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About This Document

The ANA Code of Ethics for Nurses with Interpretive Statements, updated in 2001, is composed of nine provisions, with each provision further subdivided under provision headings. In the following document, the nine ANA provisions are listed with AORN’s Explications. Each “Perioperative explication” is illustrated by “Perioperative examples” that pertain to a particular ANA provision heading.

The ANA Code of Ethics for Nurses with Interpretive Statements can be purchased online at http://nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/EthicsStandards/CodeofEthics.aspx.

ANA Code of Ethics for Nurses With Interpretive Statements

Preface

Ethics is an integral part of the foundation of nursing. Nursing has a distinguished history of concern for the welfare of the sick, injured, and vulnerable and for social justice. This concern is embodied in the provision of nursing care to individuals and the community. Nursing encompasses the prevention of illness, the alleviation of suffering, and the protection, promotion, and restoration of health in the care of individuals, families, groups, and communities. Nurses act to change those aspects of social structures that detract from health and well-being. Individuals who become nurses are expected not only to adhere to the ideals and moral norms of the profession but also to embrace them as a part of what it means to be a nurse. The ethical tradition of nursing is self-reflective, enduring, and distinctive. A code of ethics makes explicit the primary goals, values, and obligations of the profession.

The Code of Ethics for Nurses serves the following purposes:

- It is a succinct statement of the ethical obligations and duties of every individual who enters the nursing profession.
- It is the profession’s nonnegotiable ethical standard.
- It is an expression of nursing’s own understanding of its commitment to society.

There are numerous approaches for addressing ethics; these include adopting or subscribing to ethical theories, including humanist, feminist, and social ethics, adhering to ethical principles, and cultivating virtues. The Code of Ethics for Nurses reflects all of these approaches. The words “ethical” and “moral” are used throughout the Code of Ethics. “Ethical” is used to refer to reasons for decisions about how one ought to act, using the above mentioned approaches. In general, the word “moral” overlaps with “ethical” but is more aligned with personal belief and cultural values. Statements that describe activities and attributes of nurses in this Code of Ethics are to be understood as normative or prescriptive statements expressing expectations of ethical behavior.

The Code of Ethics for Nurses uses the term “patient” to refer to recipients of nursing care. The derivation of this word refers to “one who suffers,” reflecting a universal aspect of human existence. Nonetheless, it is recognized that nurses also provide services to those seeking health as well as those responding to illness, to students and to staff, in health care facilities as well as in communities. Similarly, the term “practice” refers to the actions of the nurse in whatever role the nurse fulfills, including direct patient care provider, educator, administrator, researcher, policy developer, or other. Thus, the values and obligations expressed in this Code of Ethics apply to nurses in all roles and settings.

The Code of Ethics for Nurses is a dynamic document. As nursing and its social context change, changes to the Code of Ethics are also necessary. The Code of Ethics consists of two components: the provisions and the accompanying interpretive statements. There are nine provisions. The first three describe the most fundamental values and commitments of the nurse, the next three address boundaries of duty and loyalty, and the last three address aspects of duties beyond individual patient encounters. For each provision, there are interpretive statements that provide greater specificity for practice
and are responsive to the contemporary context of nursing. Consequently, the interpretive statements are subject to more frequent revision than are the provisions. Additional ethical guidance and detail can be found in ANA or constituent member association position statements that address clinical, research, administrative, educational, or public policy issues.

The Code of Ethics for Nurses with Interpretive Statements provides a framework for nurses to use in ethical analysis and decision-making. The Code of Ethics establishes the ethical standard for the profession. It is not negotiable in any setting, nor is it subject to revision or amendment except by formal process of the House of Delegates of the ANA. The Code of Ethics for Nurses is a reflection of the proud ethical heritage of nursing, a guide for nurses now and in the future.

Preamble

The American Nurses Association (ANA) Code of Ethics for Nurses with Interpretive Statements expresses the moral commitment to uphold the goals, values, and distinct ethical obligations of all nurses. As nursing is practiced in a changing social context, the Code of Ethics for Nurses becomes a dynamic document. AORN’s Ethics Task Force detailed the specific perioperative nursing explications that correspond to the nine provisions from the ANA Code of Ethics for Nurses with Interpretive Statements (ANA, 2001). The primary goals and values of a profession are made explicit in a code of ethics.

Together, the ANA code and the explications for perioperative nursing provide the framework within which perioperative nurses can make ethical decisions. The code establishes the profession’s nonnegotiable ethical standard. This document demonstrates accountability and responsibility to the public, to other members of the health care team, and to the profession. This document helps perioperative nurses relate the ANA Code of Ethics to their own areas of practice and provides examples of behaviors that reflect the ethical obligations of perioperative nurses.

Introduction

Ethical decisions for the perioperative nurse are often difficult but necessary during the care of the surgical patient. Additionally, perioperative nurses need to be able to recognize ethical dilemmas and take action. Perioperative nurses are responsible for nursing decisions that are not only clinically and technically sound but also morally appropriate and suitable for the specific problems of the particular patient being treated. The technical or medical aspects of the decision answer the question, “What can be done for this patient?” The moral component involves the patient’s wishes and answers the question, “What should be done for this patient?”

The strength of the ethical perspective is its resolute nature. It promotes an action guide for nurses to follow in the realm of patient care. Ethics, as a branch of philosophy, incorporates multiple approaches to take when dealing with or applying actions to real life situations. Thus, each perioperative nurse may experience a situation differently, as well as addressing the situation and identifying the ethical conflict issues, his or her feelings, behaviors, actions, analysis, and resolution of the situation differently.

Health care delivery provided via a team format, such as the surgical team, does not necessarily create ethical conflicts, but it may highlight the conflicts if the values of the team members emphasize different priorities. Additionally, new roles of health care team members may carry expectations about how members should interact with each other and how standards of care should be met.

The perioperative nurse, by virtue of the nurse-patient relationship, has an obligation to provide safe, professional, and ethical patient care. It is important that nurses know how to manage ethical decisions appropriately so that patients’ beliefs can be honored without compromising the nurse’s own moral conscience. Ethical practice is thus a critical aspect of nursing care, and the development of ethical competency is paramount for present and future nursing practice.

1: The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

1.1 Respect for human dignity

A fundamental principle that underlies all nursing practice is respect for the inherent worth, dignity, and human rights of every individual. Nurses take into account the needs and values of all persons in all professional relationships.

Perioperative explications

The perioperative nurse is morally obligated to respect the dignity and worth of each individual patient. Perioperative nursing care is provided to each patient undergoing a surgical or other invasive procedure in a manner that preserves and protects patient autonomy, dignity, and human rights. Each nurse has an obligation to be knowledgeable about the moral and legal rights of all patients and to protect and support those rights. As health care does not occur in a vacuum, the perioperative nurse must take into account both the individual rights and the interdependence of individuals in decision-making.

Perioperative examples

- Respects patient’s decision for surgery.
- Respects patient’s wishes (eg, advance directives, end-of-life choices).
1.2 Relationships to patients
The need for health care is universal, transcending all individual differences. The nurse establishes relationships and delivers nursing services with respect for human needs and values, and without prejudice. An individual’s lifestyle, value system, and religious beliefs should be considered in planning health care with and for each patient. Such consideration does not suggest that the nurse necessarily agrees with or condones certain individual choices, but that the nurse respects the patient as a person.

Perioperative explanations
It is the responsibility of the perioperative nurse to provide care for each patient without prejudicial behavior. The care should be planned with consideration for the patient’s values, religious beliefs, lifestyle choices, and age. The perioperative nurse respects the worth and dignity of the patient regardless of the diagnosis, disease process, procedure, or projected outcome. When the perioperative nurse is ethically opposed to interventions or procedures in a particular case, the nurse is justified in refusing to participate if the refusal is made known in advance and in time for other appropriate arrangements to be made for the patient’s nursing care. When the patient’s life is in jeopardy, the perioperative nurse is obliged to provide for the patient’s safety, to avoid abandonment, and to withdraw only when assured that alternative sources of nursing care are available to the patient.

Perioperative examples
- Applies standards of nursing practice consistently to all patients with sensitivity to disability and economic, educational, cultural, religious, racial, age, and sexual differences.  
- Provides nursing care respecting the worth and dignity regardless of diagnosis, disease process, procedure, or projected outcome.  
- Respects the Patient’s Bill of Rights.  
- Refrains from derogatory comments about patients, families and significant others, colleagues, and other associates.  
- Seeks guidance for resolving personal belief conflicts with the patient (eg, from supervisor, ethics committee, colleagues with appropriate authority).  
- Uses principles of ethical analysis and moral reasoning to resolve ethical questions.  
- Provides spiritual comfort, arranges for appropriate substitute nursing care if personal beliefs conflict with required care, and respects the patient’s decision for surgery.

1.3 The nature of health problems
The nurse respects the worth, dignity, and rights of all human beings irrespective of the nature of the health problem. The worth of the person is not affected by disease, disability, functional status, or proximity to death. This respect extends to all who require the services of the nurse for the promotion of health, the prevention of illness, the restoration of health, the alleviation of suffering, and the provision of supportive care to those who are dying.

The measures nurses take to care for the patient enable the patient to live with as much physical, emotional, social, and spiritual well-being as possible. Nursing care aims to maximize the values that the patient has treasured in life and extends supportive care to the family and significant others. Nursing care is directed toward meeting the comprehensive needs of patients and their families across the continuum of care. This is particularly vital in the care of patients and their families at the end of life to prevent and relieve the cascade of symptoms and suffering that are commonly associated with dying.

Nurses are leaders and vigilant advocates for the delivery of dignified and humane care. Nurses actively participate in assessing and assuring the responsible and appropriate use of interventions in order to minimize unwarranted or unwanted treatment and patient suffering. The acceptability and importance of carefully considered decisions regarding resuscitation status, withholding and withdrawing life-sustaining therapies, forgoing medically provided nutrition and hydration, aggressive pain and symptom management, and advance directives are increasingly evident. The nurse should provide interventions to relieve pain and other symptoms in the dying patient even when those interventions entail risks of hastening death. However, nurses may not act with the sole intent of ending a patient’s life even though such action may be motivated by compassion, respect for patient autonomy, and quality of life considerations. Nurses have invaluable experience, knowledge, and insight into care at the end of life and should be actively involved in related research, education, practice, and policy development.

Perioperative explanations
Perioperative nurses provide nursing care directed to meet the comprehensive needs of all patients, regardless of diagnosis, taking into consideration aspects of culture, language, perception of pain, significant others, values, and beliefs. Nurses, as individuals, bring to their practice assumptions from their own culture, as well as about the cultures of others. In order to provide care that is culturally relevant to a diverse patient population, it is vital that nurses recognize the importance of each patient’s values, beliefs, and health practices. In many instances, nurses provide care across cultures; thus, it becomes an ethical imperative for
nurses to develop the skill of culturally competent caring.

To most effectively care for patients of other cultures, the nurse must be a conscientious observer, a perceptive listener, and thorough assessor. Acquiring information about the patient’s culture and gaining further personal insight provides the nurse with an increased understanding of culture and values from both perspectives (the patient’s and the nurse’s) as they relate to providing culturally competent care.

**Perioperative examples**

- Provides nursing care respecting the patient’s worth and dignity regardless of diagnosis, disease process, procedure, or projected outcome.6
- Overcomes communication barriers to allow patients and their significant others to express preferences for care, providing interpreters when necessary.7

### 1.4 The right to self-determination

Respect for human dignity requires the recognition of specific patient rights, particularly the right of self-determination. Self-determination, also known as autonomy, is the philosophical basis for informed consent in health care. Patients have the moral and legal right to determine what will be done with their own person; to be given accurate, complete, and understandable information in a manner that facilitates an informed judgment; to be assisted with weighing the benefits, burdens, and available options in their treatment, including the choice of no treatment; to accept, refuse, or terminate treatment without deceit, undue influence, duress, coercion, or penalty; and to be given necessary support throughout the decision-making and treatment process. Such support would include the opportunity to make decisions with family and significant others and the provision of advice and support from knowledgeable nurses and other health professionals. Patients should be involved in planning their own health care to the extent they are able and choose to participate.

Each nurse has an obligation to be knowledgeable about the moral and legal rights of all patients to self-determination. The nurse preserves, protects, and supports those interests by assessing the patient’s comprehension of both the information presented and the implications of decisions. In situations in which the patient lacks the capacity to make a decision, a designated surrogate decision-maker should be consulted. The role of the surrogate is to make decisions as the patient would, based upon the patient’s previously expressed wishes and known values. In the absence of a designated surrogate decision-maker, decisions should be made in the best interests of the patient, considering the patient’s personal values to the extent that they are known. The nurse supports patient self-determination by participating in discussions with surrogates, providing guidance and referral to other resources as necessary, and identifying and addressing problems in the decision-making process. Support of autonomy in the broadest sense also includes recognition that people of some cultures place less weight on individualism and choose to defer to family or community values in decision-making. Respect not just for the specific decision but also for the patient’s method of decision-making is consistent with the principle of autonomy.

Individuals are interdependent members of the community. The nurse recognizes that there are situations in which the right to individual self-determination may be outweighed or limited by the rights, health, and welfare of others, particularly in relation to public health considerations. Nonetheless, limitation of individual rights must always be considered a serious deviation from the standard of care, justified only when there are no less restrictive means available to preserve the rights of others and the demands of justice.

**Perioperative explications**

Patients have the right to self-determination (ie, the ability to decide for oneself what course of action will be taken in various circumstances). The perioperative nurse provides care to each patient undergoing surgical intervention in a manner that preserves and protects patient autonomy, dignity, and human rights. The patient’s autonomy in the decision-making process is acknowledged and supported by the perioperative nurse, who provides accurate, appropriate, and reasonable information to assist the patient in making an informed choice.8 The perioperative nurse elicits the patient’s response regarding perception of the surgical procedure and the implications of decisions. The perioperative nurse ensures that the patient has access to additional and accurate information.9

When individual rights must be temporarily overridden to preserve the life of the patient or of another person, the suspension of those rights must be considered a deviation to be tolerated as briefly as possible.

**Perioperative examples**

- Provides information and explains the Patient Self-Determination Act (eg, informed consent, living will, power of attorney for health care, do-not-resuscitate order, organ procurement).10
- Confirms that informed consent has been granted for planned procedure11; when possible, obtains surrogate’s permission for emergency surgery.
- Explains procedures before initiating action.
- Restrains patient only when patient poses a direct danger to self or others.
- Respects advance directives and end-of-life choices.
- Implements institutional advance directive policy in practice setting.
1.5 Relationships with colleagues and others
The principle of respect for persons extends to all individuals with whom the nurse interacts. The nurse maintains compassionate and caring relationships with colleagues and others with a commitment to the fair treatment of individuals, to integrity-preserving compromise, and to resolving conflict. Nurses function in many roles, including direct care provider, administrator, educator, researcher, and consultant. In each of these roles, the nurse treats colleagues, employees, assistants, and students with respect and compassion. This standard of conduct precludes any and all prejudicial actions, any form of harassment or threatening behavior, or disregard for the effect of one’s actions on others. The nurse values the distinctive contribution of individuals or groups, and collaborates to meet the shared goal of providing quality health services.

Perioperative explications
Perioperative nurses must recognize the individuality not only of their patients, but also of their colleagues and others. As health care is not provided in a vacuum, nurses must be able to interact with a variety of other professionals and ancillary providers in the perioperative environment. In working with colleagues, perioperative nurses display the same nondiscriminatory and nonjudgmental behavior as they do with their patients. Treating others with professionalism and respect will enhance the performance of the health care team.

Perioperative nurses are compelled to treat colleagues and all people in a just and fair manner regardless of disability, economic status, level of education, culture, religion, race, age, and sexuality. Just as nurses have the right not to be abused or harassed in the workplace, so must they treat others in their workplace with respect and compassion. The nurse recognizes the contributions of each member of the health care team and works to collaborate to achieve quality patient care.

Perioperative examples
- Integrates cultural differences of coworkers.
- Recognizes and respects the value of all team members, including students and ancillary and support staff members.
- Provides education and information to coworkers, including ancillary and support staff.
- Promotes comparable levels of care in all practice settings in which invasive procedures are performed.
- Uses medical devices in a safe manner and complies with the Safe Medical Devices Act and other laws and regulations.

2. The nurse’s primary commitment is to the patient, whether an individual, family, group, or community.

2.1 Primacy of the patient’s interests
The nurse’s primary commitment is to the recipient of nursing and health care services—the patient—whether the recipient is an individual, a family, a group, or a community. Nursing holds a fundamental commitment to the uniqueness of the individual patient; therefore, any plan of care must reflect that uniqueness. The nurse strives to provide patients with opportunities to participate in planning care, assures that patients find the plans acceptable, and supports the implementation of the plan. Addressing patient interests requires recognition of the patient’s place in the family or other networks of relationship. When the patient’s wishes are in conflict with others, the nurse seeks to help resolve the conflict. Where conflict persists, the nurse’s commitment remains to the identified patient.

Perioperative explications
The perioperative nurse supports both the interdependence and the individual rights of the patient when making decisions. The perioperative nurse collaborates in a manner that preserves and protects the patient’s autonomy, dignity, and human rights. When individual rights must be temporarily overridden to preserve the life of the patient or of another person (eg, in the case of violent patients or patients with communicable diseases), the suspension of those rights must be considered a deviation to be tolerated as briefly as possible.

Perioperative examples
- Collaborates with patient regarding health care whenever possible.
- Collects patient health data.
- Analyzes assessment data and utilizes the Perioperative Nursing Data Set (PNDS) to formulate a nursing diagnosis and plan nursing care.
- Identifies expected outcomes unique to the patient.12
- Considers assessment information, including patient preferences and unique needs, when developing an individualized plan of care to attain designated patient outcomes.13
- Includes family/significant others in planning care.14
- Provides for spiritual comfort to the patient and significant others (eg, contacts religious counselor).
• Acts as patient advocate.
• Provides interpreters when necessary.
• Respects patient’s decision to choose or refuse care or interventions.

2.2 Conflict of interest for nurses
Nurses are frequently put in situations of conflict arising from competing loyalties in the workplace, including situations of conflicting expectations from patients, families, physicians, colleagues, and in many cases, health care organizations and health plans. Nurses must examine the conflicts arising between their own personal and professional values, the values and interests of others who are also responsible for patient care and health care decisions, as well as those of patients. Nurses strive to resolve such conflicts in ways that ensure patient safety, guard the patient’s best interests, and preserve the professional integrity of the nurse.

Situations created by changes in health care financing and delivery systems, such as incentive systems to decrease spending, pose new possibilities of conflict between economic self-interest and professional integrity. The use of bonuses, sanctions, and incentives tied to financial targets are examples of features of health care systems that may present such conflict. Conflicts of interest may arise in any domain of nursing activity, including clinical practice, administration, education, or research. Advanced practice nurses who bill directly for services and nursing executives with budgetary responsibilities must be especially cognizant of the potential for conflicts of interest. Nurses should disclose to all relevant parties (e.g., patients, employers, colleagues) any perceived or actual conflict of interest and in some situations should withdraw from further participation. Nurses in all roles must seek to ensure that employment arrangements are just and fair and do not create an unreasonable conflict between patient care and direct personal gain.

Perioperative explanations
Conflicts may arise from financial considerations in the perioperative setting that may contribute to conflicting loyalties between the perioperative nurse and the patient. While the perioperative nurse needs to be fiscally responsible, the perioperative nurse’s primary responsibility is to ensure that the patient’s safety is maintained.

The perioperative nurse does not give or imply endorsement to advertising, promotion, or sale of commercial products or services in a manner that may be interpreted as reflecting the opinion or judgment of the profession as a whole.

Perioperative examples
• Identifies and resolves conflicts of interest effectively.

• Abstains from influencing purchasing decisions involving companies in which nurses have ownership to make financial gains (e.g., stocks, other equity interest).
• The perioperative nurse does not solicit or accept gifts, gratuities, or other items of value that reasonably could be interpreted by others as influencing impartiality.

2.3 Collaboration
Collaboration is not just cooperation, but it is the concerted effort of individuals and groups to attain a shared goal. In health care, that goal is to address the health needs of the patient and the public. The complexity of health care delivery systems requires a multidisciplinary approach to the delivery of services that has the strong support and active participation of all the health professions. Within this context, nursing’s unique contribution, scope of practice, and relationship with other health professions needs to be clearly articulated, represented, and preserved. By its very nature, collaboration requires mutual trust, recognition, and respect among the health care team, shared decision-making about patient care, and open dialogue among all parties who have an interest in and a concern for health outcomes. Nurses should work to ensure that the relevant parties are involved and have a voice in decision-making about patient care issues. Nurses should see that the questions that need to be addressed are asked and that the information needed for informed decision-making is available and provided. Nurses should actively promote the collaborative multidisciplinary planning required to ensure the availability and accessibility of quality health services to all persons who have needs for health care.

Intraprofessional collaboration within nursing is fundamental to effectively addressing the health needs of patients and the public. Nurses engaged in nonclinical roles, such as administration or research, while not providing direct care, nonetheless are collaborating in the provision of care through their influence and direction of those who do. Effective nursing care is accomplished through the interdependence of nurses in differing roles—those who teach the needed skills, set standards, manage the environment of care, or expand the boundaries of knowledge used by the profession. In this sense, nurses in all roles share a responsibility for the outcomes of nursing care.

Perioperative explanations
The perioperative nurse respects the interdependence of all health care providers in achieving positive outcomes for patients undergoing a surgical or other invasive procedure. As a fundamental member of the surgical team, the perioperative nurse actively participates with other health care professionals when planning and providing patient care. The perioperative nurse, nurse managers, educators, and researchers need to
participate in direct and indirect multidisciplinary planning and decision-making regarding patient care protocols and activities.

**Perioperative examples**
- Collaborates with the surgeon and anesthesia care provider to plan care specific to the procedure and the patient's needs.
- Collaborates and consults with nursing colleagues in the perioperative setting and practicing in other specialty areas (e.g., RN first assistant [RNFA], critical care, psychiatry, pain management, pediatrics, postanesthesia care, home health).
- Demonstrates collaborative practice among subspecialties within and outside the perioperative arena.
- Collaborates with ancillary and support staff to enhance communication and work patterns that are mutually beneficial for staff and for efficient patient care.
- Collaborates with the public, industry, and health care workers regarding environmental and containment issues.
- Formulates ethical decisions with assistance of available resources (e.g., ethics committee, counselors, and ethicists).

### 2.4 Professional boundaries

When acting within one's role as a professional, the nurse recognizes and maintains boundaries that establish appropriate limits to relationships. While the nature of nursing work has an inherently personal component, nurse-patient relationships and nurse-colleague relationships have, as their foundation, the purpose of preventing illness, alleviating suffering, and promoting, protecting, and restoring the health of patients. In this way, nurse-patient and nurse-colleague relationships differ from those that are purely personal and unstructured, such as friendship. The intimate nature of nursing care, the involvement of nurses in important and sometimes highly stressful life events, and the mutual dependence of colleagues working in close concert all present the potential for blurring of limits to professional relationships. Maintaining authenticity and expressing oneself as an individual, while remaining within the boundaries established by the purpose of the relationship, can be especially difficult in prolonged or long-term relationships. In all encounters, nurses are responsible for retaining their professional boundaries. When those professional boundaries are jeopardized, the nurse should seek assistance from peers or supervisors or take appropriate steps to remove her/himself from the situation.

**Perioperative explanations**

Perioperative nurses promote and maintain professional relationships with patients, peers, coworkers, and all members of the surgical team. Perioperative nurses are aware of the intimate nature of nursing care, the highly stressful nature of the surgical environment, and the collegial nature of the surgical team. The perioperative nurse respects professional boundaries in the nurse-patient relationship and does not convey undue influence on patient decisions. Perioperative nurses play a critical role in providing information to patients so that decisions affecting that patient will be appropriate and effective.

The nurse should seek the assistance of peers or supervisors, without hesitation, when professional boundaries are unclear or in jeopardy. Perioperative nurses deliver patient care in a nondiscriminatory and nonjudgmental manner according to published, legal, agency, professional, and regulatory standards.15

### 3: The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

#### 3.1 Privacy

The nurse safeguards the patient's right to privacy. The need for health care does not justify unwanted intrusion into the patient's life. The nurse advocates for an environment that provides for sufficient physical privacy, including auditory privacy for discussions of a personal nature, and policies and practices that protect the confidentiality of information.

**Perioperative explanations**

The perioperative nurse has an obligation to protect patients from undue exposure or unwarranted invasions of privacy. Maintaining the patient's privacy is essential to preserving the trust developed in the nurse-patient relationship. Actions demeaning the dignity of the individual could destroy this relationship and jeopardize the patient's welfare. Maintaining the patient's privacy is reflected by securing mechanisms to protect the patient's physical privacy, all forms of identifiable personal information (i.e., verbal, written, electronic), personal belongings, and valuables.

**Perioperative examples**
- Avoids needless exposure of patient's body.
- Keeps doors to OR or procedure rooms closed except during movement of patients, personnel, supplies, or equipment.16

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3.2 Confidentiality
Associated with the right to privacy, the nurse has a duty to maintain confidentiality of all patient information. The patient’s well-being could be jeopardized and the fundamental trust between patient and nurse destroyed by unnecessary access to data or by the inappropriate disclosure of identifiable patient information. The rights, well-being, and safety of the individual patient should be the primary factors in arriving at any professional judgment concerning the disposition of confidential information received from or about the patient, whether oral, written, or electronic. The standard of nursing practice and the nurse’s responsibility to provide quality care require that relevant data be shared with those members of the health care team who have a need to know. Only information pertinent to a patient’s treatment and welfare is disclosed, and only to those directly involved with the patient’s care. Duties of confidentiality, however, are not absolute and may need to be modified in order to protect the patient, other innocent parties, and in circumstances of mandatory disclosure for public health reasons.

Information used for purposes of peer review, third-party payments, and other quality improvement or risk management mechanisms may be disclosed only under defined policies, mandates, or protocols. These written guidelines must assure that the rights, well-being, and safety of the patient are protected. In general, only that information directly relevant to a task or specific responsibility should be disclosed. When using electronic communications, special effort should be made to maintain data security.

Perioperative explanations
In concert with privacy is the professional responsibility to maintain the confidentiality of the patient’s personal information. The perioperative nurse has a duty to safeguard the confidentiality of all patient information. Measures must be taken to protect the confidentiality of patient information, including oral, written, and electronic forms. Information pertinent to the patient’s treatment and welfare is shared only with members of the health care team directly concerned with the patient’s care. While relevant patient information must be shared in an expeditious manner with other members of the health care team in order to provide safe patient care, the patient must have trust and confidence in the nurse that information related to his or her care will be protected. Safeguarding private information about patients is a core belief of nursing; however, new technologies such as electronic records, have added a challenge to protecting patient information.

Perioperative examples
- Maintains confidentiality of patient information within scope of practice.
- Closes patient record and logs off whenever leaving the computer unattended to protect patient information.
- Follows facility policies regarding electronic information documentation and storage.
- Is aware of and complies with local, state, and federal privacy and security regulations.
- Limits access to patient’s record and information (eg, surgery schedule) to appropriate members of the health care team.
- Shares and discusses patient information only with appropriate health care providers and those directly involved in care.
- Protects all forms of confidential patient information (ie, verbal, written, electronic).
- Secures patient’s records, belongings, and valuables.
- Maintains patient’s record following agency policy, procedure, or protocol.
- Completes record of disposition of belongings and valuables following agency policy, procedure, or protocol.
- Completes operative records accurately and in an objective and nonjudgmental manner.
- Releases patient information only to individuals properly identified and in compliance with established policies, mandates, or protocols.
- Uses information for quality improvement purposes in a manner that protects patient confidentiality.
- Follows regulations regarding disposal of printed records (eg, perioperative schedules, laboratory reports, face sheets).

3.3 Protection of participants in research
Stemming from the right to self-determination, each individual has the right to choose whether or not to participate in research. It is imperative that the patient or legally authorized surrogate receive sufficient information that is material to an informed decision, to comprehend that information, and to know how to discontinue participation in research without penalty. Necessary information to achieve an adequately informed consent includes the nature of participation, potential harms and benefits, and available alternatives to taking part in the research. Additionally, the patient should be informed of how the data will be protected. The patient has the right to refuse to participate in research or to withdraw at any time without fear of adverse consequences or reprisal.

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Research should be conducted and directed only by qualified persons. Prior to implementation, all research should be approved by a qualified review board to ensure patient protection and the ethical integrity of the research. Nurses should be cognizant of the special concerns raised by research involving vulnerable groups, including children, prisoners, students, the elderly, and the poor. The nurse who participates in research in any capacity should be fully informed about both the subject’s and the nurse’s rights and obligations in the particular research study and in research in general. Nurses have the duty to question and, if necessary, to report and to refuse to participate in research they deem morally objectionable.

**Perioperative explanations**

The nurse acts to protect the rights of patients involved in clinical research. These rights include the right of adequately informed consent, the right of freedom from risk of injury, the right of privacy, and the right to the preservation of dignity. The perioperative nurse respects the patient’s right to decline or discontinue participation in research. The perioperative nurse should be knowledgeable about the rights of the nurse as well as the patient regarding research studies.

Perioperative nurses have an obligation to (a) ensure that research is conducted by qualified people, (b) obtain information about the intent and nature of the research, and (c) confirm that the study is approved by appropriate review bodies. The researcher should disclose the rights and obligations of the patient and the perioperative nurse. Furthermore, the researcher has an obligation to provide information about the nature of the study to the staff members providing care to the participants. Perioperative nurses should be able to question, report, or refuse to participate in research to which they are morally opposed.

**Perioperative examples**

- Confirms informed consent of the patient, by physician or responsible researcher, prior to initiation of the study and before the use of patient information for research.
- Safeguards the patient’s rights as a research subject.
- Submits research proposals to the institutional review board.
- Follows recommended guidelines and protocols when using investigational devices or when engaging in new procedures.
- Follows federal guidelines for treatment of human and animal subjects.
- Provides for patient confidentiality during data collection.
- Seeks guidance from supervisor to resolve issues regarding any research project that conflict with the nurse’s personal beliefs.
- Plans for appropriate substitute nursing care if personal beliefs conflict with the research project.

3.4 **Standards and review mechanisms**

Nursing is responsible and accountable for assuring that only those individuals who have demonstrated the knowledge, skill, practice experiences, commitment, and integrity essential to professional practice are allowed to enter into and continue to practice within the profession. Nurse educators have a responsibility to ensure that basic competencies are achieved and to promote a commitment to professional practice prior to entry of an individual into practice. Nurse administrators are responsible for assuring that the knowledge and skills of each nurse in the workplace are assessed prior to the assignment of responsibilities requiring preparation beyond basic academic programs.

The nurse has a responsibility to implement and maintain standards of professional nursing practice. The nurse should participate in planning, establishing, implementing, and evaluating review mechanisms designed to safeguard patients and nurses, such as peer review processes or committees, credentialing processes, quality improvement initiatives, and ethics committees. Nurse administrators must ensure that nurses have access to and inclusion on institutional ethics committees. Nurses must bring forward difficult issues related to patient care and/or institutional constraints upon ethical practice for discussion and review. The nurse acts to promote inclusion of appropriate others in all deliberations related to patient care.

Nurses should also be active participants in the development of policies and review mechanisms designed to promote patient safety, reduce the likelihood of errors, and address both environmental system factors and human factors that present increased risk to patients. In addition, when errors do occur, nurses are expected to follow institutional guidelines in reporting errors committed or observed to the appropriate supervisory personnel and for assuring responsible disclosure of errors to patients. Under no circumstances should the nurse participate in, or condone through silence, either an attempt to hide an error or a punitive response that serves only to fix blame rather than correct the conditions that led to the error.

**Perioperative explanations**

The perioperative nurse’s primary obligation is to promote the health, welfare, and safety of the patient. The perioperative nurse is responsible for implementing and maintaining standards of perioperative nursing practice. The nurse follows policies, practice guidelines, and laws to safeguard the health and safety of the patient. The nurse participates in the establishment and evaluation of mechanisms to review practice. Competency validation is an essential component to providing safe and effective patient care. Perioperative nurses need to be aware of their own educational and clinical capabilities and seek the assistance of colleagues without hesitation when patient care needs
require additional skills. The perioperative nurse uses personal, institutional, professional, and regulatory resources to assist with the resolution of incompetent, unethical, and illegal practices in the work setting.

**Perioperative examples**

- Uses institutional ethics committee, practice committee, and peer review.
- Supports and participates in institutional ethics committee and institutional review boards.
- Participates in educational programs that enhance patient care (eg, morbidity/mortality conferences, ethics grand rounds, patient care conferences).
- Participates in quality and performance improvement processes.
- Participates in development and revision of professional standards of practice.
- Adheres to professional standards of practice, such as AORN’s “Standards of perioperative clinical practice” and “Standards of perioperative professional performance.”
- Participates in multidisciplinary review of patient outcomes.
- Complies with institutional policies and procedures regarding competent performance of nursing activities.
- Complies with federal and state regulations such as Occupational Safety and Health Administration regulations, the Americans with Disabilities Act, and state boards of nursing regulations.
- Complies with accrediting agencies such as the Joint Commission and state regulatory agencies.
- Confirms clinicians’ practice privileges and credentials (eg, RN first assistants, physicians, physician’s assistants).

3.5 **Acting on questionable practice**

The nurse’s primary commitment is to the health, well-being, and safety of the patient across the life span and in all settings in which health care needs are addressed. As an advocate for the patient, the nurse must be alert to and take appropriate action regarding any instances of incompetent, unethical, illegal, or impaired practice by any member of the health care team or the health care system or any action on the part of others that places the rights or best interests of the patient in jeopardy. To function effectively in this role, nurses must be knowledgeable about the Code of Ethics, standards of practice of the profession, relevant federal, state and local laws and regulations, and the employing organization’s policies and procedures.

When the nurse is aware of inappropriate or questionable practice in the provision or denial of health care, concern should be expressed to the person carrying out the questionable practice. Attention should be called to the possible detrimental effect upon the patient’s well-being or best interests as well as the integrity of nursing practice. When factors in the health care delivery system or health care organization threaten the welfare of the patient, similar action should be directed to the responsible administrator. If indicated, the problem should be reported to an appropriate higher authority within the institution or agency, or to an appropriate external authority.

There should be established processes for reporting and handling incompetent, unethical, illegal, or impaired practice within the employment setting so that such reporting can go through official channels, thereby reducing the risk of reprisal against the reporting nurse. All nurses have a responsibility to assist those who identify potentially questionable practice. State nurses associations should be prepared to provide assistance and support in the development and evaluation of such processes and reporting procedures. When incompetent, unethical, illegal, or impaired practice is not corrected within the employment setting and continues to jeopardize patient well-being and safety, the problem should be reported to other appropriate authorities such as practice committees of the pertinent professional organizations, the legally constituted bodies concerned with licensing of specific categories of health workers and professional practitioners, or the regulatory agencies concerned with evaluating standards or practice. Some situations may warrant the concern and involvement of all such groups. Accurate reporting and factual documentation, and not merely opinion, undergird all such responsible actions. When a nurse chooses to engage in the act of responsible reporting about situations that are perceived as unethical, incompetent, illegal, or impaired, the professional organization has a responsibility to provide the nurse with support and assistance and to protect the practice of those nurses who choose to voice their concerns. Reporting unethical, illegal, incompetent, or impaired practices, even when done appropriately, may present substantial risks to the nurse; nevertheless, such risks do not eliminate the obligation to address serious threats to patient safety.

**Perioperative explanations**

Care providers in the perioperative environment provide health services within the scope of legitimate and ethical practice and safeguard the health and safety of their patients. The perioperative nurse is responsible for meeting legal, institutional, professional, and regulatory standards. It is the ethical obligation of the perioperative nurse to identify and appropriately report questionable practices by any member of the health care team. There should be an established process for reporting and handling incompetent, unethical, or illegal practice within the employment setting so that such reporting can go through official channels without causing fear of reprisal. The perioperative nurse should be knowledgeable about the process and be prepared to use it if necessary. Written
Perioperative examples

• Acts as a patient advocate by protecting the patient from incompetent, unethical, or illegal practices.
• Questions care that appears inappropriate or substandard.
• Expresses concern to the person carrying out the questionable practice.
• Reports incompetent, unethical, or illegal practice to the responsible administrative person.
• Consults with colleagues and supervisors to resolve concerns.
• Documents observations and occurrences in an objective manner according to institutional policy.
• Complies with institutional policies in resolving problems.
• Reports verbal, psychological, and physical harassment or abuse.
• Intervenes appropriately to protect patient safety.

Perioperative explications

The perioperative nurse has an ethical responsibility to protect the patient, the public, and the profession from potential harm that could result from a colleague’s impairment. It is both caring and compassionate to take action to protect the patient and ensure that the impaired person receives appropriate assistance. The nurse should follow guidelines outlined by the profession and the policies and procedures of the employing agency.

Perioperative examples

• Uses institutional procedural mechanisms to report substance abuse or impairment of colleagues.
• Consults with supervisory personnel.
• Confronts the individual in a supportive, caring manner.
• Uses agency resources for helping the individual to access treatment and care.
• Acts as patient advocate and takes action to ensure patient safety (e.g., makes arrangements to remove the unsafe practitioner and replace him or her with an appropriate practitioner to continue patient care).

4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.

4.1 Acceptance of accountability and responsibility

Individual registered nurses bear primary responsibility for the nursing care that their patients receive and are individually accountable for their own practice. Nursing practice includes direct care activities, acts of delegation, and other responsibilities such as teaching, research, and administration. In each instance, the nurse retains accountability and responsibility for the

3.6 Addressing impaired practice

Nurses must be vigilant to protect the patient, the public, and the profession from potential harm when a colleague’s practice, in any setting, appears to be impaired. The nurse extends compassion and caring to colleagues who are in recovery from illness or when illness interferes with job performance. In a situation where a nurse suspects another’s practice may be impaired, the nurse’s duty is to take action designed both to protect patients and to assure that the impaired individual receives assistance in regaining optimal function. Such action should usually begin with consulting supervisory personnel and may also include confronting the individual in a supportive manner and with the assistance of others or helping the individual to access appropriate resources. Nurses are encouraged to follow guidelines outlined by the profession and policies of the employing organization to assist colleagues whose job performance may be adversely affected by mental or physical illness or by personal circumstances. Nurses in all roles should advocate for colleagues whose job performance may be impaired to ensure that they receive appropriate assistance, treatment, and access to fair institutional and legal processes. This includes supporting the return to practice of the individual who has sought assistance and is ready to resume professional duties.

If impaired practice poses a threat or danger to self or others, regardless of whether the individual has sought help, the nurse must take action to report the individual to persons authorized to address the problem. Nurses who advocate for others whose job performance creates a risk for harm should be protected from negative consequences. Advocacy may be a difficult process, and the nurse is advised to follow workplace policies. If workplace policies do not exist or are inappropriate—that is, they deny the nurse in question access to due legal process or demand resignation—the reporting nurse may obtain guidance from the professional association, state peer assistance programs, employee assistance program, or a similar resource.

Perioperative explications

The perioperative nurse has an ethical responsibility to protect the patient, the public, and the profession from potential harm that could result from a colleague’s impairment. It is both caring and compassionate to take action to protect the patient and ensure that the impaired person receives appropriate assistance. The nurse should follow guidelines outlined by the profession and the policies and procedures of the employing agency.
quality of practice and for conformity with standards of care. Nurses are faced with decisions in the context of the increased complexity and changing patterns in the delivery of health care. As the scope of nursing practice changes, the nurse must exercise judgment in accepting responsibilities, seeking consultation, and assigning activities to others who carry out nursing care. For example, some advanced practice nurses have the authority to issue prescription and treatment orders to be carried out by other nurses. These acts are not acts of delegation. Both the advanced practice nurse issuing the order and the nurse accepting the order are responsible for the judgments made and accountable for the actions taken.

Perioperative explications
The individual professional licensee protects the public by ensuring the basic competencies of the professional nurse. Moreover, society grants the nursing profession the right to regulate its own practice. Perioperative nurses bear primary responsibility for perioperative nursing care and are individually accountable for their own practice. The nurse is responsible for nursing decisions made regarding care and is accountable for individual actions. Perioperative nursing practice may include direct patient care, delegation, teaching, research, or administration. Nurses are responsible for judgments they make regarding care and accountable for actions taken.

Perioperative examples
- Maintains nursing licensure and certification.
- Accepts responsibility and accountability for perioperative nursing practice, staffing schedules, and on-call assignments.
- Assumes responsibility for continued education.

4.2 Accountability for nursing judgment and action
Accountability means to be answerable to oneself and others for one’s own actions. In order to be accountable, nurses act under a code of ethical conduct that is grounded in the moral principles of fidelity and respect for the dignity, worth, and self-determination of patients. Nurses are accountable for judgments made and actions taken in the course of nursing practice, irrespective of health care organizations’ policies or providers’ directives.

Perioperative explications
Accountability refers to being answerable to oneself, patients, peers, the profession, and society for judgments made and actions taken as a perioperative nurse. Neither physicians’ orders nor the employing agency’s policies relieve the perioperative nurse of accountability for those actions and judgments. Professional accountability to society is reflected in the ANA Code of Ethics for Nurses, standards of practice, educational requirements for practice, certification, and a performance evaluation.

Perioperative examples
- Provides safe and competent patient care.
- Accounts for sponges, needles, instruments, and other potential foreign bodies.
- Practices according to the ANA Code of Ethics for Nurses; AORN’s Standards, Recommended Practices, and Guidelines; and hospital and departmental policies and procedures.
- Practices within scope of practice.
- Evaluates self-performance and solicits peer review.
- Alerts surgeon and colleagues to potential risks to patients (e.g., positioning, electrical hazards, blood loss, inadvertent laceration of a blood vessel).
- Questions orders that appear incorrect or inappropriate.

4.3 Responsibility for nursing judgment and action
Responsibility refers to the specific accountability or liability associated with the performance of duties of a particular role. Nurses accept or reject specific role demands based upon their education, knowledge, competence, and extent of experience. Nurses in administration, education, and research also have obligations to the recipients of nursing care. Although nurses in administration, education, and research have relationships with patients that are less direct, in assuming the responsibilities of a particular role, they share responsibility for the care provided by those whom they supervise and instruct. The nurse must not engage in practices prohibited by law or delegate activities to others that are prohibited by the practice acts of other health care providers.

Individual nurses are responsible for assessing their own competence. When the needs of the patient are beyond the qualifications and competencies of the nurse, consultation and collaboration must be sought from qualified nurses, other health professionals, or other appropriate sources. Educational resources should be sought by nurses and provided by institutions to maintain and advance the competence of nurses. Nurse educators act in collaboration with their students to assess the learning needs of the student, the effectiveness of the teaching program, the identification and utilization of appropriate resources, and the support needed for the learning process.
work experience. Nurses in administration, education, and research also are responsible for care through the people they supervise.

Each perioperative nurse is responsible for maintaining competency of professional knowledge and technical skills. It is the nurse’s responsibility to assess when care required is beyond an individual’s knowledge and to report it to the appropriate support person.

**Perioperative examples**

- Consults other health care providers for assistance when necessary.
- Identifies and develops a plan of corrective action related to deficits and limitations in knowledge.
- Assumes responsibility for continuous education through personal study; attendance at institutional inservice programs, staff orientation workshops, seminars, AORN chapter and other professional meetings; and reading the *AORN Journal* and other perioperative professional journals.
- Remains current on new procedures affecting practice.
- Uses the AORN competency statements in perioperative practice.
- Provides unit-based orientation.
- Provides competency-based orientation.
- Practices adult learning theory.
- Demonstrates competency in the use of new technologies.
- Engages in continued professional learning.

### 4.4 Delegation of nursing activities

Since the nurse is accountable for the quality of nursing care given to patients, nurses are accountable for the assignment of nursing responsibilities to other nurses and the delegation of nursing care activities to other health care workers. While delegation and assignment are used here in a generic moral sense, it is understood that individual states may have a particular legal definition of these terms.

The nurse must make reasonable efforts to assess individual competency when assigning selected components of nursing care to other health care workers. This assessment involves evaluating the knowledge, skills, and experience of the individual to whom the care is assigned, the complexity of the assigned tasks, and the health status of the patient. The nurse is also responsible for monitoring the activities of these individuals and evaluating the quality of the care provided. Nurses may not delegate responsibilities such as assessment and evaluation; they may delegate tasks. The nurse must not knowingly assign or delegate to any member of the nursing team a task for which that person is not prepared or qualified. Employer policies or directives do not relieve the nurse of responsibility for making judgments about the delegation and assignment of nursing care tasks.

Nurses functioning in management or administrative roles have a particular responsibility to provide an environment that supports and facilitates appropriate assignment and delegation. This includes providing appropriate orientation to staff, assisting less experienced nurses in developing necessary skills and competencies, and establishing policies and procedures that protect both the patient and nurse from the inappropriate assignment or delegation of nursing responsibilities, activities, or tasks.

Nurses functioning in educator or preceptor roles may have less direct relationship with patients. However, through assignment of nursing care activities to learners, they share responsibility and accountability for the care provided. It is imperative that the knowledge and skills of the learner be sufficient to provide the assigned nursing care and that appropriate supervision be provided to protect both the patient and the learner.

**Perioperative explanations**

Perioperative nurses are accountable for patient outcomes resulting from nursing care rendered to patients during the perioperative experience. Perioperative nurses are accountable for the assignment of nursing responsibilities to other nurses and for the delegation of nursing care activities to other health care workers. The nurse retains accountability for patient outcomes resulting from delegated nursing tasks. Only the perioperative registered nurse plans and directs the nursing care of every patient undergoing operative and other invasive procedures. The core activities of perioperative nursing are assessment, diagnosis, outcome identification, planning, implementation, and evaluation. The perioperative nurse may delegate certain nursing care tasks, but the nursing activities that cannot be delegated are assessment diagnosis, outcome identification, planning, and evaluation.

The nurse must be aware of specific state legal definitions and guidelines regarding delegation and assignment. The perioperative nurse follows facility policies or directives in delegating functions, but these do not relieve the nurse of accountability for making judgments about the competency of personnel and the appropriateness of delegated activities. Before delegation of patient care tasks, the perioperative nurse uses professional clinical judgment to decide to whom and under what circumstances to delegate appropriate patient care activities. Prior to delegation, consideration also should be given to the patient’s condition, the complexity of the procedure, the predictability of the outcome, the level of preparation and competence of the person accepting the delegation, and the amount of supervision needed.

The perioperative work environment supports orientation to less experienced staff. It also provides policies to prevent nurses from accepting inappropriate assignments. This is to protect both the patient and the nurse.
Perioperative examples

- Knows state regulations and definitions regarding delegation and assignment.
- Knows organizational guidelines regarding assignment and delegation.
- Delegates nursing functions to nurses.
- Allows assistive personnel to assist with delegated nursing tasks only when competency has been established and when allowed by state scope of practice.
- Bases delegation and assignments on individual competency, patient acuity, complexity of the procedure, predictability of outcomes, amount of supervision required, staffing pattern, and staff availability.
- Follows institutional policies for modifying patient care assignments that the nurse or other health care provider does not feel competent in performing.
- Participates in perioperative competency-based orientation.
- Perioperative nurses define and supervise the training of unlicensed assistive personnel to perform the delegated nursing care tasks.

5: The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competency, and to continue personal and professional growth.

5.1 Moral self-respect
Moral respect accords moral worth and dignity to all human beings irrespective of their personal attributes or life situation. Such respect extends to oneself as well; the same duties that we owe to others we owe to ourselves. Self-regarding duties refer to a realm of duties that primarily concern oneself and include professional growth and maintenance of competence, preservation of wholeness of character, and personal integrity.

Perioperative explications
Perioperative nurses deliver care in a manner that is respectful not only to patients but also to themselves and their colleagues. Nurses identify areas for personal and professional development and assist others in their development. Nurses participate actively in community education about surgery, invasive procedures, and perioperative nursing, and they correct misinformation and misunderstanding about perioperative patient care.

Perioperative examples

- Promotes a positive image of nursing in the media and the community.
- Promotes professional autonomy and self-regulation of practice.

- Uses nursing titles according to demonstrated professional achievement (eg, CNOR®, CRNFA®).
- Corrects inaccurate portrayals of and misinformation about the profession.
- Promotes an environment that does not tolerate harassment and abuse.
- Provides an environment that optimizes the occupational health and safety of all employees.
- Promotes empowerment and team building.
- Supports the nurse’s role as a patient advocate.

5.2 Professional growth and maintenance of competency
Though it has consequences for others, maintenance of competency and ongoing professional growth involves the control of one’s own conduct in a way that is primarily self-regarding. Competency affects one’s self-respect, self-esteem, professional status, and the meaningfulness of work. In all nursing roles, evaluation of one’s own performance, coupled with peer review, is a means by which nursing practice can be held to the highest standards. Each nurse is responsible for participating in the development of criteria for evaluation of practice for using those criteria in peer and self-assessment.

Continual professional growth, particularly in knowledge and skill, requires a commitment to lifelong learning. Such learning includes, but is not limited to, continuing education, networking with professional colleagues, self-study, professional reading, certification, and seeking advanced degrees. Nurses are required to have knowledge relevant to the current scope and standards of nursing practice, changing issues, concerns, controversies, and ethics. Where the care required is outside the competencies of the individual nurse, consultation should be sought or the patient should be referred to others for appropriate care.

Perioperative explications
The perioperative nurse is accountable to society and the profession for appropriate, effective, and efficient nursing practice. Mechanisms are established to demonstrate professional accountability and responsibility for maintaining clinical competency. Knowledge and skill related to technological advances and surgical interventions should be incorporated into the perioperative nurse’s practice. The perioperative nurse maintains responsibility for his or her own continuing education.

Perioperative examples

- Incorporates AORN’s competency statements in perioperative nursing education.
- Remains current on new procedures related to perioperative clinical practice.
- Participates in certification processes (eg, CNOR, CRNFA, advanced cardiac life support).
• Acquires new knowledge from continuous education through personal study; attendance at institutional inservice programs, staff orientation workshops, seminars, AORN Congress, AORN chapter and other professional meetings; and reading the AORN Journal, Surgical Services Management, and other perioperative and professional literature.
• Supports competency-based orientation and annual review process.
• Demonstrates competency in the use of new technologies.
• Participates in self-evaluation and peer evaluation of clinical competency, decision-making skills, and professional judgment.
• Seeks consultation as necessary to provide patient care.
• Confirms clinical privileges of all caregivers.
• Promotes individual accountability for maintaining competency.
• Promotes patient safety and other forms of patient advocacy initiatives recommended by professional organizations, legislation, and regulations.

5.3 Wholeness of character
Nurses have both personal and professional identities that are neither entirely separate, nor entirely merged, but are integrated. In the process of becoming a professional, the nurse embraces the values of the profession, integrating them with personal values. Duties to self involve an authentic expression of one’s own moral point of view in practice. Sound ethical decision-making requires the respectful and open exchange of views between and among all individuals with relevant interests. In a community of moral discourse, no one person’s view should automatically take precedence over that of another. Thus, the nurse has a responsibility to express moral perspectives, even when they differ from those of others, and even when they might not prevail.

This wholeness of character encompasses relationships with patients. In situations where the patient requests a personal opinion from the nurse, the nurse is generally free to express an informed personal opinion as long as this preserves the voluntariness of the patient and maintains appropriate professional and moral boundaries. It is essential to be aware of the potential for undue influence attached to the nurse’s professional role. Assisting patients to clarify their own values in reaching informed decisions may be helpful in avoiding unintended persuasion. In situations where nurses’ responsibilities include care for those whose personal attributes, condition, lifestyle, or situation is stigmatized by the community and are personally unacceptable, the nurse still renders respectful and skilled care.

5.4 Preservation of integrity
Integrity is an aspect of wholeness of character and is primarily a self-concern of the individual nurse. An economically constrained health care environment presents the nurse with particularly troubling threats to integrity. Threats to integrity may include a request to deceive a patient, to withhold information, or to falsify records, as well as verbal abuse from patients or coworkers. Threats to integrity also may include an expectation that the nurse will act in a way that is inconsistent with the values or ethics of the profession, or more specifically a request that is in direct violation of the Code of Ethics. Nurses have a duty to remain consistent with both their personal and professional values and to accept compromise only to the degree that it remains an integrity-preserving compromise. An integrity-preserving compromise does not jeopardize the dignity or well-being of the nurse or others. Integrity-preserving compromise can be difficult to achieve, but is more likely to be accomplished in situations where there is an open forum for moral discourse and an atmosphere of mutual respect and regard.

Perioperative explanations
The perioperative nurse must be genuine, open, and honest in interactions with patients and other health care providers. Nurses are aware of their powerful influence and offer their opinions based on scientific principles, evidence-based practices, and clinical experiences.

Perioperative examples
• Assists patients in formulating decisions affecting care as appropriate.
• Facilitates patient participation in perioperative plan of care.
• Integrates personal philosophy of nursing into the practice setting.
• Helps peers to be assertive and emotionally healthy.
• Respects views of others, but clarifies misinformation.
• Applies standards of nursing practice consistently to all patients regardless of disability, economic status, culture, religion, race, age, lifestyle choices, or sexuality.
• Plans for an appropriate substitute care provider if personal beliefs conflict with required care.
symbols of recognition may be used in all ways that are legal and appropriate.

The pressure to reduce costs, especially in surgical services, reflects the current emphasis on financial well-being. Perioperative nurses can be financially prudent and at the same time discharge their clinical, educational, and administrative duties in a manner that is consistent with ethical principles.

When the perioperative nurse is ethically and morally opposed to interventions or procedures in a particular case, the nurse is justified in refusing to participate if the refusal is made known in advance and in time for other appropriate arrangements to be made for the patient’s nursing care. When the patient’s life is in jeopardy, the perioperative nurse is obliged to provide for the patient’s safety, to avoid abandonment, and to withdraw only when assured that alternative sources of nursing care are available to the patient.

**Perioperative explications**

**Perioperative examples**

- Facilitates a working environment conducive to learning, teaching, and education.
- Makes purchasing decisions equitably and justly to provide cost-effective, quality care.
- Uses and maintains supplies and equipment according to manufacturers’ instructions.
- Resterilizes and reprocesses instruments and supplies in a manner consistent with standards and regulations.
- Accepts responsibility and accountability for perioperative nursing practices.
- Is aware of limitations and accepts assignments only when competent to function safely.
- Uses nursing titles (eg, CNOR, CRNFA) according to demonstrated professional achievement.
- Participates in risk management efforts and quality process improvement.
- Plans for an appropriate substitute care provider if personal beliefs conflict with required care.

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**6.1 Influence of the environment on moral virtues and values**

Virtues are habits of character that predispose persons to meet their moral obligations; that is, to do what is right. Excellences are habits of character that predispose a person to do a particular job or task well. Virtues such as wisdom, honesty, and courage are habits or attributes of the morally good person. Excellences such as compassion, patience, and skill are habits of character of the morally good nurse. For the nurse, virtues and excellences are those habits that affirm and promote the values of human dignity, well-being, respect, health, independence, and other values central to nursing. Both virtue and excellence, as aspects of moral character, can be either nurtured by the environment in which the nurse practices or they can be diminished or thwarted. All nurses have a responsibility to create, maintain, and contribute to environments that support the growth of virtues and excellences and enable nurses to fulfill their ethical obligations.

**Perioperative explications**

**Perioperative examples**

- Interacts with patients in a compassionate manner.
- Demonstrates empathy, sensitivity, and patience in difficult or stressful situations.
- Uses therapeutic communication.
- Assists families with challenging issues.
- Develops relationships with patients that support mutual involvement in planning care.
- Helps to answer patients’ questions related to their care.
- Listens attentively and, when appropriate, refers the patient to other resources.

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**6.2 Influence of the environment on ethical obligations**

All nurses, regardless of role, have a responsibility to create, maintain, and contribute to environments of practice that support nurses in fulfilling their ethical obligations. Environments of practice include observable features, such as working conditions, and written policies and procedures setting out expectations for nurses, as well as less tangible characteristics such as informal peer norms. Organizational structures, role descriptions, health and safety initiatives, grievance mechanisms, ethics committees, compensation systems, and disciplinary procedures all contribute to environments that can either present barriers or foster ethical practice and professional fulfillment. Environments in which employees are provided fair hearing of grievances, are supported in practicing according to standards of care, and are justly treated allow for the realization of the values of the profession and are consistent with sound nursing practice.

**Perioperative explications**

Perioperative nurses create, maintain, and contribute to a work environment that supports individuals in their nursing practice. This environment is safe and has policies, procedures, guidelines, and standards for
practice. The nurse is knowledgeable about the various processes and committees to support and promote a professional working environment.

**Perioperative examples**
- Follows process for addressing unsafe practice.
- Follows process for addressing ethical issues.
- Participates in developing policies, procedures, and standards.
- Maintains knowledge of policies and procedures.
- Promotes a positive work environment.
- Facilitates a working atmosphere conducive to education.

### 6.3 Responsibility for the health care environment

The nurse is responsible for contributing to a moral environment that encourages respectful interactions with colleagues, support of peers, and identification of issues that need to be addressed. Nurse administrators have a particular responsibility to assure that employees are treated fairly and that nurses are involved in decisions related to their practice and working conditions. Acquiescing and accepting unsafe or inappropriate practices, even if the individual does not participate in the specific practice, is equivalent to condoning unsafe practice. Nurses should not remain employed in facilities that routinely violate patient rights or require nurses to severely and repeatedly compromise standards of practice or personal morality.

**Perioperative explications**

The perioperative nurse treats colleagues and peers respectfully and fairly. The nurse, in all roles, participates in decisions that will affect practice and working conditions. The perioperative nurse identifies and supports conditions of employment that promote practice in accordance with AORN standards and recommended practices. This environment also meets accrediting and other regulatory standards. As a moral agent, if the work environment does not routinely support high quality patient care and safe practice, the nurse should seek employment elsewhere.

Perioperative nurses may need to address concerns about the work environment through appropriate channels. Perioperative nurses may need to participate in collective activities (e.g., collective bargaining, workplace advocacy) to address concerns about patient care, work environment, or just compensation. These activities should be consistent with AORN standards and recommended practices, accrediting standards, state nurse practice acts, and the ANA Code of Ethics for Nurses. In this process, the interests of both nurses and patients must be kept in balance.

**Perioperative examples**
- Knows chain of command.
- Promotes environment that does not tolerate harassment and abuse.
- Facilitates work environment conducive to learning.
- Collaborates with all health care team members.
- Questions unfair employee practices.
- Identifies and reports unsafe patient practices.
- Participates in strategic planning and development of departmental and institutional goals.
- Promotes empowerment.
- Belongs to state nursing organization.
- Maintains membership in AORN.

### 7 Advancing the profession through contributions to practice, education, administration, and knowledge development

#### 7.1 Advancing the profession through active involvement in nursing and in health care policy

Nurses should advance their profession by contributing in some way to the leadership, activities, and the viability of their professional organizations. Nurses can also advance the profession by serving in leadership or mentorship roles or on committees within their places of employment. Nurses who are self-employed can advance the profession by serving as role models for professional integrity. Nurses can also advance the profession through participation in civic activities related to health care or through local, state, national, or international initiatives. Nurse educators have a specific responsibility to enhance students’ commitment to professional and civic values. Nurse administrators have a responsibility to foster an employment environment that facilitates nurses’ ethical integrity and professionalism, and nurse researchers are responsible for active contribution to the body of knowledge supporting and advancing nursing practice.

**Perioperative explications**

The perioperative nurse has a personal responsibility to contribute to the advancement of the profession by participating in professional organizations. There are various activities within employment agencies and local, state, and national organizations by which one can contribute to the profession. Perioperative educators and managers are additionally responsible for providing an environment conducive to advancing the profession. Nurses can contribute to the advancement of the profession and health care policy by participating in civic activities.

**Perioperative examples**
- Maintains membership in AORN.
- Serves as a committee member at place of employment.
- Actively participates in AORN local and national initiatives.
• Volunteers at schools of nursing (eg, teaching, mentoring).
• Actively seeks the opportunity to be involved in activities related to patient care at place of employment (eg, patient care, product selection, safety initiatives, strategic planning, risk management, infection control, ethics committees).
• Supports perioperative preceptor programs.
• Serves as a leader or mentor on committees.
• Maintains awareness of changing health care policy at the local, state, and national levels.
• Participates in defining and revising scope of practice acts.
• Consults and collaborates with individuals who shape health care policy.

7.2 Advancing the profession by developing, maintaining, and implementing professional standards in clinical, administrative, and educational practice

Standards and guidelines reflect the practice of nursing grounded in ethical commitments and a body of knowledge. Professional standards and guidelines for nurses must be developed by nurses and reflect nursing's responsibility to society. It is the responsibility of nurses to identify their own scope of practice as permitted by professional practice standards and guidelines, by state and federal laws, by relevant societal values, and by the Code of Ethics.

The nurse as administrator or manager must establish, maintain, and promote conditions of employment that enable nurses within their organization or community setting to practice in accord with accepted standards of nursing practice and provide a nursing and health care work environment that meets the standards and guidelines of nursing practice. Professional autonomy and self-regulation in the control of conditions of practice are necessary for implementing nursing standards and guidelines and assuring quality care for those whom nursing serves.

The nurse educator is responsible for promoting and maintaining optimum standards of both nursing education and of nursing practice in any settings where planned learning activities occur. Nurse educators must also ensure that only those students who possess the knowledge, skills, and competencies that are essential to nursing graduate from their nursing programs.

Perioperative explications

Perioperative nurses are responsible for monitoring standards of practice pertinent to their role(s) and for fostering optimal standards of practice at the local, regional, state, and national levels of the health care system: “The perioperative nurse systematically evaluates the quality and appropriateness of nursing practice.” Perioperative educators and managers are equally responsible to provide an environment conducive to implementing and improving standards and recommended practices.

Perioperative examples

• Uses research findings to support and improve clinical practice.
• Fosters an environment of intellectual curiosity.
• Identifies problems amenable to the research process (eg, questions outmoded practices).
• Disseminates research findings to colleagues.

7.3 Advancing the profession through knowledge development, dissemination, and application to practice

The nursing profession should engage in scholarly inquiry to identify, evaluate, refine, and expand the body of knowledge that forms the foundation of its discipline and practice. In addition, nursing knowledge is derived from the sciences and from the humanities. Ongoing scholarly activities are essential to fulfilling a profession's obligations to society. All nurses working alone or in collaboration with others can participate in the advancement of the profession through the development, evaluation, dissemination, and application of knowledge in practice. However, an organizational climate and infrastructure conducive to scholarly inquiry must be valued and implemented for this to occur.

Perioperative explications

The perioperative nurse has an obligation to the patient and to society to engage in activities that promote scholarly inquiry to identify, verify, and expand the body of perioperative nursing knowledge. Perioperative nursing roles include investigation to further knowledge, participation in research, and application of theoretical and empirical knowledge. Perioperative nurses can support the research process as content experts, data collectors, research subjects, or researchers.

Perioperative examples

• Uses research findings to support and improve clinical practice.
• Fosters an environment of intellectual curiosity.
• Identifies problems amenable to the research process (eg, questions outmoded practices).
• Disseminates research findings to colleagues.
8: The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

8.1 Health needs and concerns
The nursing profession is committed to promoting the health, welfare, and safety of all people. The nurse has a responsibility to be aware not only of specific health needs of individual patients but also of broader health concerns such as world hunger, environmental pollution, lack of access to health care, violation of human rights, and inequitable distribution of nursing and health care resources. The availability and accessibility of high quality health services to all people require both interdisciplinary planning and collaborative partnerships among health professionals and others at the community, national, and international levels.

Perioperative explications
Availability of health care involves not only addressing specific health needs, but also factors that affect well-being. These factors include world hunger, environmental pollution, lack of access to care, violation of human rights, and rationing of health care. The perioperative nurse recognizes the interdependence and collaboration of all health care workers to provide quality health care to everyone.

Perioperative examples
- Collaborates with members of other professional organizations at international, national, and state levels (eg, joint education offerings, joint patient safety legislative efforts).
- Communications with elected officials about health care needs.
- Educates elected officials about health care needs.
- Educates elected officials about health care needs.
- Participates in international nursing societies.

8.2 Responsibilities to the public
Nurses, individually and collectively, have a responsibility to be knowledgeable about the health status of the community and existing threats to health and safety. Through support of and participation in community organizations and groups, the nurse assists in efforts to educate the public, facilitates informed choice, identifies conditions and circumstances that contribute to illness, injury, and disease, fosters healthy lifestyles, and participates in institutional and legislative efforts to promote health and meet national health objectives. In addition, the nurse supports initiatives to address barriers to health, such as poverty, homelessness, unsafe living conditions, abuse and violence, and lack of access to health services.

The nurse also recognizes that health care is provided to culturally diverse populations in this country and in all parts of the world. In providing care, the nurse should avoid imposition of the nurse’s own cultural values upon others. The nurse should affirm human dignity and show respect for the values and practices associated with different cultures and use approaches to care that reflect awareness and sensitivity.

Perioperative explications
The perioperative nurse is knowledgeable about the health status of the community and factors that threaten well-being and safety. The nurse participates in educating the public about the various factors influencing health care. The perioperative nurse recognizes cultural differences of various populations and does not allow his or her own beliefs and values to influence the care provided to patients of different beliefs and values. Nursing needs to adequately represent cultural diversity to promote the welfare and safety of all patients.

Perioperative examples
- Volunteers to teach wellness classes.
- Educates members of community about perioperative nursing.
- Collaborates with consumer, service, and support organizations related to health care.
- Fosters collaboration with and education of the public on local, state, and national health care issues.
- Prepares for disasters and threat to community.
- Provides explanations and answers to questions in the patient’s primary language.
- Incorporates patient requests regarding religious preferences into practice as much as possible.
- Integrates cultural differences into patient care.
- Incorporates requests for alternative therapies into care, as appropriate.

9: The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

9.1 Assertion of values
It is the responsibility of a professional association to communicate and affirm the values of the profession to its members. It is essential that the professional organization encourages discourse that supports critical self-reflection and evaluation within the profession. The organization also communicates to the public the values that nursing considers central to social change that will enhance health.

Perioperative explications
AORN’s mission is to support perioperative registered nurses in achieving optimal outcomes for patients undergoing operative and other invasive procedures. To further its goals, AORN is committed to excellence in support of its mission and values education, representation, and standards that
are research based, current, timely, comprehensive, applicable, and achievable.26

**Perioperative examples**
- Participates in educational programs to promote lifelong learning.
- Reads professional journals and newsletters.
- Incorporates AORN’s Standards, Recommended Practices, and Guidelines into practice.
- Uses the Perioperative Nursing Data Set (PNDS) to link perioperative nursing care to patient outcomes.
- Applies “Patient Safety First” principles to perioperative patient care.
- Provides consultative and other services to support perioperative nursing and patient care.
- Engages in legislative activities to support perioperative nursing and patient care.
- Promotes interaction with regulatory agencies (e.g., FDA, CMS) to advance safe, quality patient care.
- Maintains membership in AORN.
- Participates in AORN chapters, state councils, specialty assemblies, and other organizational units to support AORN and perioperative nursing.

9.2 The profession carries out its collective responsibility through professional associations

The nursing profession continues to develop ways to clarify nursing's accountability to society. The contract between the profession and society is made explicit through such mechanisms as (a) the Code of Ethics for Nurses, (b) the standards of nursing practice, (c) the ongoing development of nursing knowledge derived from nursing theory, scholarship, and research in order to guide nursing actions, (d) educational requirements for practice, (e) certification, and (f) mechanisms for evaluating the effectiveness of professional nursing actions.

**Perioperative explications**
AORN’s purpose is to unite perioperative registered nurses for the purpose of maintaining an association dedicated to the constant endeavor of promoting the highest professional standards of perioperative nursing practice for optimum patient care. AORN cooperates with other professional associations, health care facilities, universities, industries, technical societies, research organizations, and governmental agencies in matters affecting the goals and purposes of AORN.27

**Perioperative examples**
- Participates in nursing research.
- Becomes knowledgeable about the ANA Code of Ethics for Nurses and the “AORN explications for perioperative nurses.”
- Collaborates with other organizations (e.g., American College of Surgeons, American Association of Nurse Anesthetists, American Society of Anesthesiologists) to foster optimal perioperative patient care.
- Collaborates with other nursing organizations (e.g., Nursing Organizations Alliance, American Nurses Association) to enhance the nursing profession.
- Identifies partnering opportunities with educational, health care, governmental, payer, business, and professional organizations to promote mutually beneficial patient care initiatives.

9.3 Intraprofessional integrity
A professional association is responsible for expressing the values and ethics of the profession and also for encouraging the professional organization and its members to function in accord with those values and ethics. Thus, one of its fundamental responsibilities is to promote awareness of and adherence to the Code of Ethics and to critique the activities and ends of the professional association itself. Values and ethics influence the power structures of the association in guiding, correcting, and directing its activities. Legitimate concerns for the self-interest of the association and the profession are balanced by a commitment to the social goods that are sought. Through critical self-reflection and self-evaluation, associations must foster change within themselves, seeking to move the professional community toward its stated ideals.

**Perioperative explications**
The ANA Code of Ethics for Nurses, together with the “AORN explications for perioperative nursing,” expresses the values and ethics of perioperative nursing. Use of the title RN carries with it the individual’s responsibility to act in public’s best interest. The title RN and all other academic degrees or other earned or honorary professional symbols of recognition may be used in all ways that are legal and reflect professional achievement.

**Perioperative examples**
- Promotes a positive image of nursing in the media and the community.
- Promotes professional autonomy and self-regulation of practice.
- Uses nursing titles (e.g., CNOR, CRNFA) according to professional achievement.
- Identifies and resolves conflicts of interest effectively.
- Corrects inaccurate portrayals of and misinformation about the profession.

Code of Ethics for Nurses with Interpretive Statements reprinted with permission from American Nurses Association. © 2001 Nursesbooks.org, Silver Spring, MD.
• Incorporates the ANA Code of Ethics for Nurses into daily practice.

9.4 Social reform
Nurses can work individually as citizens or collectively through political action to bring about social change. It is the responsibility of a professional nursing association to speak for nurses collectively in shaping and reshaping health care within our nation, specifically in areas of health care policy and legislation that affect accessibility, quality, and the cost of health care. Here, the professional association maintains vigilance and takes action to influence legislators, reimbursement agencies, nursing organizations, and other health professions. In these activities, health is understood as being broader than delivery and reimbursement systems, but extending to health-related sociocultural issues such as violation of human rights, homelessness, hunger, violence, and the stigma of illness.

Perioperative explications
To promote the welfare and safety of all people, nurses need adequate representation to support effective health care delivery. Individual patients and society as a whole benefit from nursing participation in decisions made about health care.

Perioperative examples
• Participates in lobbying efforts affecting health care.
• Supports political candidates that advance health care issues.
• Participates in electoral process at the local, state, and national levels.
• Participates in institutional decision-making.
• Participates in the electoral process.
• Volunteers in community health services.
• Supports political candidates, governmental programs, and legislation agenda for improving patient care.
• Educates members of the community about perioperative nursing (eg, through health fairs, Perioperative Nurse Week activities, educational programs).
• Collaborates with consumer, service, and support organizations (eg, Lions Club, Reach to Recovery, AARP).
• Collaborates with the public, industry, and health care workers regarding environmental and cost-containment issues.
• Fosters collaboration with and education of the public regarding local, state, and national issues (eg, the environment, health care costs).

Conclusion
Perioperative nurses must be familiar with the ethical issues inherent to their practice. To develop familiarity with the issues, one can discuss them with peers and ethics committee members or consult other knowledgeable resources. Nurses may find it beneficial to have a file on ethics available in the department for review. Inservice programs focusing on ethical issues can be implemented for the department by utilizing members of the hospital’s nursing ethics and/or medical ethics committees. Other departments and contacts, such as social services, also can be a resource, especially in the area of advance directives. Nurses can use values clarification to identify and understand their moral beliefs and attitudes.

Ethics provides guidelines of action for behavior with others. Such guidelines are both important and necessary when dealing with issues in the context of health care. To effectively deal with ethical situations in practice, nurses must be cognizant of limitations to scope of practice and never jeopardize patient care. Nurses need to realize they have a personal accountability to the care of the patient. As guidelines for practice, nurses can utilize many resources such as the ANA Code of Ethics for Nurses and knowledge of patient and individual rights, policies and procedures, standards of care, and community norms. Ultimately, the nurse must provide ethical care for all patients. Utilizing guidelines and recommended practices is a means to an end—safe, competent, and ethical patient care.

References
2. Ibid.
3. Ibid.
10. Ibid, 182.
11. Ibid, 183.
15. Beyea, Perioperative Nursing Data Set, 125.
EXHIBIT B: PERIOPERATIVE EXPLICATIONS

22. Ibid.
23. Ibid.
24. Ibid.

**Publication History**
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