Follow-up and complication management

Standard operating procedure (SOP) | AES-SOP-004

Document type	Standard operating procedure (SOP)
Title	Follow-up and complication management
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Replaces	None (new document)
Standards and criteria supported	Standard 32 (Aesthetic and Cosmetic Procedures), criterion 32.6
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Follow-up is arranged before the patient leaves and its outcome is recorded (AES-FRM-004).
2. A missed follow-up is chased by the clinic.
3. Each complication is treated, recorded and reviewed.
4. A serious complication is referred urgently and reported.

Stop and get help straight away if: a serious complication is not recognised, referred or reported.

1. Purpose

To make sure every patient is followed up and every complication is recognised, treated and reported (32.6).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

Procedures can have complications days after the patient goes home. A scheduled follow-up and a named contact let the patient get help early.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Practitioner	Arranges follow-up and treats the complication	Clinical director
Clinic nurse or assistant	Chases missed follow-up and records outcomes	Practitioner

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Arrange follow-up.	• Book the follow-up before the patient leaves.	Booked.
2	Treat and record.	• Treat any complication and record it (AES-FRM-004).	Treated.
3	Refer and report.	• Refer a serious complication urgently and report it to the clinical director.	Reported.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Procedures with follow-up recorded	100%	Monthly	Clinical director	Escalate to the medical director

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
AES-FRM-004	Complication and follow-up record	Record

16. Evidence

ID	Source and status
E-009	Based on the WHO guidance on patient rights and informed consent, the WHO Global Patient Safety Action Plan 2021–2030, the American Dental Association guidelines on sedation and general anaesthesia (2016) for the sedation principles adapted to aesthetic practice, and the American Heart Association guidelines for cardiopulmonary resuscitation (2020).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval