

## **2010 Forum and House of Delegates Agenda and Proposed Position Statements**

Tuesday, March 16, to Thursday, March 18, 2010

### **Forum**

#### **Wednesday, March 17, 8 to 9:30 AM**

- A. Proposed dues increase
- B. Proposed Position Statement on the Care of the Older Adult in Perioperative Settings
- C. Proposed Position Statement on the RN First Assistant
- D. Nominating & Leadership Development Committee
- E. Proposed Bylaws Amendment Related to Eligibility – Elections – Terms – Vacancies – Removal
- F. Proposed Bylaws Amendment Related to Meetings
- G. Proposed Bylaws Amendment Related to Official Publication

### **House of Delegates**

#### **Tuesday, March 16, 3:30 to 5 PM**

#### **Thursday, March 18, 12:30 to 2:30 PM**

- I. Call to Order
- II. Credentials report
- III. Adoption of agenda
- IV. Adoption of House of Delegates rules
- V. Appointment of floor tellers
- VI. Appointment of Reading Committee
- VII. Announcement of Tellers Committee
- VIII. Adoption of auditor's reports
- IX. Finance report
- X. Annual reports
  - A. Officers
  - B. Executive Director
  - C. Nominating and Leadership Development Committee
  - D. AORN Foundation
  - E. AORN Works
- XI. Unfinished business
- XII. New business
  - A. Proposed dues increase
  - B. Proposed Position Statement on the Care of the Older Adult in Perioperative Settings
  - C. Proposed Position Statement on the RN First Assistant
  - D. Proposed Bylaws Amendment Related to Eligibility – Elections – Terms – Vacancies – Removal
  - E. Proposed Bylaws Amendment Related to Meetings
  - F. Proposed Bylaws Amendment Related to Official Publication
- XIII. Tellers' report
- XIV. Introduction of new officers, Board members, and Nominating and Leadership Development Committee members
- XV. Announcements
- XVI. Adjournment

*Editor's note: The following proposed AORN position statements were approved by the Board of Directors in December 2009 and will be presented to the 2010 House of Delegates in Denver, Colorado, for ratification.*

## **AORN Position Statement on Care of the Older Adult in Perioperative Settings**

### **Position Statement**

1. Perioperative registered nurses should recognize the physiological, cognitive/psychological, and sociological changes associated with aging and understand that age alone puts older adults at risk for complications.
2. Perioperative registered nurses should provide patient-centered care that takes into consideration the unique needs of older adults.
3. Staff education competencies should be developed, initiated, and evaluated to assure perioperative registered nurses are proficient in addressing the needs of older adults.
4. Human and physical resources (eg, positioning aids, padding, transfer and transport assistive devices) should be available to address the unique needs of older adults.

### **Rationale**

Between 2005 and 2007, people age 65 and older (ie, older adults) made up approximately 12.5% of the population in the United States.<sup>1</sup> The US Census Bureau has predicted that the number of older adults will increase from 36.3 million in 2004 to 86.7 million in 2050, which is projected to be 21% of the total population. This correlates to a 147% increase in the number of older adults between 2000 and 2050 compared to a 49% increase in the total population for the same period.<sup>2</sup> In addition, the number of people aged 85 and older (ie, old old) was approximately 4.2 million in 2000 and is expected to increase to 5.7 million in 2010, a 36% increase.<sup>3</sup>

Older adults have an overall decline in physical function and undergo myriad changes in health that are age-related and independent of disease. The most pronounced changes occur in the old old.<sup>4</sup> (p431, 447-453)

The domains of the Perioperative Patient Focused Model (ie, safety, physiological response, behavioral responses: family and individuals)<sup>5</sup> can be used to guide care to achieve optimal outcomes for the older adult. Following are examples, relevant to each domain, for perioperative registered nurses to consider when caring for older adults.

### **Safety**

- Cognitive decline may limit older adults' ability to participate in informed consent and the identification verification processes.<sup>4</sup>(p443-444)
- Slowed motor skills, limited range of motion, and a decline in strength and coordination increase the risk for injury from falls or positioning.<sup>4</sup>(p441-444)
- Changes in the integumentary system put older adults at greater risk for chemical or thermal burns and pressure ulcers.<sup>6,7</sup>(p199-204),<sup>8</sup>(p363-365)
- Decline in functional status may affect discharge planning and recovery needs.<sup>4</sup>(p431-458)

- The aging process may affect pharmacokinetics and pharmacodynamics (eg, absorption, distribution, metabolism, excretion), putting older adults at risk for adverse drug events.<sup>4(p434,438),9,10</sup>

### ***Physiological Response***

- Overall decline in organ function decreases older adults' ability to maintain homeostasis during times of stress.<sup>4(p431)</sup>
- Decreased cardiac reserve puts older adults at risk for decreased cardiac output, especially during times of stress, resulting in fatigue, shortness of breath, tachycardia, and arrhythmias.<sup>4(p432)</sup>
- Dehydration can contribute to decreased cardiac reserve necessitating individual considerations for hydration status while NPO.<sup>4(p433)</sup>
- Decreased respiratory muscle strength and decreased cough reflex put older adults at greater risk for atelectasis.<sup>4(p434)</sup>
- Decreased renal function increases the risk for fluid and electrolyte imbalance.<sup>4(p436)</sup>
- Decreased bladder capacity increases the risk for urgency, incontinence, and urinary tract infections.<sup>4(p437-438)</sup>
- Enlarged prostate increases the risk for injury during bladder catheterization in older adult males.<sup>11(p83),12</sup>
- Gastric emptying is delayed, which increases the risk for reflux and indigestion.<sup>4(p439)</sup>
- Thermoregulatory decline places older adults at risk for hypothermia.<sup>4(p443)</sup>
- Neurological changes lead to blunted febrile response during infection.<sup>4(p443)</sup>
- Altered antigen-antibody response, decreased respiratory activity, reduced ability to expel secretions from the lungs, and tendency for urinary retention are among the factors that contribute to a higher risk for infections in older adults.<sup>8(p 376,459,461)</sup>
- Cognitive, neurological, or communication deficits may challenge pain assessment and management.<sup>13(p8-9),14,15(p1577)</sup>
- Sensory changes may make interaction and communication difficult.<sup>8(p332-345),11(p79-82)</sup>

### ***Behavioral Responses: Family and Individuals***

- A preoperative baseline mental status assessment with appropriate documentation is a key to patient advocacy and is critical to determine cognitive or mental status deficits postoperatively.
- Changes in cognitive processes may make it necessary to include designated support persons in preoperative and postoperative teaching.
- Independence and performance of activities of daily living may be affected during the postoperative recovery, requiring short- or long-term assistance from designated support persons or professional assistive services.
- Depression in older adults is often unrecognized, underdiagnosed, and undertreated.<sup>16</sup> Stressors, life changes, and operative or other invasive interventions may cause or exacerbate depression.

Advances in geriatric care and minimally invasive techniques have increased opportunities for older adults to safely undergo operative and other invasive procedures.<sup>8(p452)</sup> Professional and community groups also have advocated for nursing competence in the care of older adults.<sup>17</sup>

### **Glossary**

*Older adult*: those age 65 and older; further subdivided into the following:

*Young old:* those age 65 to 74  
*Middle old:* those age 75 to 84  
*Old old:* those age 85 and older<sup>18</sup>

*Pharmacokinetics:* the study of the movement and action of a medication in the body.<sup>9(p296)</sup>

*Pharmacodynamics:* the physiological processes between a medication and the body (ie, the interaction between receptors and chemicals that are introduced into the body).<sup>9(p301)</sup>

## References

1. United States American community survey demographic and housing estimates: 2006-2008. US Census Bureau. [http://factfinder.census.gov/servlet/ADPTable?\\_bm=y&-geo\\_id=01000US&-qr\\_name=ACS\\_2008\\_3YR\\_G00\\_DP3YR5&-ds\\_name=ACS\\_2008\\_3YR\\_G00\\_&-\\_lang=en&-\\_sse=on](http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=01000US&-qr_name=ACS_2008_3YR_G00_DP3YR5&-ds_name=ACS_2008_3YR_G00_&-_lang=en&-_sse=on). Accessed November 10, 2009.
2. Longley R. Census offers statistics on older Americans. About.com: US Government Info. <http://usgovinfo.about.com/od/censusandstatistics/a/olderstats.htm>. Accessed November 9, 2009.
3. Administration on Aging. *A Profile of Older Americans: 2008*. Washington, DC: US Department of Health and Human Services. [http://www.aoa.gov/AoARoot/Aging\\_Statistics/Profile/2008/docs/2008profile.pdf](http://www.aoa.gov/AoARoot/Aging_Statistics/Profile/2008/docs/2008profile.pdf). Accessed November 9, 2009.
4. Smith CM, Cotter VT. Age-related changes in health. In: Capezuti L, ed. *Evidence-based Geriatric Nursing Protocols for Best Practice*. 3<sup>rd</sup> ed. New York, NY: Springer Pub; 2008:431-458.
5. Standards of perioperative nursing. In: *Perioperative Standards and Recommended Practices*. Denver, CO: AORN, Inc; 2010. In press.
6. Fisher A, Wells G, Harrison M. Factors associated with pressure ulcers in adults in acute care hospitals. *Holistic Nurs Pract*. 2004;18(5):242-253.
7. Heineman J, Hamrick-King J, Sewell B. Review of the aging of physiological systems. In: Mauk K, ed. *Gerontological Nursing: Competencies for Care*. 2<sup>nd</sup> ed. Sudbury, MA: Jones and Bartlett Publishers; 2010:128-231.
8. Eliopoulos C. *Gerontological Nursing*. 7th ed. Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins; 2010: 332-345, 363-365, 376, 452, 459, 461.
9. Gulick G, Jett K. Geropharmacology. In: Ebersole P, Hess P, Touhy T, Jett K, Schmidt Luggen A, eds. *Toward Healthy Aging: Human Needs and Nursing Response*. 7<sup>th</sup> ed. St Louis, MO: Mosby; 2008:294-302, 304-305.
10. Charles C, Lehman C. Medications and laboratory values. In: Mauk K, ed. *Gerontological Nursing: Competencies for Care*. 2<sup>nd</sup> ed. Sudbury, MA: Jones and Bartlett Publishers; 2010:260-263.
11. Jett K. Physiological changes with aging. In: Ebersole P, Hess P, Touhy T, Jett K, Schmidt Luggen A, eds. *Toward Healthy Aging: Human Needs and Nursing Response*. 7<sup>th</sup> ed. St Louis, MO: Mosby; 2008:79-83.
12. Mauk K, Hanson P. Management of common illnesses, diseases, and health conditions. In: Mauk K, ed. *Gerontological Nursing: Competencies for Care*. 2<sup>nd</sup> ed. Sudbury, MA: Jones and Bartlett Publishers; 2010:416-417.
13. Ardery G, Herr K, Titler M, Sorofman B, Schmitt M. Assessing and managing acute pain in older adults: a research base to guide practice. *MedSurg Nurs*. 2003;12(1):7-18.
14. McDonald DD, Freeland M, Thomas G, Moore J. Testing preoperative pain management intervention for elders. *Res Nurs and Health*. 2001;24(5):402-409.

15. Practice guidelines for acute pain management in the perioperative setting: an updated report by the American Society of Anesthesiologists Task Force on Acute Pain Management. *Anesthesiology*. 2004;100(6):1573-1581.
16. Touhy T. Emotional health in late life. In: Ebersole P, Hess P, Touhy T, Jett K, Schmidt Luggen A, eds. *Toward Healthy Aging: Human Needs and Nursing Response*. 7<sup>th</sup> ed. St Louis, MO: Mosby; 2008:609-611.
17. The Hartford Institute for Geriatric Nursing. ConsultGeriRN.org. [http://consultgerirn.org/about/Hartford\\_Institute/](http://consultgerirn.org/about/Hartford_Institute/). Accessed November 9, 2009.
18. St Pierre J, Conley D. Introduction to gerontological nursing. In: Mauk K, ed. *Gerontological Nursing: Competencies for Care*. 2<sup>nd</sup> ed. Sudbury, MA: Jones and Bartlett Publishers; 2010:9.

## **Resources**

Brady M, Kinn S, Stuart P. Preoperative fasting for adults to prevent perioperative complications. *Cochrane Database Syst Rev*. 2003;4(4):CD004423.

Evans D, Hodgkinson B, Lanbert L, Wood J. Falls risk factors in the hospital setting: a systematic review. *Int J Nurs Pract*. 2001;7(1):38-45.

Hodgkinson B, Evans D, Wood J. Maintaining oral hydration in oral adults: a systematic review. *Int J Nurs Pract*. 2003;9(3):S19-S28.

Tabloski, P. *Gerontological Nursing*. 2<sup>nd</sup> ed. Upper Saddle River, NJ: Pearson; 2010.

## **AORN Position Statement on RN First Assistants**

### **Position Statement**

This AORN position statement delineates the definition, scope of practice, and educational requirements for the perioperative registered nurse (RN) who practices as a registered nurse first assistant (RNFA). The qualifications to be met and components of the clinical privileging process are also described.

### **Definition of RN First Assistant**

The RNFA is a perioperative registered nurse who:

- works in collaboration with the surgeon and other health care team members to achieve optimal patient outcomes;
- has acquired the necessary knowledge, judgment, and skills specific to the expanded role of RNFA clinical practice;
- intraoperatively practices at the direction of the surgeon; and
- does not concurrently function as a scrub person.

### **Scope of Practice**

Perioperative nursing is a specialized area of practice. Registered nurses practicing as first assistants in surgery are functioning in an expanded perioperative nursing role. First assisting behaviors are further refinements of perioperative nursing practice and are executed within the context of the nursing process. These behaviors include certain delegated medical functions that can be assumed by the RN who is qualified to practice as an RNFA. Registered nurse first assistant behaviors may vary depending on patient populations, practice environments, services

provided, accessibility of human and fiscal resources, institutional policy, and state nursing regulations.

RN first assistant behaviors in the perioperative arena include but are not limited to:

- preoperative patient management in collaboration with other health care providers, such as
  - performing focused preoperative nursing assessments,
  - communicating and collaborating with other health care providers regarding the patient plan of care; and
- intraoperative performance of surgical first-assistant techniques as in
  - using instruments and medical devices,
  - providing surgical site exposure,
  - handling and/or cutting tissue,
  - providing hemostasis, and
  - suturing; and
- postoperative patient management in collaboration with other health care providers in the immediate postoperative period and beyond, such as
  - participating in postoperative rounds and
  - assisting with patient discharge planning and identifying appropriate community resources as needed.

### **Preparation of the RNFA**

The complexity of knowledge and skills required to effectively care for recipients of perioperative nursing services necessitates nurses to be specialized and to continue their education beyond generic nursing programs.

Perioperative nurses who wish to practice as RNFAs should develop a set of cognitive, psychomotor, and affective behaviors that demonstrate accountability and responsibility for identifying and meeting the needs of their perioperative patients. This set of behaviors

- begins with and builds on the education program leading to licensure as an RN, which teaches basic knowledge, skills, and attitudes essential to the practice of perioperative nursing;
- includes diversified clinical experience in perioperative nursing; and
- includes achievement of certification in perioperative nursing (CNOR).

Further preparation to assume the role of RNFA is then attained by completion of an RNFA program that:

- is equivalent to one academic year of formal, post-basic nursing study, and
- meets the “AORN standards for RN first assistant education programs.”<sup>1</sup>

### **Qualifications for RNFA Practice**

The minimum qualifications to practice as an RNFA include:

- certification in perioperative nursing (CNOR),
- successful completion of an RNFA program that meets the “AORN standards for RN first assistant education programs,”<sup>1</sup> and
- compliance with all statutes, regulations, and institutional policies relevant to RNFAs.

### **Continued Competency**

The RNFA

- demonstrates behaviors that progress on a continuum from basic competency to excellence,
- should maintain CNOR status, and

- is encouraged to achieve and maintain CRNFA certification when educational and experiential requirements have been met.

### **Clinical Privileging for the RNFA**

The facility(ies) in which the individual practices, should establish a process to grant clinical privileges to the RNFA. This process should include mechanisms for:

- verifying individual RNFA qualifications with the primary source,
- evaluating current and continued competency in the RNFA role,
- assessing compliance with relevant institutional and departmental policies,
- defining lines of accountability,
- incorporating peer and/or faculty review,
- validating continuing education relevant to RNFA practice, and
- verifying physical ability to perform the role.

### **Rationale**

Historically, perioperative nursing practice has included the role of the registered professional nurse as an assistant during surgery. As early as 1977, documents issued by the American College of Surgeons supported the appropriateness of qualified RNs to first assist.<sup>2</sup>

AORN officially recognized this role as a component of perioperative nursing in 1983 and adopted the first “Official statement on RN first assistants (RNFA)” in 1984.<sup>3</sup> All state boards of nursing recognize the role of the RNFA as being within the scope of nursing practice.

The decision by an RN to practice as a first assistant is to be made voluntarily and deliberately with an understanding of the professional accountability that the role entails.

### **References**

1. AORN standards for RN first assistant education programs. In: *Perioperative Standards and Recommended Practices*. Denver, CO: AORN, Inc; 2009:692-694.
2. American Colleges of Surgeons: Statement and qualifications for surgical privileges in approved hospitals. *Bull Am Coll Surg*. 1977;62(4):12-13.
3. Task force defines first assisting. *AORN J*. 1984;39(3):403-405.

*Original approved by the House of Delegates, Atlanta, March 1984*

*Revision approved by the House of Delegates, March 1993*

*Revision approved by the House of Delegates, April 1998*

*Revision approved by the House of Delegates, March 2004*

*Revision approved by the House of Delegates, December 2005*

*Sunset review: December 2010*