

Colleges of Nursing - Faculty Tool Kit

*Resource Document for Non-Perioperative Staff Members
Teaching Nursing Students about the Perioperative Setting*

A tool for the non-perioperative staff member teaching nursing students participating in perioperative experiences

QSEN Competencies

The students should be directed to focus on the six QSEN competencies below during their experience.

Patient-Centered Care:

- Examine the safety and quality measures used in the perioperative environment.
- Identify the different participants in the care of the patient throughout the perioperative process, including family members, preoperative nurses, surgical team members, postoperative nurses, and possibly case managers, physical therapists, respiratory therapists, etc.

Teamwork and Collaboration:

- Acknowledge the interprofessional team members in the perioperative environment.
- Describe the different roles of the perioperative staff members and how each affects the safety and quality of patient care.

Evidence-Based Practice (EBP):

- Base individualized care plans for the patient in surgery based on the procedure and the patient's medical and surgical history.
- Describe nursing EBP in the perioperative environment.

Quality Improvement:

- Identify any discrepancies between best practices and what is actually practiced.
- Identify roadblocks to achieving best practices.

Safety:

- Identify the patient safety practices used during hand offs between the preoperative nurse, intraoperative nurse, and postoperative nurse.
- Describe patient safety practices in the intraoperative environment and who is responsible for implementing the practices (eg, consents, positioning, fire safety, counting, time outs).
- Identify safety practices in the intraoperative environment for members of the surgical team (eg, sharps safety, eye protection, laser safety).

Informatics:



- Describe technology used in the perioperative environment.
- Identify differences in the electronic health records in the intraoperative setting versus the medical/surgical floor.

Overview of the Perioperative Experience

There are three phases to the perioperative experience: preoperative, intraoperative, and postoperative, which begins in the postanesthesia care unit (PACU). Most patients will go through the three phases of the perioperative experience. On occasion, a patient may come directly to the operating room (OR) and bypass the preoperative phase. Some patients may also skip the PACU phase and be transferred directly to the intensive care unit or to another setting.

Preoperative Phase

During the preoperative phase, the patient is prepared for surgery. The patient may arrive and be admitted to the hospital or ambulatory care unit before a scheduled surgery.

In the preoperative phase, the preoperative nurse and the anesthesia professional will assess the patient. An IV will be initiated if one is not already established. Lab work may be completed or reviewed before the procedure. Preoperative medications are administered by the preoperative nurse if ordered.

The surgical consent and anesthesia consent forms are usually signed by the patient during the preoperative phase. Anesthesia professionals meet the patient, review the medical history, and explain the anesthesia process to the patient before surgery. The surgeon signs the surgical consents for the procedure and marks the operative site on the patient's body in the preoperative phase. The RN circulator also often meets the patient in the preoperative phase. The RN circulator receives report from the preoperative nurse about the patient. The RN circulator confirms that consents for surgery and anesthesia are signed. The RN circulator checks the patient's identity and confirms the procedure with the patient and answers any questions for the patient and family members. When all preoperative procedures and requirements are complete, the patient is transferred to the procedure room, often by the RN circulator.

Intraoperative Phase

Much of the work performed by the RN circulator and the scrub person (an RN or surgical technologist) is completed before the patient enters the OR. The OR must be prepared properly for the surgical procedure. The nurse must ensure that the proper OR bed, positioning equipment, surgical instruments, and any other necessary equipment is in the OR. The sterile supplies and instruments must be opened and an initial sponge, sharp, and instrument count should be performed by the RN circulator and the scrub person before the patient enters the surgical suite.

The immediate members of the surgical team are the RN circulator, scrub person, surgeon, first assistant, and anesthesia professional. The first assistant may be another surgeon, a resident, a registered nurse first assistant (RNFA), a physician assistant (PA), or a surgical assistant (SA). The first assistant works closely with the surgeon during the procedure. The anesthesia professional may be an anesthesiologist or a certified registered nurse anesthetist (CRNA). During some procedures, industry representatives may be present to answer any questions about a product that is being used during surgery. Radiology technicians, pathologists, or other support team members may be present depending on the type of procedure.

After the patient enters the OR, the RN circulator assists the anesthesia professional with induction of anesthesia. This should be a quiet time. After induction, the patient is positioned for the surgical procedure by the surgeon, assistants, and RN circulator. After the patient is properly positioned, the RN circulator preps the patient and initiates the time out before the surgery begins. The time out is a critical safety procedure that involves the entire surgical team in verifying the scheduled procedure, the right patient, right site, and that all necessary equipment is ready to go. During the surgical procedure, the RN circulator will open any additional sterile items needed, as well as receive and label surgical samples for microbiology or pathology testing. The RN circulator completes the intraoperative charting. The RN circulator and scrub person perform closing sponge, sharp, and instrument counts when the surgery is being completed. The RN circulator alerts the PACU nurse when the surgery is nearly finished. The RN circulator and the anesthesia professional transfer the patient to the PACU and give report to the PACU nurse. Meanwhile, the scrub person and available staff members begin to turn over the room for the next procedure.

Postoperative Phase

The RN circulator and anesthesia professional transfer the patient to the care of the PACU or other postoperative nurse after the surgery is completed. They give a full report to the receiving nurse, including the procedure performed, medications given during the procedure, patient allergies, estimated blood loss, and any other vital information about the case or the patient. The patient is connected to monitors, such as electrocardiogram and pulse oximeter, while in the PACU.

The PACU or other postoperative nurse monitors the patient closely and administers pain medication or other medications, such as anti-nausea medications, as needed. As the anesthesia continues to wear off, the patient is prepared to be transferred to a medical/surgical floor or another unit to be prepared for transfer to home after the surgery. The PACU or other postoperative nurse will give report to the nurse accepting the patient. The PACU or other postoperative nurse may educate the family about after care if the patient is to be discharged home.

Applicable AORN guidelines

- *Positioning the Patient* - This document provides guidance for positioning the patient in the perioperative setting. Prevention of positioning injury requires anticipation of the positioning equipment needed based on the patient's identified needs and the planned operative or invasive procedure, application of the principles of body mechanics and ergonomics, ongoing assessment throughout the perioperative period, and coordination with the entire perioperative team.

- *Safe Environment of Care, Part 1* - This document provides guidance for providing a safe environment of care related to patients and perioperative personnel and the equipment used in the perioperative environment. It includes information on fire safety and other related topics.

- *Preoperative Patient Skin Antisepsis* - This document provides guidance for preoperative patient skin preparation, including preoperative patient bathing; preoperative hair removal; selection of skin antiseptics; application of antiseptics; and safe handling, storage, and disposal of antiseptics. The goal of preoperative patient skin antisepsis is to remove soil and transient microorganisms at the surgical site to reduce the risk of the patient developing a surgical site infection.

- *Prevention of Transmissible Infections* - This document provides guidance to perioperative RNs in implementing standard precautions and transmission-based precautions (ie, contact, droplet, airborne) to prevent infection in the perioperative practice setting. Additional guidance is provided for bloodborne pathogens; personal protective equipment; health care-associated infections and multidrug-resistant organisms; immunization; and activities of health care workers with infections, exudative lesions, and non-intact skin.

- *Prevention of Retained Surgical Items* - This document provides guidance to perioperative team members for prevention of retained surgical items (RSIs) in patients undergoing operative and other invasive procedures. Guidance is provided for implementing a consistent multidisciplinary approach to preventing RSIs, accounting for surgical items (ie, radiopaque soft goods, sharps and miscellaneous items, instruments), preventing retention of device fragments, reconciling count discrepancies, and using adjunct technologies to supplement manual count procedures.

AORN Journal articles

- Back to Basics: Positioning the Patient; September 2014
<http://dx.doi.org/10.1016/j.aorn.2014.06.004>
- Back to Basics: Implementing the Surgical Checklist; November 2014
<http://dx.doi.org/10.1016/j.aorn.2014.06.020>
- Back to Basics: Preventing Surgical Site Infections; May 2014
<http://dx.doi.org/10.1016/j.aorn.2014.02.002>

AORN Tool Kits

- Correct Site Surgery Tool Kit
- Cultural Awareness Tool Kit
- Emergency Preparedness Tool Kit
- Environmental Cleaning Tool Kit

- Fire Safety Tool Kit
- Human Factors in Health Care Tool Kit
- Just Culture Tool Kit
- Management of Surgical Smoke Tool Kit
- Medication Safety Tool Kit
- Patient Hand-Off/Over Tool Kit
- Perioperative Efficiency Tool Kit
- Perioperative Patient Safety Tool Kit
- Prevention of Perioperative Hypothermia (PPH) Tool Kit
- Prevention of Perioperative Ulcers Tool Kit
- Safe Patient Handling Tool Kit
- Sharps Safety Tool Kit
- Workplace Safety Tool Kit

National Patient Safety Goals – current year

https://www.jointcommission.org/standards_information/npsgs.aspx

AORN/WHO Comprehensive Surgical Checklist (includes Pre-procedure Check-in, Sign-in, Time-out, and Sign-out). <https://www.aorn.org/guidelines/clinical-resources/tool-kits/correct-site-surgery-tool-kit/aorn-comprehensive-surgical-checklist>