




Preoperative Patient Preparation

AMPATH Surgical App

All patients must give consent for the procedure and declaring understanding of its risks.

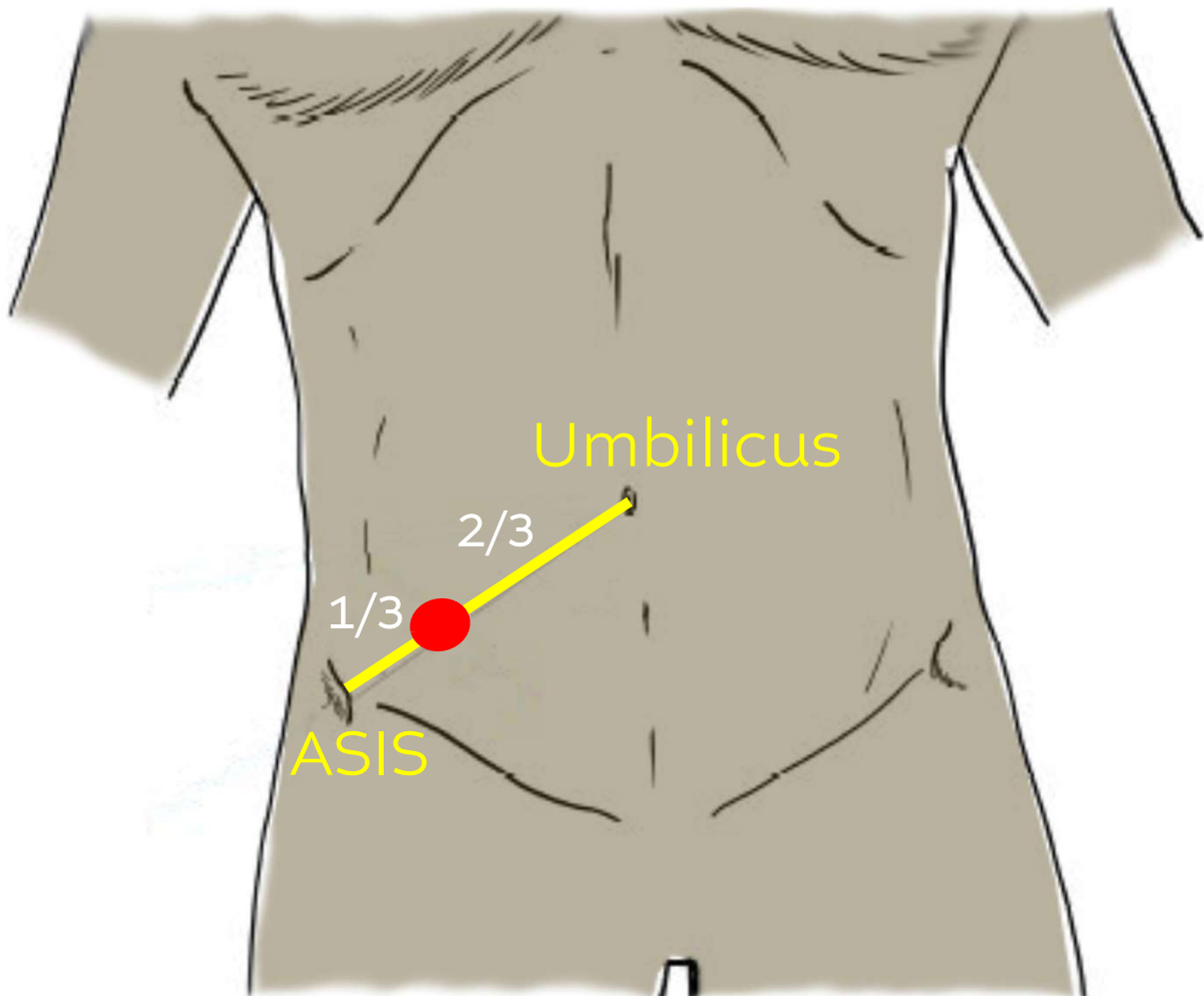
	MOI TEACHING AND REFERRAL HOSPITAL
An ISO 9001:2015 Certified Hospital	Consent by Patient
IFrom.....	
hereby consent to undergo the operation (s) of	
the nature and effect of which have been explained to me by Dr. / Mr.:	
I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.	
* No assurance has been given to me that the operation will be performed by a particular surgeon.	
Date.....	Signed.....
I confirm that I have explained to the patient the nature and effect of this operation.	
Date.....	Signed
<small>*Delete if not required</small>	
FORM 11/EDH/6/92	

Mark Point of Maximum Tenderness

McBurney's point (in red)

- McBurney's point is the point that is $\frac{1}{3}$ rd the distance from the ASIS to the umbilicus

This point roughly corresponds to the most common location of the base of the appendix. Severe tenderness at McBurney's point suggests later stages of an acute appendicitis and increased likelihood of rupture.





WHO Checklist

AMPATH Surgical App

WHO Checklist Prior to Anesthesia

- The tool is designed to improve surgical safety by incorporating all operating room team members to complete safety checks as a group.

Before induction of anaesthesia

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?

☐ Yes

Is the site marked?

☐ Yes

☐ Not applicable

Is the anaesthesia machine and medication check complete?

☐ Yes

Is the pulse oximeter on the patient and functioning?

☐ Yes

Does the patient have a:

Known allergy?

☐ No

☐ Yes

Difficult airway or aspiration risk?

☐ No

☐ Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?

☐ No

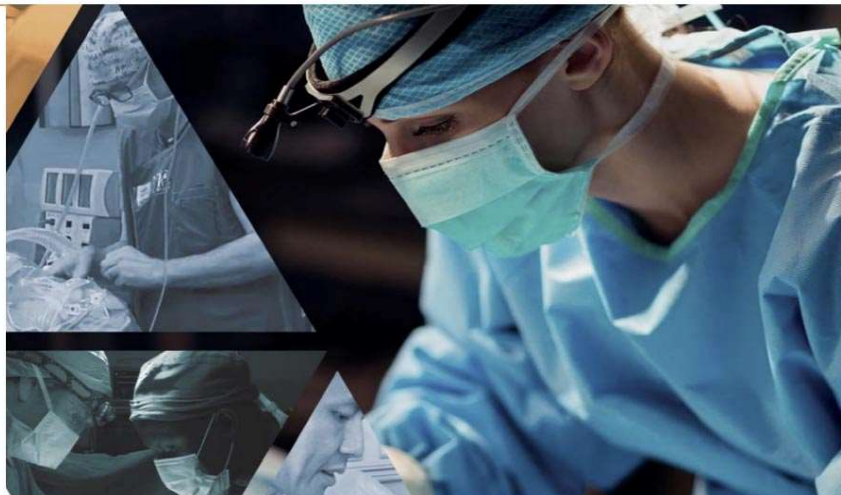
☐ Yes, and two IVs/central access and fluids planned

[Link to the WHO Checklist](#)

- General anaesthesia is preferred to promote complete muscle relaxation.
 - If general anaesthesia is not available or the anaesthesia provider is uncomfortable with general anaesthesia, spinal anaesthesia may be used.
 - Consider transferring the patient if you believe the anaesthesia available is not adequate for the procedure.

- Antibiotics should be dosed within 120 minutes before surgical incision, while considering the half-life of the antibiotic.

GLOBAL GUIDELINES FOR THE PREVENTION OF SURGICAL SITE INFECTION



World Health
Organization

JL [2]17

WHO Guidelines
for Antibiotics



- Consider 2nd generation cephalosporin (cefotetan, cefoxitin, cefuroxime) OR 3rd generation cephalosporin (ceftriaxone, cefotaxime, ceftazidime) if available.

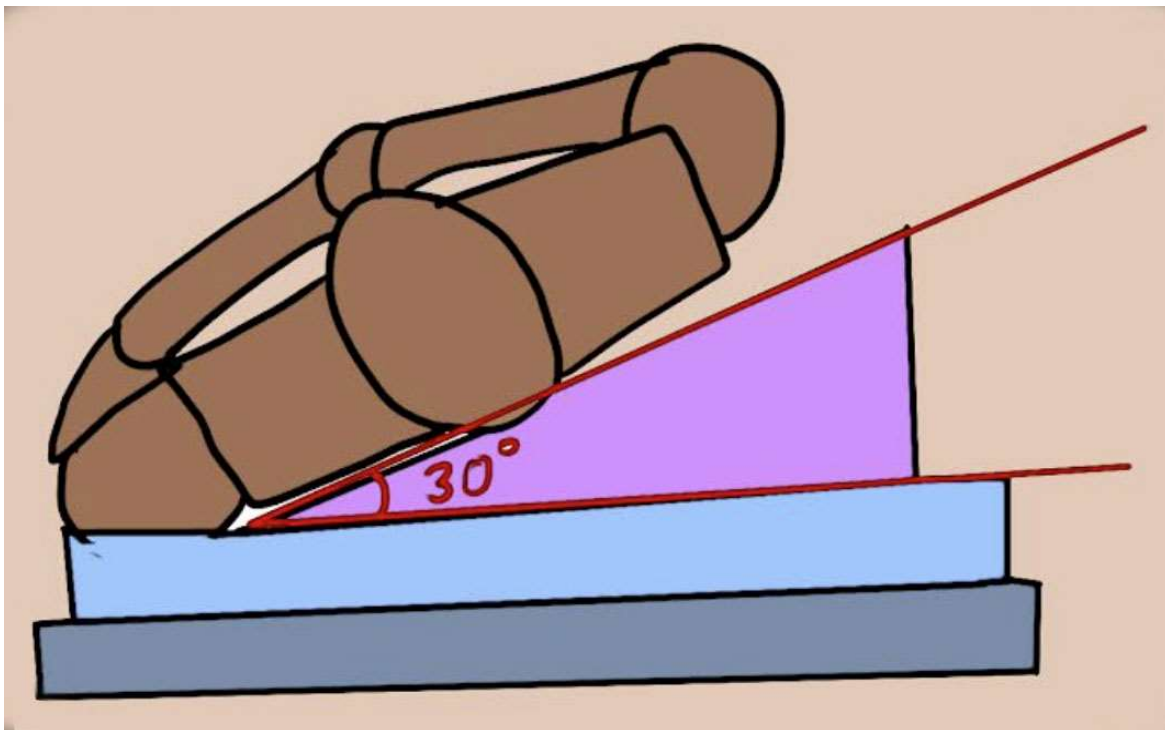
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JL [2]17 Line the PDF. If you need the URL, it is <https://www.who.int/gpsc/global-guidelines-web.pdf>
Jeffrey Levy, 8/2/2021

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Patient Positioning

Place patient supine on the operative table and tilt bed 30 degrees to the left with the right side up. This will move the small bowel to the left of the abdomen. This can also be accomplished with a wedge or towels under the right side of the patient.

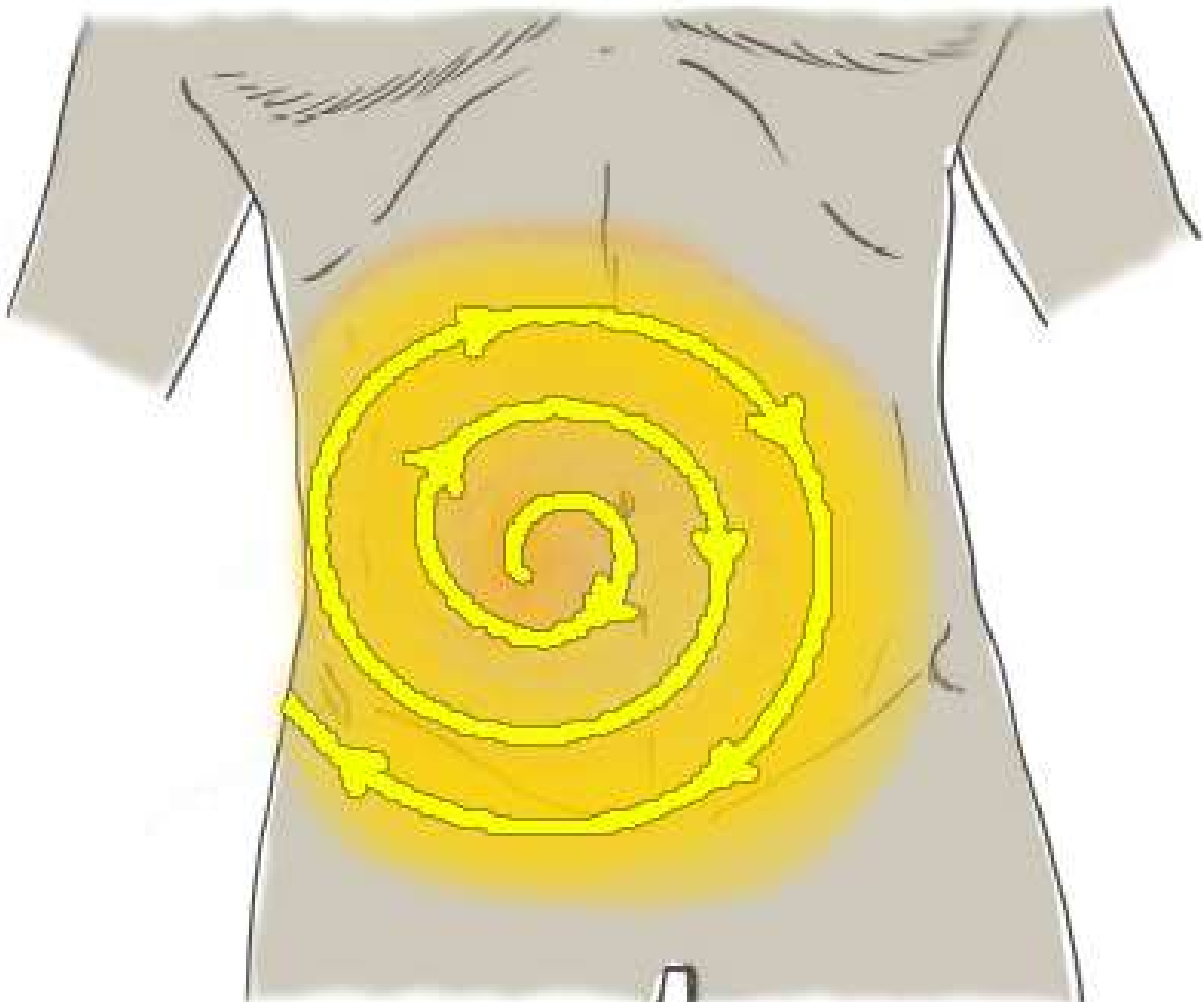


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Prepare the Abdomen

Prepare the abdomen with sanitizing solution from the xiphoid process to 2 cm below the pubic symphysis and from the right to the left of the ASIS

- Solution options – 70% alcohol, chlorohexidine, betadine



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Drape the Abdomen

Ensure the umbilicus, pubic symphysis and right anterior superior iliac spine are exposed





WHO Checklist

AMPATH Surgical App

WHO Checklist Before Skin Incision

- The tool is designed to improve surgical safety by incorporating all operating room team members to complete safety checks as a group.

Before skin incision

(with nurse, anaesthetist and surgeon)

☐ **Confirm all team members have introduced themselves by name and role.**

☐ **Confirm the patient's name, procedure, and where the incision will be made.**

Has antibiotic prophylaxis been given within the last 60 minutes?

☐ Yes

☐ Not applicable

Anticipated Critical Events

To Surgeon:

☐ What are the critical or non-routine steps?

☐ How long will the case take?

☐ What is the anticipated blood loss?

To Anaesthetist:

☐ Are there any patient-specific concerns?

To Nursing Team:

☐ Has sterility (including indicator results) been confirmed?

☐ Are there equipment issues or any concerns?

Is essential imaging displayed?

☐ Yes

☐ Not applicable

[Link to the WHO Checklist](#)