

Evaluation of drain output monitoring in surgical ward – A prospective study

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Abstract

Monitoring the output from surgical drains is an important part of post-operative care. The output from surgical drains often guides management as drains are commonly not removed until the wound bed drains <50 mls a day. Ideally, output of surgical drains should be monitored for procedural complications such as bleeding and as such, the type and location of drains needs to be quickly and accurately established. The minimum daily data set to be documented from each drain should therefore be the location and type of each drain, its 24 hour output, and the nature of the fluid draining, ie serous, serosanguinous, or seropurulent.

Objective of this audit was to identify any patient having a surgical drain whose drain output is not being monitored, if there was any. Prospective data were collected over 2 weeks by patients' record review and bedside examination. All patients from 18 to 90 years of age, who had emergency surgical admissions and were listed for elective colon cancer surgeries, were included. Those who underwent day case surgery were excluded from the study.

Results and Conclusion

Total 8 patients had drain in situ during this period. Drain output was monitored in 7 patients. 4 patients had a plan in place for drain output monitoring. Appropriate drain output monitoring would improve patient safety, the efficiency of patient discharge and the stress of the surgical ward round.

Therefore, the importance of a good drain output monitoring system is impeccable.

After acknowledging results from this audit, short term plan was to arrange teaching for nursing staff and junior doctors about the importance of drain output monitoring, and re-audit to see potential improvement.

Bibliography

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