



AORN Releases New and Revised Guidelines for 2018

(Denver, Colo.) January 23, 2018 -- The Association of periOperative Registered Nurses (AORN) has published the 2018 *Guidelines for Perioperative Practice* with five updated guidelines, as well as a completely new guideline that addresses team communication. *Guidelines for Perioperative Practice*, published each January, is a collection of 32 guidelines that provide evidence-based recommendations to deliver safe perioperative patient care and achieve workplace safety.

The Guideline for Team Communication is the first evidence-based guideline for effective communication in the perioperative environment. This new guideline expands upon and supersedes the Guideline on Transfer of Patient Care Information.

“Every AORN guideline recommends team involvement and shared communication with all stakeholders on the perioperative team, yet research still identifies ineffective team communication as a common cause of adverse events,” said Ramona Conner, MSN, RN, CNOR, editor-in-chief of AORN’s *Guidelines for Perioperative Practice*. “Understanding the evidence supporting strategies to strengthen team communication is critical for teams to successfully implement all AORN guidelines for safe perioperative care.”

2018 Highlights

New – Guideline for Team Communication—the new guideline provides guidance for improving perioperative team communication through a culture of safety. Recommendations cover key opportunities for communication throughout a patient’s continuum of surgical care, such as briefings, surgical pauses, and hand-overs. Evidence-based guidance also addresses opportunities to strengthen team communication, such as through simulation training.

Updated -- Guideline for Positioning the Patient—the updated guideline offers more detailed guidance for evidence-based practices that address key steps in safe patient positioning, including preoperative and postoperative positioning assessment and selection of support surfaces and positioning equipment and devices based on patient- and procedure-specific factors. One new recommendation addresses neurophysiological monitoring used intraoperatively for early detection of potential positioning injuries.

Updated – Guideline for Medication Safety—the updated guideline reflects new evidence-based practice insights from case studies and other research on preventing medication errors, including safe injection practices and correct management of compounded drugs. It also covers new recommendations for safely handling hazardous medications such as antineoplastic drugs.

Updated – Guideline for the Prevention of Venous Thromboembolism—the updated and retitled guideline provides broader guidance that addresses protocols for prevention of venous thromboembolism (VTE), including prevention of deep vein thrombosis (DVT) by mechanical and pharmacologic prophylaxis and prevention of pulmonary embolism (PE) as a complication of DVT. The updated guideline explores in much more depth the range of patient- and procedure-specific risk factors for VTE that should be assessed for preoperatively.

Updated – Guideline for Medical Device and Product Evaluation—the updated and retitled guideline provides more detailed evidence-based guidance to perioperative team members for implementing a standardized evaluation approach to selecting medical devices and products for use in the perioperative setting. Citing new evidence that supports the important role of the RN in the evaluation process, the guideline also outlines a recommended approach for conducting a value analysis as part of the evaluation process to ensure selected products fit within the health care organization’s fiscal strategy.

Updated -- Guideline for Manual Chemical High-Level Disinfection— the updated and retitled guideline changes focus to address safe manual chemical high-level disinfection of reusable semi-critical items, while also discussing the evidence-based rationale for using automated HLD as a superior method to protect patients and personnel. A new recommendation for high-level disinfection or sterilization of endocavity ultrasound probes highlights the risk for probe contamination with lower levels of disinfection, even when a sheath or cover is used. The recommendation also notes that some HLDs are not effective against all pathogens that could be on the probes, such as human papilloma virus (HPV).

“Our world is moving rapidly and it is very challenging for the perioperative professional to keep up with all of the new evidence coming out to ensure safe perioperative practice,” Conner shares. “AORN is dedicated to making sense of this wealth of evidence by exploring the literature, rating the evidence, and shaping practice recommendations that perioperative practitioners can easily apply in their unique practice settings.”

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