(Denver, Colo.) January 21, 2021 -- The Association of periOperative Registered Nurses (AORN) has published the 2021 Guidelines for Perioperative Practice with six revised guidelines. Guidelines for Perioperative Practice, published each January with online updates made available throughout the year, is a collection of 34 guidelines that provide evidence-based recommendations to deliver safe perioperative patient care and achieve workplace safety.

According to Erin Kyle, DNP, RN, CNOR, NEA-BC, editor in chief, Guidelines for Perioperative Practice, the most significant revisions in 2021 are to the following guidelines and reflect the latest evidence, technologies, and practice needs.

**Laser Safety**
The Guidelines for Laser Safety and Electrosurgical Safety have been split from what was the Guideline for Safe Use of Energy-Generating Devices. These guidelines were combined for publication in 2017 to eliminate duplication and provide one source of recommendations supported by current evidence for both electrosurgical and laser safety.

Practice updates specific to laser safety include:

- Greater emphasis on roles and responsibilities for laser safety to ensure an effective laser safety program that begins at the organizational level and requires interdisciplinary participation in which every team member has an important role.
- Recommendations for eye protection that are specific to the type of laser used.
- In response to an increase in the use of third party laser services, new recommendations guide teams in how to include third party laser services in a laser safety program and
what responsibility the organization has to verify the equipment has been properly maintained and that third party laser operators are competent and credentialed to operate the laser.

**Electrosurgical Safety**
Practice updates include planning for electrosurgical safety for patients with implanted electronic devices, reporting malfunctions, and using standardized communication when equipment is removed from service.

**Pneumatic Tourniquet Safety**
Using limb occlusion pressure to determine the initial tourniquet pressure setting is a new recommendation.

Other updates in this guideline include new recommendations for patient-specific contraindications to pneumatic tourniquets. “Precautions specific to pediatric patients were found in the literature and informed the new recommendation to monitor pediatric patients for respiratory acidosis during procedures where pneumatic tourniquets are used,” says Kyle.

**Instrument Care and Cleaning**
Practice updates in this guideline emphasize the importance of an interdisciplinary team when selecting equipment and instruments as well as establishing and implementing policies and procedures. “Surgical instruments and devices are complex, and this complexity has led to increasing complexity in manufacturer’s instructions for use for instrument processing. The manufacturer’s instructions for use are of no use to personnel if they cannot access, read, and understand them,” Kyle says.

Another important update from this guideline is using objective measurement tools to monitor the quality of water used in instrument processing and to also use objective measurements to evaluate cleaning effectiveness, Kyle adds. “One simple way to implement water quality monitoring is to include the sterile processing department in the facility’s overall water management program.”
Care of the Patient Receiving Local-Only Anesthesia
“Patients receiving local-only anesthesia are monitored by a registered nurse rather than an anesthesia professional, so it is imperative the RN will recognize adverse events such as local anesthetic systemic toxicity (LAST) and methemoglobinemia and allergic reactions,” Kyle explains.

To support RNs in identifying such adverse events, this guideline update includes important recommendations highlighting the signs and symptoms that can indicate adverse reactions as well as recommendations for responding to these emergencies.

Specimen Management
The guideline update includes recommendations for handling specimens collected from patients with known or suspected prion disease and handling highly infectious specimens. “This year’s pandemic gave some important perspective to the importance of the recommendations around highly infectious specimens,” Kyle says. Another notable update she describes is the addition of recommendations for the use of vacuum-sealed containment to protect clinicians from the risks of handling hazardous preservation solutions.

With advances in diagnostics and treatment that include radioactive materials, Kyle says the evidence also supported recommendations for handling and management of sentinel lymph node specimens and radioactive seed localization specimens.

Pricing:
The Guidelines are available in various pricing models for individuals or teams within facilities and multi-site health care systems. The purchase of the 2021 print edition comes with a complimentary registration to attend a Guidelines Workshop event. Learn More

About AORN: AORN represents the interests of more than 200,000 perioperative nurses by providing evidence-based research, nursing education, standards, and practice resources to enable optimal outcomes for patients undergoing operative and other invasive procedures. www.aorn.org

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