbidities that may affect day surgery suitability and require senior anaesthetic review <ul style="list-style-type: none"> <li>Confirmed or suspected OSA with awareness that continuous positive airway pressure (CPAP) treatment does not preclude day surgery<sup>11</sup></li> <li>Difficult airway</li> <li>Poor diabetic control or multiple hypoglycaemic episodes</li> <li>Neuromuscular disorders affecting respiratory muscles</li> <li>Poor exercise tolerance (defined according to local policy)</li> <li>Chronic or complex pain</li> </ul>
1.9	Demonstrates understanding of the rationale for national and local guidance on preoperative investigations, indications for testing, interpretation of findings with appropriate referral (urgent/non-urgent) <ul style="list-style-type: none"> <li>Interpret a normal ECG and common abnormalities</li> <li>Indications for pulmonary function tests and echocardiogram (ECHO)</li> </ul>
1.10	Explain when a family member/carer needs to be present at home following discharge and when a 'home alone' policy is appropriate <sup>9</sup>
<b>2.</b>	<b>Skills</b>
2.1	Demonstrate effective communication with the patient /carer to ensure they are fully informed about managing their medication including which drugs should be continued or stopped (e.g., anticoagulants, antiplatelet, diabetic, hypertensive drugs and herbal medications)
<b>ADMISSION (RECEPTION/WARD)</b>	
<b>Competency criteria</b>	
<b>1.</b>	<b>Knowledge and skills</b>
1.1	Managing an unlisted patient attending the day surgery unit
<b>ANAESTHETIC ROOM/PREPARATION/THEATRES</b>	
<b>Competency criteria</b>	
<b>1.</b>	<b>Knowledge and skills</b>
1.1	Demonstrate an ability to scrub for all procedures performed in the day surgery unit, irrespective of speciality
1.2	Understand what is required to support staff with needle-stick injuries
1.3	Demonstrate understanding of staff responsibilities and skills with equipment not routinely used in the day surgery unit e.g., the HoverMatt system, intraoperative cell salvage.
1.4	Demonstrate the ability to work as the department floor co-ordinator
<b>1<sup>ST</sup> STAGE RECOVERY</b>	
<b>Competency criteria</b>	
<b>1.</b>	<b>Knowledge and skills</b>
1.1	Ability to run and oversee the recovery area to maintain patient flow and timely discharge to second stage recovery
<b>2<sup>nd</sup> STAGE RECOVERY AND DISCHARGE</b>	
<b>Competency criteria</b>	
<b>1.</b>	<b>Knowledge and skills</b>
1.1	Supporting less experienced or more junior staff in the assessment and management of issues surrounding discharge <ul style="list-style-type: none"> <li>Patient, family/carer uncertainty or reluctance for same-day discharge</li> <li>Determining whether overnight admission is required</li> <li>Determining whether more time is needed to prepare a patient for same-day discharge</li> <li>Unexpected lack of patient escort or carer at home postoperatively</li> </ul>

## Appendix 2 Additional Competencies for Paediatric Day Surgery

<b>COMPETENCIES THAT APPLY TO ALL AREAS OF THE DAY SURGERY PATHWAY</b>	
<b>Competency criteria</b>	
<b>1.</b>	<b>Knowledge</b>
1.1	Define day surgery
1.2	Demonstrate understanding of the principles of day surgery, the management of infants, children and young people on a day surgery pathway (i.e., medical, social criteria, lower age limit for admission, procedures undertaken) and the local policy for patient escort home and supervision following discharge
1.3	Demonstrate understanding of consent issues with children and young people, including Gillick competence, parental responsibility and social care concerns
1.4	Demonstrate understanding of medical, developmental, behavioural and psychological special needs and how to provide support for affected patients, their families/carers e.g., autism spectrum disorder, attention-deficit/hyperactivity disorder, learning disabilities
1.5	Demonstrate understanding of safeguarding responsibilities for children including <sup>12</sup> <ul style="list-style-type: none"> <li>• Awareness of local safeguarding policy</li> <li>• Awareness of signs of child maltreatment e.g., non-accidental injuries/ abuse</li> <li>• Process for escalation if concerns are identified</li> </ul>
1.6	Discuss the situations that would require the use of a chaperone when caring for children with or without a parent or carer present
1.7	Demonstrate understanding of the anatomical, physiological, behavioural and psychological differences in children and young people compared with adults and the Paediatric Early Warning Score (PEWS), if staff are caring for patients outside of their registered field of practice (i.e., an adult nurse or allied health professional caring for a child).
1.7	Demonstrate understanding of age-appropriate vital sign parameters (i.e., 0-11 months, 12-23 months, 2-4 years, 5-11years, ≥ 12 years), their scoring, interpretation and how to respond or escalate when required
1.8	Demonstrate understanding of the increased risk of inadvertent perioperative hypothermia in paediatric compared to adult patients and appropriate methods for temperature monitoring and warming strategies
1.9	Explain 2-person check for medications, Patient-Group Directions and dosing recommendations for paracetamol in children whilst in the day surgery unit and after discharge
<b>2.</b>	<b>Skills</b>
2.1	Apply the principles of good communication to inform, educate and promote trust and confidence in patients and their family/carers, including the use of age-appropriate communication
2.3	Ability to maintain the principles of family-centred care, including the active involvement of patients and their family/carers in planned care <sup>13</sup>
2.4	Demonstrate creating a child friendly environment and implementing the appropriate use of play and distraction skills
<b>PREOPERATIVE ASSESSMENT (POA)</b>	
<b>Competency criteria</b>	
<b>1.</b>	<b>Knowledge</b>
1.1	Awareness of absolute exclusion criteria for day-case admission <sup>9</sup> <ul style="list-style-type: none"> <li>• Neonates (i.e., 0 to 28 days post conceptional age (PCA). Some day surgery units do admit neonates, be familiar with local guidelines</li> <li>• Ex-premature infants &lt; 60 weeks PCA. Some day surgery units admit infants between 46 to 60 weeks PCA, be familiar with local guidelines</li> <li>• Young sibling of sudden infant death syndrome (SIDS) child</li> </ul>
1.2	Demonstrate understanding of specific co-morbidities (set by local policy) that may affect day surgery suitability and require a senior anaesthetic review e.g., tonsillectomy in children with craniofacial abnormality syndromes and sleep apnoea
1.3	Demonstrate understanding of current starvation guidelines for children <sup>14,15</sup>
<b>2.</b>	<b>Skills</b>

2.1	Demonstrate effective communication with the parents/carer to ensure they are fully informed about the level of pain expected at home following discharge and ability to instruct them in the use of weight based analgesic regimens
<b>DAY SURGERY ADMISSION (WARD)</b>	
<b>Competency criteria</b>	
<b>1. Knowledge</b>	
1.1	Demonstrate understanding of premedication indications +/- required observations <ul style="list-style-type: none"> <li>• Oral sedation</li> <li>• Local anaesthetic cream</li> <li>• Preoperative analgesia</li> </ul>
1.2	Explain the local policy for pregnancy testing in children and young people including <sup>16</sup> <ul style="list-style-type: none"> <li>• Consent</li> <li>• Indications for routine testing</li> <li>• Process for response/escalation if a test is positive</li> </ul>
<b>ANAESTHETIC ROOM/PREPARATION/THEATRES</b>	
<b>Competency criteria</b>	
<b>1. Knowledge</b>	
1.1	Understand responsibilities for the care of an accompanying parent/carer in the anaesthetic room
1.2	Understand the selection of age-appropriate equipment for safe paediatric anaesthesia and monitoring
1.3	Understand that induction of anaesthesia in children can lead to rapid hypoxia and hypotension and the management of this
1.4	Understand the differences in paediatric anatomy and physiology that impact paediatric anaesthetic practice (e.g., airway anatomy, oxygen delivery, laryngeal reflexes)
<b>2. Skills</b>	
2.1	Ability to communicate with the child, parent/carers and anaesthetist to facilitate a smooth anaesthetic induction
<b>1<sup>st</sup> STAGE RECOVERY</b>	
<b>Competency criteria</b>	
<b>1. Knowledge</b>	
1.1	Demonstrate understanding of the differences in airway anatomy, oxygen delivery and laryngeal reflexes between infants, children and adults
1.2	Demonstrate understanding that compared with adults, paediatric patients remain in compensated hypovolaemic shock longer and decompensate more rapidly
1.3	Demonstrate understanding that young children have an increased incidence of postoperative delirium and how it is managed
1.4	Demonstrate awareness that the risk of postoperative nausea and vomiting is greater in children than adults and understanding of the differences in risk factors between the two groups
<b>2. Skills</b>	
2.1	Recognise signs of deterioration, identify possible causes and act on them promptly with effective escalation techniques (e.g., use of age-appropriate post operative nausea and vomiting scores, pain scales and the PEWS) with Situation-Background-Assessment-Recommendation [SBAR] <sup>17</sup>
<b>2<sup>nd</sup> STAGE RECOVERY AND DISCHARGE</b>	
<b>Competency criteria</b>	
<b>1. Knowledge</b>	
1.1	Explain the differences in eating, drinking and passing urine requirements between adults and children and why is not essential for an otherwise well child to eat, drink or pass urine prior to discharge
1.2	Demonstrate understanding of lower limb weakness due to motor blockade from a caudal or ilioinguinal block and when it is safe to discharge children who have had these done

## References

1. Royal College of Anaesthetists. Chapter 6: Guidelines for the Provision of Anaesthesia Services for Day Surgery 2024. <https://www.rcoa.ac.uk/node/18556#chapter-6>
2. Nursing Skills for Preoperative Assessment, 2022. The Preoperative Association. <https://irp.cdn-website.com/627f2e53/files/uploaded/Nursing%20Skills%20guidance%202022%20V6.pdf>
3. Courtman S et al on behalf of the Association of Paediatric Anaesthetists of Great Britain and Ireland. Best Practice Guidance: Preassessment Services for Children undergoing Surgery or Procedures, 2022. <https://www.apagbi.org.uk/sites/default/files/2022-05/Best%20Practice%20Preassessment%20standards%20in%20Children%20%202022%20-%20Published.pdf>
4. Nursing and Midwifery Council Standards. <https://www.nmc.org.uk/standards/>
5. Standards of Conduct, Performance and Ethics 2016. Health and Healthcare Professions Council. <https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-conduct-performance-and-ethics.pdf>
6. Association for Perioperative Practice. Standard 8.1 Accountable Items, swab, instrument and needle count. In, Standards and Recommendations for Safe Perioperative Practice 2022. <https://www.afpp.org.uk/books-journals/afpppublications>
7. American Society of Anesthesiologists. Statement on ASA Physical Status Classification System. Amended December 2020. <https://www.asahq.org/standards-and-practice-parameters/statement-on-asa-physical-status-classification-system>
8. Bailey CR et al. Guidelines for day-case surgery 2019, Guidelines from the Association of Anaesthetists and the British Association of Day Surgery. *Anaesthesia*, 2019; 74:778-792. <https://associationofanaesthetists-publications.onlinelibrary.wiley.com/doi/10.1111/anae.14639>
9. Getting it Right First Time, The British Association of Day Surgery, the Centre for Perioperative Care. The National Day Surgery Delivery Pack. June 2024. <https://www.gettingitrightfirsttime.co.uk>
10. British Geriatric Society, Centre for Perioperative Care, Federation of Surgical Specialist Associations, Intensive Care Society, International Prehabilitation Society Preoperative Association, Perioperative Exercise Testing and Training Society, Royal College of General Practitioners, Royal College of Surgeons of England. Preoperative Assessment and Optimisation for Adult Surgery including consideration of COVID-19 and its implications. June 2021. [file:///Users/jomarsden/Downloads/Preoperative%20assessment%20and%20optimisation%20guidance%20format%20\(1\).pdf](file:///Users/jomarsden/Downloads/Preoperative%20assessment%20and%20optimisation%20guidance%20format%20(1).pdf)
11. The Centre for Perioperative Care. Perioperative Management of Obstructive Sleep Apnoea in Adults, 2023. <https://cpoc.org.uk/guidelines-resources-guidelines/perioperative-management-osa-adults>
12. HM Government. Working together to Safeguard Children, 2023: statutory guidance. [https://assets.publishing.service.gov.uk/media/65cb4349a7ded0000c79e4e1/Working\\_together\\_to\\_safeguard\\_children\\_2023-statutory\\_guidance.pdf](https://assets.publishing.service.gov.uk/media/65cb4349a7ded0000c79e4e1/Working_together_to_safeguard_children_2023-statutory_guidance.pdf)
13. NICE guidance [NG204]. Babies, children and young people's experience of healthcare. Published: 25 August 2021. <https://www.nice.org.uk/guidance/ng204/chapter/Recommendations>
14. Thomas M et al. Consensus statement on clear fluids fasting for elective paediatric general anaesthesia. *Paediatr Anaesth*. 2018; 28:411-414.

15. APA Consensus Statement on updated fluid fasting guidelines.  
<https://www.apagbi.org.uk/sites/default/files/paragraphs/files/Fasting%20Consensus%20statement%20signatures%20Word.pdf>
16. The Royal College of Paediatrics and Child Health. Pre-procedure pregnancy checking for under-16s: guidance for clinicians. November 2012.  
<https://www.rcpch.ac.uk/resources/pre-procedure-pregnancy-checking-under-16s-guidance-clinicians>
17. The Royal College of Paediatrics and Child Health. System-wide Paediatric Observation Tracking (SPOT) Programme - Developing a standardised Paediatric Early Warning System (PEWS) for England. May 2023. <https://www.rcpch.ac.uk/resources/paediatric-early-warning-system-england#-what-is-the-national-england-pews-chart>