| Organisation name<br>Site or unit | | STANDARD OPERATING PROCEDURE<br>Written aftercare and pathology follow-up | |
|---|---|---|---|
| **Document ID** | DRM-SOP-004 | **Version** | 1.0 |
| **Status** | Blank form, to adapt | **Issue date** | |
| **Review date** | | **Replaces** | |
| **Owner** | | **Approved by** | |
| **Signature** | | | |

**Standards** › **Standard 54** › **Standard operating procedures (SOPs)**

SOP · DRM-SOP-004 · Version 1.0 · Approved by the ASF Expert Committee

**Supports: 54.5**

### At a glance

- Each patient who has a procedure receives a written aftercare sheet at discharge (DRM-FRM-003).
- Each patient whose lesion is sent for pathology is told when and how they will get the result.
- Follow-up for the result is booked before the patient leaves (AFT-FRM-001).
- Patients who do not attend follow-up are contacted.
- Stop and get help straight away if: a patient leaves after a procedure without written aftercare, or a pathology result is not followed up.

## 1. 1. Purpose

To make sure patients leave with written aftercare and a booked follow-up for their results (54.5).

## 2. 2. Scope

| | |
|---|---|
| Applies to | Clinical and support staff in the hospital |
| Locations | All wards, clinics and departments of the facility |
| When | Whenever the activity described is carried out |

| Does not apply to | Activities covered by another document listed in section 15 |
|---|---|
| | |
| | |
| | |

## 3. 3. Definitions

| Term | Meaning |
|---|---|
| Clinical lead | The doctor or nurse in charge of the area at the time |
| | |
| | |
| | |

## 4. 4. Background

To make sure patients leave with written aftercare and a booked follow-up for their results (54.5).

## 5. 5. Responsibilities

| Role | Responsibility | Competence |
|---|---|---|
| Dermatologist | Makes sure the aftercare is written and the follow-up booked | Clinical lead |
| Nurse | Gives the aftercare sheet and books the follow-up | Dermatologist |
| | | |
| | | |
| | | |

## 6. 6. Materials and equipment

| Item | Requirement | Condition |
|---|---|---|
| Records and forms named in this document | Current version | Checked before use |
| | | |
| | | |
| | | |

## 7. 7. Safety

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

## 8. 8. Before you start

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

## 9. 9. Procedure

### Step 1. Write.

- Write the aftercare sheet for the procedure and give it to the patient.

**Key point:** Written.

### Step 2. Book.

- Book the pathology follow-up before the patient leaves (AFT-FRM-001).

**Key point:** Booked.

### Step 3. Follow up.

- Contact any patient who does not attend, and record the result given (DRM-FRM-003).

**Key point:** Followed.

## 10. 10. Decision points

- No decision points in this procedure.

## 11. 11. Special situations

| Situation | Action |
|---|---|
| Out of hours | Follow the same steps. Use the on-call contact on the wall of the area. |
| | |
| | |
| | |

## 12. 12. Escalation

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

## 13. 13. Monitoring

| Measure | Target | Frequency | Owner | If not met |
|---|---|---|---|---|
| Procedures with written aftercare given | 100% | Monthly | Clinical lead | Escalate to the clinical lead |
| Pathology follow-up booked before discharge | 100% | Monthly | Clinical lead | Book before the next visit |
| | | | | |
| | | | | |
| | | | | |

## 14. 14. Records

| Record | Kept in | Retention |
|---|---|---|

| | | |
|---|---|---|
| Record named in this document | Patient record or the area file | the period set by the facility's records policy years |
| | | |
| | | |
| | | |

## 15. 15. Training

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

## 16. 16. Related documents

| ID | Title | Use |
|---|---|---|
| DRM-FRM-003 | Aftercare and pathology follow-up record | Record |
| AFT-FRM-001 | Follow-up booking before discharge (existing, reused) | Record |
| | | |
| | | |
| | | |

## 17. 17. Evidence

| Reference | Note |
|---|---|
| E-006 | ASF Policy Framework v1.2. Adapted. |
| E-009 | ASF Expert Committee consensus. |
| | |
| | |
| | |

## 18. 18. Change history

| Version | Date | What changed | Approval |
|---|---|---|---|
| 1.0 | the date of approval | First version | set Expert Committee approval |
| | | | |
| | | | |
| | | | |

## 19. References


- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)


**Download this document as PDF**