QEUH transplant admission patient flow (draft)

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This is a draft document based on a walkaround by a transplant consultant and registrar to trace the patient journey on admission for transplant, through theatres back to ward. It is subject to change as and when any issues are uncovered with increasing unit experience.

Pre-admission

Patients to be given ward 4C telephone number prior to admission in case difficulties gaining entry to hospital. Entry to hospital via main front entrance[1].

Advice to bring clothes, toiletries, phone and phone charger as no relatives will be admitted for duration of hospital stay.

Advised to wear face mask provided by dialysis unit during travel to hospital (if transplant doesn't proceed need to discharge with another one).

Admission to 4C

Patient in facemask

Send samples for COVID-19 PCR as soon as possible after admission.

Nursing and medical staff: level 1 (facemask, disposable apron, gloves) plus visor for dialysis

Patient may leave ward for CT chest with facemask; portering staff in level 1 PPE; ideally nurse to accompany patient to minimise waiting time at CT scanner.

Theatre

We will use regular CEPOD theatres (currently theatre 11 and 12 as they have laminar flow).

Theatres are cleaned with Acticlor and a 10 minute air change between patients means Tx patients can be safely treated in same theatre as COVID positive.

Kidney benched in level 2 PPE (facemask and visor) then bagged and placed back on ice.

Surgical team to then confirm with anaesthetic team that no delays are anticipated at which point patient will be sent for (patient not to be sent for before benching is completed to minimise patient delay in reception/ recovery).

Patient intubated in theatre by anaesthetists wearing level 3 PPE (FFP3 masks). Surgical team not allowed in theatre at this stage. This is followed by 7-10minute "stand-off" period to permit full air exchange in theatre.

Surgical and scrub team then complete operation in level 2 PPE (facemask and visor).

There will be a runner outside of theatre throughout operation to get any additional equipment that's needed. There is a fridge and freezer between theatre 11 and 12 which are currently adequately stocked with ice and perfusion fluid (but the fridge is small therefore might be worth confirming these are definitely available at team brief).

Surgical team leave theatre. Anaesthetic team extubate in theatre in level 3 PPE.

Patient transferred to recovery. Facemask applied below oxygen mask in recovery as soon as reasonably practical (if tolerated) and will remain in place until patient back in single room on ward.

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Reception/ recovery

We are keen to separate the transplant patients from other patients in recovery. Areas B&C (the two bays closest to the theatre complex) are the potential makeshift ICU[1]. During the daytime, area A (the one closest to the door) is serving as the main reception/ recovery. We have agreed that transplant patients will go to area D (the one closest to endoscopy) for reception/ recovery and be cared for by a dedicated nurse. At night, patients will all be recovered in area C but due to small numbers it should be possible to separate our patients adequately.

All recovery nurses in level 1 PPE both in recovery and during transfer.

Ultrasound

All transplant USS will be done in level 1 USS department rather than in the ground floor area of radiology. This area has been dedicated as a "clean" area of the hospital and will only scan transplant patients.

Nursing staff to call as patient is leaving the ward. The patient will be brought straight into scan room without waiting.

Patients will remain in the scan room following the scan until porters available to transport back to ward.

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Notes

1. There is a separate entrance at the side of the QEUH main building for admissions to the COVID-19 assessment unit. The main entrance at front of building only admitting staff with ID or patients with appointment letter or on a list provided to security.
2. Two of the HDU areas in Critical Care department have been upgraded to ICU, with potential to upgrade another, so theatre recovery not yet in use as an auxiliary ICU. The neuro ICU in a different building has been repurposed as a

general “clean” ICU for non-COVID patients.

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