

CREATING A SURGICAL WAY OF LIFE

The following is from an editorial written by Edward Copeland, MD, FACS, President of the American College of Surgeons and Professor of Surgery at the University of Florida, Gainesville. He is another member of a distinguished family of surgeons.

"Here are the core values for patient safety, which I learned from my most significant faculty mentors:

If a test is ordered, know the result.

If a tube is inserted, know that it works.

When practical, check on inpatients at least twice a day.

When signing out, ensure that the physicians who assume the care of your patients are well informed.

When in the operating room, be prepared for the unexpected.

Talk to the patients - It's amazing what they know."

To the above, I would add:

"ASSUME NOTHING."

-RK

MEMO

from

Arthur Loewy, M.D.

11-1-71

Dear Doctor ~~Goldenberg~~

I had the unpleasant experience of picking out the hospital record of Robert Treskow for my Chart Rounds this afternoon. I must commend you on having dictated and signed one of the most meaningless Operation Reports I have run across since I was driven to post a format on the wall in the room that houses the Dictaphone.

Now, as far as I am concerned, you can go right on for the rest of your life producing such garbage. It looks impressive enough to get by any accreditation committee. However, it almost certainly does not say what you mean, and I doubt that it means what you have said -- and attested to by signing your name to it.

My interest in such records is based on my observations that when language, spoken or written becomes misused little by little, the meaning of words is obscured, and in medicine we lose all basis for common judgment on evaluating a procedure (or course, or result . . .) or understanding what happened.

*Since it is accomplishing so little on the wall, I am enclosing it with this memo. Perhaps during your stay at Childrens you might want to look at it just once before throwing it out.

Sincerely (& hopeful?)

AL

(Returned to this wall by popular request - - - - - one R-2 said he missed it.)

P R E A M B L E

If you feel compelled to start every Report with "The patient was prepped and draped in the usual manner," you may continue to SAY it -- just don't depress the dictate button on the Dictaphone while you say that bit. The same applies to the closing sentence, "The patient left the Operating Room in good condition," unless the patient did really re-stock the shelves and mop the floor.

OPERATION DESCRIPTION

1. Note the prep and drape only if it was not "in the usual manner."

Citation of the anesthetic seems to be called for, yet a blank is marked "Anesthesia": and a line provided; use it! Do not describe anesthetic in the Body of the Report unless the anesthetic altered -- or was altered by -- some phase of the procedure. Cite it also if it becomes part of the procedure, such as elevating a perichondrial flap by infiltration, or the agent is applied to neurovascular bundles, or if it is used for hemostasis.

II. Incision

- A. Where, extent, and configuration
- B. Through what?
- C. Anything unusual? (If not, go to III)
Bleeding, color of blood, previous scar included or excluded, fistula excised? And such variations that we sometimes see and have to deal with.

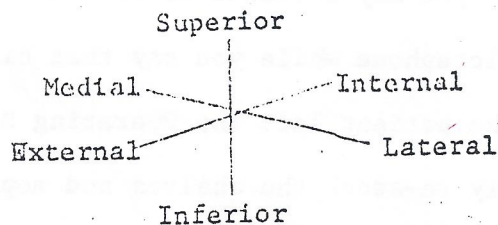
III. Approach

- A. Layers or structures encountered
- B. Anything avoided?
- C. Structures that had to be dealt with:
 - 1. Retracted
 - 2. Removed for access to something else
 - 3. Clamped, cut and ligated

IT IS NEITHER ILLEGAL NOR IMMORAL TO MAKE AN OUTLINE FOR YOURSELF BEFORE STARTING TO DICTATE. IT COULD HELP YOU TO AVOID SOME OF THOSE LONG-WINDED SENTENCES FROM WHICH YOU CANNOT FREE YOURSELF.

IV. Site of the Trouble

- A. Its appearance
- B. Size, shape, color, consistency, fixation - and other descriptors
- C. Its relationships:



V. What was done?

- A. Explored
 - B. Removed
 - C. Altered
 - D. Replaced
 - E. Destroyed
 - F. Frozen or Burned
- and other descriptors

VI. Closing

- A. Drain (or no drain)
if so, 1. type
2. fastened with what to what?
- B. Packing
1 and 2 as above
- C. What tissues were joined?
- D. Suturing technique:
Continuous, interrupted, subcuticular, none at all,
butterflies, clips, or other materials and methods
- E. Cite size, nature or type of suture material only if:
1. It is nonabsorbable
2. It is new - or new to you
3. It is part of some personal study
- F. "A _____ dressing was applied."
or "no dressing was applied."
Mention material and cite pressure if it is applicable.

VII. "Estimate blood loss: _____ ml." No "approximately;" that is
implied in the word "estimated." "Replaced: _____ ml."

VIII. "The patient was

Awake
Responding to spoken instructions
Coughing
Exhibiting reflexes
Not responding
Comatose, etc., as to appropriate descriptors

when transferred to:

Recovery room
ICU
His room in the nursing unit (NOT "the floor!")
Home care or?