

# Perioperative care in adults

Quality standard

Published: 1 July 2026

[www.nice.org.uk/guidance/qs216](https://www.nice.org.uk/guidance/qs216)

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This standard is based on NG180.

## Quality statements

Statement 1 Adults having surgery have a point of contact in the perioperative care team.

Statement 2 Adults have an assessment of perioperative risk, with a validated risk stratification tool, before surgery.

Statement 3 Adults have a clinical assessment before surgery.

Statement 4 Adults discuss their clinical assessment, perioperative risks and treatment options with their healthcare professional before surgery.

Statement 5 Adults are given information and support to reduce their modifiable risk factors before surgery.

Statement 6 Adults having surgery have the World Health Organization (WHO) surgical safety checklist completed for each surgical procedure.

# Quality statement 1: Point of contact

## Quality statement

Adults having surgery have a point of contact in the perioperative care team.

## Rationale

Adults having surgery may need information and support before, during and after surgery, and it is important they know who to contact. Adults who are well informed about their surgery can have reduced anxiety and shorter recovery times. An appointed point of contact in the perioperative care team who can address the information and support needs of the adult having surgery throughout the perioperative period will ensure continuity of care.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

## Process

Proportion of adults having surgery who have a point of contact in the perioperative care team.

Numerator – the number in the denominator who have a point of contact in the perioperative care team.

Denominator – the number of adults having surgery.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from electronic patient records.

## What the quality statement means for different audiences

**Service providers** (secondary and tertiary care services) ensure that adults having surgery have a point of contact in the perioperative care team who can provide information and support throughout the perioperative period.

**Perioperative care teams** act as a point of contact and a source of information and support throughout the perioperative period for adults having surgery. This may be a specific team member, such as a clinical nurse specialist, or a team of people. Points of contact should have the necessary equality, diversity and inclusion skills and ensure provisions are in place to meet the information and support needs of non-English speakers, adults with communication or cognitive difficulties, adults with disabilities, impairment or sensory loss, and adults with low levels of literacy or numeracy. This may include supplying written information when online resources are not readily accessible. Any opportunities for shared decision making should be maximised by the perioperative care team.

**Commissioners** ensure that they commission services in which adults having surgery have a point of contact in the perioperative care team who can provide information and support throughout the perioperative period.

**Adults having surgery** have a point of contact in the perioperative care team who they can approach for information and support throughout their care from when they are booked for surgery until they are discharged after surgery.

## Source guidance

Perioperative care in adults. NICE guideline NG180 (2020), recommendation 1.1.1

## Definitions of terms used in this quality statement

### Adults having surgery

Adults who are booked for an elective or emergency surgical procedure, including dental surgery. [NICE's guideline on perioperative care in adults]

## **Perioperative care team**

Healthcare and non-healthcare professionals involved in the assessment, treatment or care of the adult having surgery throughout the perioperative period. [Expert opinion]

## **Perioperative period**

When the adult is booked for surgery until they are discharged from care after surgery. [[NICE's guideline on perioperative care in adults](#)]

# Quality statement 2: Assessment of perioperative risk

## Quality statement

Adults have an assessment of perioperative risk, with a validated risk stratification tool, before surgery.

## Rationale

The assessment of perioperative risk in adults before they have surgery, using a validated risk stratification tool, is an important component of surgical treatment planning and supports the delivery of optimal perioperative care. It helps to establish the risks of having the procedure (such as morbidity and mortality) and whether the procedure should proceed as planned, be modified, or whether non-surgical options should be considered. It can also help frame discussions about lifestyle changes that adults may choose to make before surgery to optimise their health and reduce the risks associated with surgery. Assessing adults early in the perioperative period can inform decisions about the frequency and timing of clinical assessments. Risk assessment tools are validated for the surgical speciality and setting (elective or emergency care), so the appropriate risk stratification tool should be used for the adult having surgery.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

## Process

Proportion of adults having surgery who have an assessment of perioperative risk with a validated risk stratification tool before surgery.

Numerator – the number in the denominator who have an assessment of perioperative risk

with a validated risk stratification tool before surgery.

Denominator – the number of adults having surgery.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from electronic patient records.

## What the quality statement means for different audiences

**Service providers** (secondary and tertiary care services) ensure that adults have an assessment of perioperative risk with a validated risk stratification tool before surgery.

**Healthcare professionals** (such as doctors, nurses and dentists) carry out an assessment of perioperative risk for the adult having surgery before deciding whether to proceed with the surgery as planned. Use a validated risk stratification tool that is appropriate for both the surgical speciality and setting (elective or emergency care). Assess perioperative risk as early as possible and use the findings to inform decisions about the timing and frequency of clinical assessment and optimisation of the adult before surgery. Healthcare professionals should be aware of the limitations with using risk stratification tools, such as underestimating or overestimating perioperative risk, which may lead to insufficient attention to preventable risks or monitoring, surgery being done when alternative non-surgical options may be more appropriate, or unnecessary vigilance and a reluctance to proceed with surgery. Clinical judgement should complement the assessment to ensure the accurate assessment of perioperative risk.

**Commissioners** ensure that they commission services in which adults having surgery have an assessment of perioperative risk with a validated risk stratification tool before surgery. Ensure clear pathways exist for healthcare professionals to access senior decision makers, with defined routes and escalation points for concerns.

**Adults having surgery** have an assessment of perioperative risk before surgery to identify their risks of surgery. The assessment should help them make an informed decision as to whether surgery is the most appropriate treatment option.

## Source guidance

Perioperative care in adults. NICE guideline NG180 (2020), recommendation 1.3.1

## Definitions of terms used in this quality statement

### Adults having surgery

Adults who are booked for an elective or emergency surgical procedure, including dental surgery. [NICE's guideline on perioperative care in adults]

### Assessment of perioperative risk

A structured assessment to determine the likelihood of an adult experiencing adverse outcomes related to the surgery. [Expert opinion]

### Validated risk stratification tool

The risk stratification tool should be appropriate for the surgical speciality and setting. Examples may include:

- National Surgical Quality Improvement Program (NSQIP)
- Surgical Outcome Risk Tool (SORT)
- Surgical Risk Score (SRS).

[Adapted from NICE's guideline on perioperative care in adults, evidence review C and expert opinion]

## Equality and diversity considerations

Validated risk stratification tools are useful to supplement clinical assessment, but no risk stratification tool is 100% accurate. Since many risk stratification tools do not take into account deprivation, frailty, disability, ethnicity or sex (including gender reassignment) for the adult having surgery, clinical judgement should complement the assessment of perioperative risk to ensure the accurate assessment of the risks of surgery.

# Quality statement 3: Clinical assessment

## Quality statement

Adults have a clinical assessment before surgery.

## Rationale

A clinical assessment that is appropriate for the adult and the proposed surgery can inform clinical judgement and support shared decision making. Adults having surgery may present with conditions that affect their overall health, such as anaemia, diabetes, frailty, dementia, chronic pain, or malnutrition. When conditions such as these are considered as part of a clinical assessment early in the perioperative period, decisions can then be made on how to best manage them before surgery, or whether they pose such a significant risk to the adult that surgery should be delayed, modified, or not carried out at all. Effective management of such conditions can improve surgical outcomes and recovery and reduce avoidable delays or cancellations when the adult may have otherwise not been well enough to have the planned surgery.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

### Process

Proportion of adults having surgery who have a clinical assessment before surgery.

Numerator – the number in the denominator who have a clinical assessment before surgery.

Denominator – the number of adults having surgery.

**Data source:** Data can be collected from information recorded locally by healthcare

professionals and provider organisations, for example from electronic patient records.

## What the quality statement means for different audiences

**Service providers** (secondary and tertiary services) ensure that adults having surgery have a clinical assessment before surgery.

**Healthcare professionals** (such as doctors, nurses, dentists and allied health professionals) carry out a clinical assessment for the adult having surgery before deciding whether to proceed with the surgery as planned. The clinical assessment should occur early in the perioperative period. During the clinical assessment, consider whether the adult having surgery has any conditions affecting their overall health. If these are identified, plan for their effective management (such as information provision for self-management, further assessment, investigations or referral).

**Commissioners** ensure that they commission services in which adults having surgery have a clinical assessment before surgery. Ensure clear pathways exist for healthcare professionals to access senior decision makers, with defined routes and escalation points for concerns.

**Adults having surgery** have a clinical assessment before surgery that takes into account any conditions that affect overall health, and how these will be managed. The clinical assessment can help the adult make an informed decision as to whether surgery is the most appropriate treatment option for them.

## Source guidance

Perioperative care in adults. NICE guideline NG180 (2020), recommendation 1.3.1

## Definitions of terms used in this quality statement

### Adults having surgery

Adults who are booked for an elective or emergency surgical procedure, including dental surgery. [NICE's guideline on perioperative care in adults]

## **Clinical assessment**

A structured evaluation of health before surgery to identify and manage any conditions that could affect surgical safety, perioperative outcomes and recovery. [Expert opinion]

## **Equality and diversity considerations**

Adults from more deprived areas may experience higher levels of health inequality, such as reduced access to healthcare provision or health promotion strategies. As a result, they are more likely to present with conditions such as diabetes, obesity, malnutrition and heart disease. Consideration may need to be given to socioeconomic status and deprivation when performing clinical assessments for adults having surgery.

Older adults are more likely to experience frailty and this can be identified through frailty scoring such as the implementation of a comprehensive geriatric assessment in the clinical assessment. Older adults are also at increased risk of malnourishment.

Women are at an increased likelihood of becoming iron deficient, and as a result may be at higher risk of surgical complications. This should be considered in the clinical assessment.

Adults with learning disabilities, impairment, or sensory loss, those who do not speak or read English, and those with low levels of literacy or numeracy may have difficulty communicating effectively with healthcare services, including expressing levels of pain. This should be factored into the clinical assessment.

# Quality statement 4: Discussion with a healthcare professional

## Quality statement

Adults discuss their clinical assessment, perioperative risks and treatment options with their healthcare professional before surgery.

## Rationale

Adults having surgery need to be able to weigh up the risks, benefits and consequences of surgery to make an informed decision as to whether surgery is the right treatment option for them. The clinical assessment and assessment of perioperative risk provide important information about, and for, the adult having surgery (such as whether there is an increased chance of morbidity or mortality), and this may impact their decision to have surgery or not. A healthcare professional should use their surgical knowledge and expertise to communicate the findings of the assessments in an understandable way, give information on surgical and non-surgical options, and support informed shared decision making.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

## Process

Proportion of adults having surgery who have a discussion with their healthcare professional about their clinical assessment, perioperative risks and treatment options, before surgery.

Numerator – the number in the denominator who have a discussion with their healthcare professional about their clinical assessment, perioperative risks and treatment options, before surgery.

Denominator – the number of adults having surgery.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from electronic patient records.

## What the quality statement means for different audiences

**Service providers** (secondary and tertiary care services) ensure that adults having surgery have their clinical assessment, perioperative risks and treatment options discussed with them before surgery.

**Healthcare professionals** (such as doctors, nurses and dentists) discuss the findings of the clinical assessment and the assessment of perioperative risk with adults having surgery, before a decision is made on whether to proceed with the surgery as planned. Communicate findings clearly and accessibly, encouraging the adult to express their needs and preferences, and provide information on the availability and suitability of surgical and non-surgical options based on the findings. Ensure the adult having surgery has understood the information, and encourage them to be actively involved in discussions, to reach a shared decision about the right treatment option for them. Recognise that adults may have differing perspectives on the balance of benefits, risks and consequences of surgery to their healthcare professional. Consider using a structured form of shared decision making including frameworks such as Benefits Risks Alternative Nothing (BRAN) to support the discussion.

**Commissioners** ensure that the services they commission have sufficient resources to enable discussions to take place between the healthcare professional and the adult having surgery about the adult's clinical assessment, perioperative risks and treatment options, before surgery. Ensure clear pathways exist for healthcare professionals to access senior decision makers, with defined routes and escalation points for concerns.

**Adults having surgery** have a discussion with their healthcare professional about any conditions that affect their overall health including how these will be managed, their risks of surgery, and the surgical and non-surgical options open to them, before deciding whether to proceed with surgery. They should feel informed and supported to express their needs and preferences and make a shared decision with their healthcare professional about whether to have the surgery or not.

## Source guidance

Perioperative care in adults. NICE guideline NG180 (2020), recommendation 1.3.1

## Definitions of terms used in this quality statement

### Adults having surgery

Adults who are booked for an elective or emergency surgical procedure, including dental surgery. [NICE's guideline on perioperative care in adults]

### Clinical assessment

A structured evaluation of health before surgery to identify and manage any conditions that could affect surgical safety, perioperative outcomes and recovery. [Expert opinion]

### Perioperative risk

The likelihood of an adult experiencing adverse outcomes related to surgery. An adult's perioperative risk is identified through a structured assessment using a validated risk stratification tool. [Expert opinion]

### Shared decision making

A collaborative process involving the adult having surgery and healthcare professionals working together to reach a joint decision about the adult's care during the perioperative period. It involves choosing treatment based both on evidence and on the adult's individual preferences, beliefs and values. It means making sure the adult understands the risks, benefits and possible consequences of different options through discussion and information sharing. This joint process empowers adults to make decisions about the perioperative care that is right for them at that time (with the options of choosing to have no treatment or not changing what they are currently doing always included). When surgery takes place in an emergency setting or where the adult having surgery is unable to engage in a collaborative process, shared decision making may involve a family member, carer or advocate. [Adapted from NICE's guideline on shared decision making and expert opinion]

# Quality statement 5: Information and support for modifiable risk factors

## Quality statement

Adults are given information and support to reduce their modifiable risk factors, before surgery.

## Rationale

Adults having surgery may present for surgery with modifiable risk factors. Examples of modifiable risk factors include smoking, physical inactivity, excess alcohol consumption and comorbidities. Given suitable information and support, adults having surgery may choose to optimise their health before surgery by engaging in lifestyle modifications including stopping smoking, exercising more and reducing their alcohol consumption, and participating in services such as perioperative medicine for older people undergoing surgery (POPS). Acting on modifiable risk factors before surgery may reduce the risks associated with surgery that might otherwise lead to complications and an increased length of stay in hospital, or surgery being delayed or cancelled.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

## Process

Proportion of adults having surgery who receive information and support to reduce their modifiable risk factors before surgery.

Numerator – the number in the denominator who receive information and support to reduce their modifiable risk factors before surgery.

Denominator – the number of adults having surgery.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from electronic patient records.

## What the quality statement means for different audiences

**Service providers** (secondary and tertiary care services) ensure that systems are in place so that adults may reduce their modifiable risk factors before surgery. Ensure that healthcare professionals are aware of interventions and services that are available locally and nationally which support lifestyle changes or the management of comorbidities (such as prehabilitation, surgery school, treatment to stop smoking, or POPS).

**Healthcare professionals** (such as doctors, nurses and dentists) give information and support to adults having surgery so they may reduce their modifiable risk factors and optimise their health before surgery. Take an individualised approach that reflects the adult's needs and circumstances, including their ability to access services, personal preferences and coexisting conditions. Signpost adults to accessible services and interventions that support lifestyle modifications or the management of comorbidities (such as prehabilitation, surgery school, treatment to stop smoking, or POPS) to optimise the surgery, even if these are not provided locally. Refer adults having surgery to specialist services where appropriate.

**Commissioners** ensure that they commission services that can give information and support to adults so they may reduce their modifiable risk factors before surgery.

**Adults having surgery** receive information and support before surgery that may help to reduce any modifiable risks of surgery.

## Source guidance

Perioperative care in adults. NICE guideline NG180 (2020), recommendations 1.1.1 and 1.3.2

## Definitions of terms used in this quality statement

### Adults having surgery

Adults who are booked for an elective or emergency surgical procedure, including dental surgery. [[NICE's guideline on perioperative care in adults](#)]

### Information and support

Clear, accessible, evidence-based information alongside support which enables adults having surgery to understand their options, including the risks, benefits and consequences of each option, and participate in decisions about their perioperative care.

Examples of information and support available to reduce modifiable risk factors and optimise health before surgery from the Centre for Perioperative Care (CPOC) guidance on perioperative optimisation include:

- assessment, optimisation, shared decision making
- smoking cessation
- exercise
- alcohol moderation
- practical preparation
- nutrition
- mental wellbeing
- referral to specialist services.

[Adapted from [CPOC guidance on perioperative optimisation: top seven interventions and expert opinion](#)]

### Modifiable risk factors

Examples include:

- physical inactivity
- smoking
- overweight and obesity
- excess alcohol consumption
- poor nutrition
- comorbidities.

[Adapted from the CPOC guidance on preoperative assessment and optimisation for adult surgery including consideration of COVID-19 and its implications (June 2021) and expert opinion]

## Equality and diversity considerations

Adults from more deprived areas have worse outcomes after surgery than those living in less deprived areas, so further consideration should be given to information and support to reduce modifiable risk factors in this group. For instance, it may be more difficult for these adults to make dietary changes because of lack of access to, or the affordability of, nutritious foods, and as a result this group is more susceptible to poor nutrition. Adults with poor nutrition may present as underweight, overweight or obese and with mineral or electrolyte deficiencies, such as iron deficiency which can be a further barrier to surgery. Adults living in areas of greater deprivation may face multiple barriers to quitting smoking, such as limited financial resources, reduced access to services and lower confidence in making lifestyle changes. These challenges can delay smoking cessation and may result in longer waiting times for surgery, as adults who smoke are commonly advised to stop before proceeding with surgery. Adults from more deprived areas may be less able to advocate for services and interventions that support lifestyle modifications (such as bariatric and weight management services or smoking cessation support) or the management of comorbidities.

# Quality statement 6: Surgical safety checklist

## Quality statement

Adults having surgery have the World Health Organization (WHO) surgical safety checklist completed for each surgical procedure.

## Rationale

The WHO surgical safety checklist has 3 components, with each component being completed at a specific time point during the surgical procedure: before the induction of anaesthesia, before the first incision, and before the patient leaves the operating room. It is a vital part of surgical care as it reduces the likelihood of surgical errors, including 'never events'.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

## Process

Proportion of surgical procedures for which the WHO surgical safety checklist is completed.

Numerator – the number in the denominator where the WHO surgical safety checklist is completed.

Denominator – the number of surgical procedures.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from electronic patient records.

## What the quality statement means for different audiences

**Service providers** (secondary and tertiary care services) ensure that adults having surgery have the WHO surgical safety checklist completed for each surgical procedure.

**Healthcare professionals** (such as the theatre team, and dentists) complete the WHO surgical safety checklist for each surgical procedure for adults having surgery. Amend the WHO surgical safety checklist as appropriate but ensure that all 3 components are completed as a minimum, including a team brief and team debrief.

**Commissioners** ensure that they commission services in which adults having surgery have the WHO surgical safety checklist completed for each surgical procedure.

**Adults having surgery** have the WHO surgical safety checklist completed for each surgical procedure to support safe and effective surgical care.

## Source guidance

Perioperative care in adults. NICE guideline NG180 (2020), recommendation 1.4.8

## Definitions of terms used in this quality statement

### Adults having surgery

Adults who are booked for an elective or emergency surgical procedure, including dental surgery. [NICE's guideline on perioperative care in adults]

### WHO surgical safety checklist

A WHO 19-item checklist for surgical procedures. [Adapted from the WHO webpage for the surgical safety checklist]

## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or high-quality external guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standards advisory committees](#) for details about our standing committees. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [resource impact report for the NICE guideline on perioperative care in adults](#) to help estimate local costs.

## Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

For all quality statements where information is given, it is important that adults are provided with information that they can easily read and understand themselves, or with support, so they can communicate effectively with healthcare services. Information should be in a format that suits their needs and preferences. It should be accessible to adults who do not speak or read English, and it should be culturally appropriate and age appropriate. Adults should have access to an interpreter if needed. Adults should also have access to an advocate, if needed, as set out in [NICE's guideline on advocacy services for adults with health and social care needs](#).

For adults with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](#) or the equivalent standards for the devolved nations.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

ISBN: 978-1-4731-9583-7

## Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)