

## SAFE SURGERY

### WHO GUIDELINES FOR SAFE SURGERY

By

**Egyptian Group for Surgical Science and Research**

*Nabil Dowidar, EGSSR Moderator*

*Ahmed Hazem, EGSSR Secretary General*

*Said Rateb*

*Mohamed Farid*

*Ahmed Hussein*

Correspondence to: Nabil Dowidar, Email: [nabil\\_dowidar@hotmail.com](mailto:nabil_dowidar@hotmail.com)

In response to the worldwide interest in surgical safety the Egyptian Journal of Surgery is dedicating a specific section for surgical safety. In the forthcoming issues of the journal the WHO guidelines for safe practices in surgical theatres will be presented with audit criteria (standards) through which any member of the surgical team can assess the degree of compliance of the surgical team with the recommended safe practices inside their surgical theatre.

#### **Standard 5:**

**The team will avoid inducing an allergic or adverse drug reaction for which the patient is known to be at significant risk.**

#### **Highly recommended**

- Anaesthesia professionals should fully understand the pharmacology of the medication they prescribe and administer, including its toxicity.
- Every patient to whom any drug is administered must first be identified clearly and explicitly by the person administering the drug.
- A complete drug history, including information on allergies and other hypersensitivity reactions, should be obtained before administration of any medication.
- Medications should be appropriately labeled, confirmed and rechecked before administration, particularly if they are drawn into syringes.
- Before any drug is administered on behalf of another health provider, explicit communication should take place to ensure that the two have a shared understanding of the indications, potential contraindications and any other relevant information.

### **Recommended**

- Medication drawers and workspaces should be organized systematically to ensure consistent positions of medication ampoules and syringes, tidiness and separation of dangerous drugs or drugs with similar-sounding names.
- Labels on ampoules and syringes should be legible and include standardized information (e.g. concentration, expiration date).
- Similar packaging and presentation of different medications should be avoided when possible.
- Errors in intravenous drug administration during anaesthesia should be reported and reviewed.
- Drugs should be drawn up and labelled by the anaesthetist who will administer them.

### **Suggested**

- Medications in a similar class should be colour-coded according to an agreed system that is understood by all members of the operating team.

### **Audit criteria**

1. Availability of emergency drugs at a convenient position:
  - a) Corticosteroids
  - b) Adrenaline
  - c) Ephedrine
  - d) Calcium
  - e) Atropine
2. Patient identification policy and procedure.
3. Drug administration policy and procedures.
4. Policy and procedure for drugs administered on behalf of another individual.
5. Observe patient identification procedure.
6. Observe medication administration procedures.
7. Documented history of allergies.
8. Observe labeling of syringes with medication name and concentration.
9. Observe double checking of medication before administration.
10. Check medication storage area for the following:
  - a) Orderly storage
  - b) High alert medication
  - c) Look alike
  - d) Sound alike
  - e) Medication without labels and expiration date
11. Medication adverse event report sheet.
12. Medication adverse event policy and procedures.

Complete WHO Guideline for Safe Surgery document can be downloaded from the Alexandria Patient Safety Alliance website: [www.mri.edu.eg](http://www.mri.edu.eg).