

Reference (include title, author, journal title, year of publication, volume and issue, pages)	Evidence level (I-VII)	Key findings, outcomes or recommendations
Burchill, C., Anderson, B., & O'Connor, P. C. (2015). Elxploration of nurse practices and attitudes related to postoperative vital signs. Medsurg Nursing, 24(4), 249-255.	VI	<ul style="list-style-type: none"> <li>• Observations need to be tailored to individual and performed more frequent if necessary.</li> </ul>
Zeitz, K., & McCutcheon, H. (2002). Policies that drive the nursing postoperative observations; International Journal of Nursing Studies, 39(8), 831-839	VI	<ul style="list-style-type: none"> <li>• Most common pattern of postoperative vital sign collection is hourly for 4 hours then 4 hourly in 27% of cases (procedure dependent)</li> <li>• Neurovascular, wound + drain checks most frequent observations collected in addition to vital signs</li> </ul>
Zeitz, K. (2003). Nursing observations during the first 24 hours after a surgical procedure: what do we do? Journal of Clinical Nursing, 14, 334-343	VI	<ul style="list-style-type: none"> <li>• Confirmed that the literature provides little guidance as to the best practice of postoperative surveillance</li> <li>• Generally reflected a traditional pattern of hourly for the first 4 hours, reducing to four hourly across the 12 – 24 hour period</li> <li>• After the initial intensive monitoring for individual patients, vital sounds are collected in 'rounds', four hourly which relates to hospital culture rather than evidence based practice</li> <li>• A clear cognisance of practice needs to be identified</li> </ul>
Zeitz, K. (2006). Observations and Vital Signs: ritual or vital for the monitoring of postoperative patients? Applied Nursing Research, 19, 204-211	IV	<ul style="list-style-type: none"> <li>• Vital signs are collected based on tradition and are collected routinely</li> <li>• Not determined by clinician or individual patient</li> <li>• There may not be a relationship between vital signs collection and the occurrence or detection of complications</li> </ul>

<p>ACORN Standards for Peri-operative Nursing; Australian College of Operating Room Nurses (ACORN), 2011</p>	<p>VII</p>	<ul style="list-style-type: none"> <li>• Identifies paediatric patients as unique in their management requirements + are more vulnerable + a greater safety risk than adults</li> <li>• States that effective management of post-operative nausea + vomiting post anaesthetic shall be provided</li> <li>• Details information that should be included in handover to receiving unit staff</li> </ul>
<p>Implementation Guide for Organisational Introduction + Use of the Post Operative Orders Format; Victorian Surgical Consultative Council (VSCC), 2009</p>	<p>VII</p>	<ul style="list-style-type: none"> <li>• Post-Operative Orders need to include both past anaesthetic + post-surgical orders</li> <li>• Six benefits of a standardize post-operative orders format identified</li> <li>• Project Plan detailed for implementation (set up, preparation, implementation, evaluation)</li> </ul>