EMERGENCY AND SURGERY

Post Triage, Post Surgical Ward Care (for patients admitted for observation)

Patient ID #

Cover Page		
Q1: Facility ID	Q2: Facility Name	Q5b: Result ☐ Interview done ☐ Partially completed
Q3: Observer number	Q4a: Today's date (DD/MM/YYYY) __ __ / __ __ / __ __ __ __	☐ Health worker refused interview ☐ Health worker is out

Health Worker Category Codes (please circle appropriate category: if multiple categories apply, circle multiple answers)

1. MD- Obstetrician/Gynecologist	2. MD-Neonatologist	3. MD-Surgeon	4. MD- Family Physician	5. MD - Pediatrician
6. Physician's Assistant	7. Nurse midwife	8. Bachelor and Science of Nursing Nurse	9. Diploma Nurse	10. Nurse with Associate Degree
11. Licensed Practical Nurse	12. Certified midwife	13. Registered Midwife	14. Nurse aide	96.Other, please specify:

THIS SURVEY IS TO BE FILLED BY OBSERVING PATIENTS IN THE SURGERY WARD. EACH FOLIO (SET OF PAPERS) CORRESPONDS TO ONE PATIENT ONLY. IF YOU OBSERVE ACTIVITIES FOR MANY PATIENTS AT THE SAME TIME, YOU NEED A NEW FOLIO FOR EACH PATIENT. ALSO BE SURE TO RECORD THE ID NUMBER OF EVERY STAFF MEMBER WHO WORKS WITH THE PATIENT FOR THE WHOLE TIME YOU ARE OBSERVING THEM, BY REFERRING TO THE STAFF ROSTER TO OBTAIN THE STAFF ID NUMBER. IF THERE ARE MORE THAN FIVE HEALTH WORKERS, USE ADDITIONAL COVER SHEETS. IF YOU OBSERVE ACTIVITIES BEFORE YOU HAVE A CHANCE TO OBTAIN CONSENT FROM THE PATIENT, YOU MUST DESTROY THE FOLIO IF THEY REFUSE CONSENT.

CHECK THE STAFF ROSTER FOR EACH HEALTH WORKER YOU OBSERVE AND SEE IF THEY ARE RECORDED AS HAVING GIVEN CONSENT FOR THE RESEARCH. IF NOT YOU MUST READ THE FULL CONSENT FORM AND OBTAIN THEIR SIGNATURE. IF YES, REMIND THEM USING THE TEXT BELOW.

Q5a: Has the health worker previously signed a consent form?　　☐ Yes → GO TO Q6a　☐ No -> GO TO Q7a

Q6a: ASK HEALTH WORKER*: **Do I have your permission to be present at this consultation?**　☐ Yes → GO TO Q8a　☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7a: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
☐ Yes → GO TO Q8a　☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8a Staff Roster ID number	Q9a Gender	Q10a: Health Worker Category Code (see below for codes)
	☐ Male　☐ Female	

Q5b: Has the health worker previously signed a consent form?　　☐ Yes → GO TO Q6b　☐ No -> GO TO Q7b

Q6b: ASK HEALTH WORKER*: **Do I have your permission to be present at this consultation?**　☐ Yes → GO TO Q8b　☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7b: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
☐ Yes → GO TO Q8b　☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8b Staff Roster ID number	Q9b Gender	Q10b: Health Worker Category Code (SEE BELOW, MULTIPLE QUALIFICATIONS CAN BE RECORDED)
	☐ Male　☐ Female	

Q5c: Has the health worker previously signed a consent form?　　☐ Yes → GO TO Q6c　☐ No -> GO TO Q7c

Q6c: ASK HEALTH WORKER: **Do I have your permission to be present at this consultation?**　☐ Yes → GO TO Q8c　☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7c: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
☐ Yes → GO TO Q8c　☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8c Staff Roster ID number	Q9c Gender	Q10c: Health Worker Category Code (SEE BELOW, MULTIPLE QUALIFICATIONS CAN BE RECORDED)
	☐ Male　☐ Female	

Q5d: Has the health worker previously signed a consent form?   ☐ Yes → GO TO Q6d   ☐ No -> GO TO Q7d

Q6d: ASK HEALTH WORKER: **Do I have your permission to be present at this consultation?** ☐ Yes → GO TO Q8d   ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7d: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?

☐ Yes → GO TO Q8d   ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8d Staff Roster ID number	Q9d Gender	Q10e: Health Worker Category Code (SEE BELOW, MULTIPLE QUALIFICATIONS CAN BE RECORDED)
	☐ Male ☐ Female	

Q5e: Has the health worker previously signed a consent form?   ☐ Yes → GO TO Q6e   ☐ No -> o to Q7e

Q6e: ASK HEALTH WORKER: **Do I have your permission to be present at this consultation?** ☐ Yes → GO TO Q8e   ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7e: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?

☐ Yes → GO TO Q8e   ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8e Staff Roster ID number	Q9e Gender	Q10d: Health Worker Category Code (SEE BELOW, MULTIPLE QUALIFICATIONS CAN BE RECORDED)
	☐ Male ☐ Female	

Q50a: Has the client previously signed a consent form?   ☐ Yes → GO TO Q54   ☐ No -> GO TO Q50b

READ ORAL CONSENT SCRIPT TO CLIENT. IF CLIENT IS INCAPACITATED, NEXT OF KIN OR FAMILY FRIEND ACCOMPANYING CLIENT MAY GIVE CONSENT. CONSENT FOR CLIENT CANNOT BE GIVEN BY HEALTH WORKER OR FACILITY IN-CHARGE. CLIENT OR PROXY CONSENT MUST BE OBTAINED PRIOR TO START OF OBSERVATION.

We are doing a research here that is evaluating a project, which will take place in this hospital. As part of our research we would like to observe what is happening in the hospital. We would like your permission for us to be here while the health workers are treating you and observe their activities. We will not take your name, and anything we observe will be kept private, we will not tell anybody about your personal information. The health workers will do their normal work, and our being here should not change one thing so our research should not harm you. We are not health workers so we are not here to provide any care, but to observe. If you decide at any time that you do not want us to be here, we will leave.

Q50b: OBSERVER ASK CLIENT: **Could you confirm that you are at least 18 years of age, have had all your questions answered and have voluntarily given permission for us to stay here and observe while you are receiving services today?**

☐   Yes, consent is given → GO TO Q51 ☐   No, consent is not given → observation of this client must END; if available, approach another eligible patient for participation.

Q51: Who gave consent?		Client 1 Next of kin/family friend 2
Q52: Patient ID Record Number	*Write patient unique identifier here and in box at top right of cover first page (marked "ID #") to help identify this client's case. Please mark the patient's unique identifier on each page where you observe the patient.*	ID# _____
Q53: Client initials (OR SOME WAY TO IDENTIFY THE CLIENT ANONYMOUSLY IF YOU DON'T HAVE THE PATIENT ID NUMBER YET)		
Q54: Record time the observation started (HH:MM)		__ __ : __ __ AM/PM

Q55: If the patient is coming directly from surgery, have you been present with the patient since leaving the surgical ward?	Yes, ☐ → GO TO Q56
	No, ☐ →Page 3 Q1
Q56: Was the patient ever left alone immediately after surgery (**WITHIN 30 MINUTES OF SURGERY**)	Yes, ☐ No, ☐

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POST OPERATIVE CARE SHEET

FILL THIS SHEET FOR OBSERVATIONS OF CARE FOR THE PATIENT.

RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS:

(SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY.)

RECORD THE STAFF ROSTER ID OF ALL HEALTH WORKERS INVOLVED IN POST SURGICAL CARE. FILL A NEW SHEET FOR EACH SHIFT AND A NEW SHEET FOR EACH OBSERVER

RECORD TIME OBSERVATION BEGINS (HH:MM)	__ : __ AM/PM	__ : __ AM/PM	__ : __ AM/PM	__ : __ AM/PM	__ : __ AM/PM	__ : __ AM/PM	__ : __ AM/PM	__ : __ AM/PM	__ : __ AM/PM	__ : __ AM/PM
ANSWER THE FOLLOWING AS:	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9
Q1. Where is the patient? O.R. Recovery 1 OB/GYN Ward 2 General Ward 3 Other, specify 4										
Q2. Did the health worker greet the patient (and others present) in a friendly and respectful manner? (*NA when not conscious and no other family members present*)										
Q3. Did the health worker introduce her/himself and title (midwife, nurse, etc.)?										
Q4. Did the health worker wash hands before examining patient?										
Q5. Did the health worker explain what was going to be done before beginning examination?										

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RECORD TIME OBSERVATION BEGINS (HH:MM)	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM
ANSWER THE FOLLOWING AS:	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9
Q6. Did the health worker take the patient's blood pressure?										
Q7. Did the health worker take the patient's pulse?										
Q8. Did the health worker assess the patient's respiratory rate?										
Q9. Did the health worker assess bleeding?										
Q10. Did the health worker assess fluid input?										
Q11. Did the health worker measure fluid output?										
RECORD TIME OBSERVATION ENDS (HH:MM)	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM