INTRODUCTION TO THE OPERATING ROOM FOR OBSERVERS
DIRECTION FOR DAY OF OBSERVATION

- Assure that you eat breakfast
- Bring your ID
- Obtain scrubs
- The scrub room opens at 7:45am
  - Take brown elevators to the ground floor
  - Exit the elevator and turn right
  - The uniform room is across the hall
  - Pick up one set of scrubs including the jacket
DIRECTION FOR DAY OF OBSERVATION

• Directions to the OR
  – Take only the green elevators to the third floor
  – Exit the elevator and wait at this location. The Clinical Liaison for the OR will pick you up and take you to the OR.
You will be assigned a locker that you will most likely share. The lockers are small and will not accommodate large backpacks.

Your assignment for the day will be controlled by the Clinical Liaison. You will stay with one circulator until the line up in that room is done. You may follow the last patient to the Recovery Room and then return to your floor.

Your experience may not last the entire day based on the schedule for the day.
Information on that age old question....What do I wear and when?

- There are 3 different ZONES that govern the type of apparel that must be worn within the Operating Room
- Unrestricted
  - Includes the control desk
  - Street clothes are permitted in this area
Surgical Zones

- **Semi restricted**
  - This area begins when you cross the yellow line
  - Surgical attire must be worn
    - Scrubs – Scrubs need to be clean and laundered within the hospital.
    - Hats - All hair is to be contained within the surgical hat.
    - Shoe covers are added if your shoes are worn from home. This protects your shoes and prevents you from taking bacteria home.
SURGICAL ZONES

• Restricted
  – Masks are added. The masks should be snug but not tight. You should breath through the mask not around it.
  – This area includes
    • Sub sterile areas
    • Surgical rooms
What occurs before the patient goes to surgery???

- A history is obtained from the patient prior to their scheduled surgery date. This information is obtained during a preoperative test visit or a phone call.
Questions that are important to know.....

- Does the patient have any medical conditions
  - Diabetes
  - Cardiac history
  - Pulmonary
  - Gastrointestinal
  - Gynecology
  - Endocrine
  - Urology
And the list goes on.....

- Allergies
- Medications, especially
  - Hypertensive medications – the patient is instructed to take this medication the day of surgery
  - Steroids – hydrocortisone may be given during surgery
  - Anticoagulants - these are usually discontinued prior to surgery to allow the coagulation times to return to normal.
- Any history of problems with anesthesia
  - Is there any any history of Malignant Hyperthermia.
- Reason for visit
Pre operative instructions are given in the surgeons office

- Which medications to discontinue
- What time to stop eating
- When to arrive at the hospital
A plan of care is initiated for each patient.

BELOW IS A SAMPLE CARE PLAN

INTRAOP

- Evaluates for signs and symptoms of electrical injury (I37).
- Implements protective measures to prevent injury due to electrical sources (I72).

BEHAVIORAL RESPONSES - PATIENT AND FAMILY: RIGHTS/ETHICS

- The patient’s right to privacy is maintained.
  - Maintains patient’s dignity and privacy (I150).
  - Maintains patient confidentiality (I151).
- The patient is the recipient of competent and ethical care within legal standards of practice.
Plan of care continued...

D1 (v2) - SAFETY

The patient is free from signs and symptoms of electrical injury.
The patient is free from signs and symptoms of injury related to positioning.
Identifies physical alterations that require additional precautions for procedure-specific positioning (l64).
Verifies presence of prosthetics or corrective devices (l127).
Evaluates for signs and symptoms of injury as a result of positioning (l38).
The patient receives appropriate medication(s), safely administered during the perioperative period.
Administers prescribed medications and solutions (l8).
The patient is free from signs and symptoms of radiation injury.
Implements protective measures to prevent injury due to radiation sources (l74).
The patient is free from signs and symptoms of chemical injury.
Implements protective measures to prevent skin and tissue injury (l75).
Implements latex allergy precautions as needed (l139).
Evaluates for signs and symptoms of chemical and electrical injury (l75, 36).
The patient is free from signs and symptoms of injury caused by extraneous objects.
Implements protective measures prior to operative or invasive procedure (l1380).
Verifies operative procedure, surgical site, and laterality (l145).
Applies safety devices (l11).
Implements protective measures to prevent skin or tissue injury due to mechanical and thermal sources (l76).
Evaluates for signs and symptoms of physical injury to skin and tissue (l152).
Plan of care continues....

D2 (v2) - PHYSIOLOGIC RESPONSES

The patient is free from signs and symptoms of infection.
   Implements aseptic technique (170).
   Performs skin preparations (194).
   Monitors for signs and symptoms of infection (188).
   Protects from cross-contamination (198).
Now it is time to get the case items together using a surgeon’s preference card

- The surgeon’s preference cards are procedure specific.
- These list suture, instruments, implants, medications, and special items needed for the procedure.
The sterile field is created by opening a case pack

- The staff must confirm sterility on all items before opening.
- Sterile indicators are verified in all instrument sets.
- Outdates are checked prior to opening it on the sterile field.
Maintaining the sterile field is important. Only the **TOP** of a table is considered sterile.

Note the hands are placed only on the top of the sterile table.

Below the line is unsterile.
All sterile members of the surgical team will perform a Surgical Hand Scrub

- The initial hand scrub of the day is a 5 minute mechanical scrub with an approved antimicrobial soap.
- All surfaces of the hands and arms to 2 inches above the elbow are addresses.
- Extra attention to given to the fingernail area.
- Subsequent scrubs may either be a 3 minute mechanical scrub of a brushless scrub using an approved antimicrobial foam.
After performing the hand scrub, sterile gown and gloves are donned.
Sterile area of the gown

- Only the front of the gown is sterile.
- The sterile area starts 2 inches below the neckline and extends to the waist.

Only the area between the lines is sterile
Surgical counts are done to insure that foreign bodies are not retained within the surgical site.

- Items counted include
  - Sponges
  - Needles
  - Blades
  - Instruments
Surgical counts, cont

- Counts sheets are used to track the number of items.
- The staff may not rely on their memory.
- All items are counted before the initial incision is made.
- The staff begin the closing count when the surgeon begins to close the incision.
- Any discrepancy is immediately reported to the surgeon.

<table>
<thead>
<tr>
<th>MAJOR COUNT SHEET</th>
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<tbody>
<tr>
<td><strong>GENERAL SURGERY INSTRUMENTS</strong></td>
</tr>
<tr>
<td>Pickups</td>
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<tr>
<td>Kettle handles</td>
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<tr>
<td>Scissors</td>
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<tr>
<td>Mosquitoes</td>
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<tr>
<td>Straight hemostats</td>
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<tr>
<td>Ores</td>
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<tr>
<td>Allis, short</td>
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<td>Allis, long</td>
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<td>Babecocks, short</td>
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<tr>
<td>Babecocks, long</td>
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<tr>
<td>Needle holders</td>
</tr>
<tr>
<td>Kellys, short</td>
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<tr>
<td>Kellys, long</td>
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<tr>
<td>Kochers, straight</td>
</tr>
<tr>
<td>Kochers, short (Hemostats, Clamps)</td>
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<tr>
<td>Tenotomys</td>
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<td>Mixers</td>
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<tr>
<td>Rummets</td>
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<td>Towel Clips</td>
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<td>Sponge Sticks</td>
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<td>Rinsers</td>
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<td>Retractors</td>
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<tr>
<td>Blades</td>
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<tr>
<td>Wing nuts</td>
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<tr>
<td><strong>BOODWALTER INSTRUMENTS</strong></td>
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<tr>
<td>Forceps</td>
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<td>Clamp</td>
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<td>Ring sections</td>
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<tr>
<td>Nuts</td>
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<tr>
<td>Blades</td>
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<tr>
<td>Clips</td>
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<tr>
<td><strong>OTHER INSTRUMENTS</strong></td>
</tr>
<tr>
<td>Tonsillectomy</td>
</tr>
<tr>
<td>Gastrodienoscope</td>
</tr>
<tr>
<td>Dilators</td>
</tr>
<tr>
<td>Asepto bulb</td>
</tr>
<tr>
<td>LARARYNGOSCOPIC GYM</td>
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</tbody>
</table>
Anesthesia

• Usually a CRNA (Certified Registered Nurse Anesthetist) provides anesthetic care under the supervision of an Anesthesiologist.
  • Maintains airway
  • Monitors the patients BP, pulse, Oxygen concentration, and end tidal CO$_2$.
  • During induction of anesthesia the circulating nurse is to remain at the patient’s side to assist the anesthesia care provider.
  • Noise in the room should be kept to a minimum during Anesthesia induction.
Anesthesiologist will select the best type of anesthesia based on the patient and procedure

- Local- Anesthetic is injected at the surgical site
  - Anesthesia personnel are not required
  - A second RN is added to the room staff to monitor the patient
- Monitored Anesthesia Care – Sedation is added to a local
- Regional – These include
  - Spinal
  - Epidural
  - Specific nerve blocks
- General
Positioning

- After induction, the surgical staff will position the patient.
- Normal body alignment is maintained.
Positioning

- Special surgical tables can be used to obtain
  - Special positions
  - Realignment of fractures to permit fixation
  - Radiology capabilities
- Some positioning devices have hydraulic assist
Positioning

- Pressure points are padded.
- Safety straps are applied.
The skin at the surgical incision is prepped

- The prep begins at the incision site and proceeds outward.
- The area prepped will include the incision and at least a two inch parameter
The skin at the surgical incision is prepped,

- Types of preps include
  - Duraprep
  - Chloraprep
  - Betadine
  - Applicare

- If an alcohol based prep is used a three minute dry period is timed prior to draping. This helps prevent the trapping of alcohol vapors beneath the drapes and minimizes the risk of fire.
The Operating Room is at high risk for a potential fire.

- The sterile field contains all components for the fire triangle.

**Oxygen**
- Oxygen is administered to the patient

**Fuel**
- Paper drapes
- Sponges
- Sheets
- Alcohol based preps

**Ignition source**
- Cautery
- Hot light cables
- Lasers
Sterile drapes are added around the incision site

• The draped area is usually larger than the intended incision.
• This allows for any possible extension of the incision that may become necessary.
The surgical safety checklist is completed by the team

- Identification of the patient
- Site verification includes:
  - Identification of the patient
  - Procedure
  - Laterality
  - Allergies
  - Antibiotic given
  - Special equipment and supplies
  - Site marking

SITE VERIFICATION

PROCEDURE DESCRIPTION: SPINE FUS: POSTERIOR CERVICAL MICRODISCECTOMY, LAMINECTOMY

- PREP: PRE-OP PATIENT'S NAME AND DATE OF BIRTH VERIFIED AND IDENTIFICATION BAND ATTACHED: YES VANDRESS, ANITA C
- PREP: PROCEDURE(S), SURGEON(S), AND LATERALITY VERIFIED WITH PATIENT, CONSENT, SCHEDULE AND PHYSICIAN'S ORDER: YES VANDRESS, ANITA C
- PREP: SITE MARKING APPLICABLE SITE MARKED: YES KRAMER, MICHELE
- PRE-OP VERIFICATION: PATIENT, PROCEDURE, SITE, EQUIPMENT, IMPLANT(S), X-RAY(S): YES

TIME OUT PROCESS

DATE/TIME: 3/20/11 8:04

STAFF: BUCKLAND, MARISA; FERRELL, REBECCA; MAHAR, PAUL; KHATIVAT, GHASSAN; ODUFALIK, BRYAN; KRAMER, MICHELE; WILKINS, EDWARD

PROCEDURE(S) AND SURGEON(S) VERIFIED WITH CONSENT: YES

PATIENT'S NAME AND DATE OF BIRTH VERIFIED AND IDENTIFICATION BAND ATTACHED: YES

CORRECT SIDE AND SITE VERIFIED AND CORRECT PATIENT POSITION VERIFIED: YES

PATIENT'S ALLERGIES VERIFIED: YES

CORRECT IMPLANTS, EQUIPMENT AND IMAGES AVAILABLE: YES

SITE MARKING VISIBLE AFTER DRAPING: YES

PREP CHECKLIST

- INTRAOP
- CARE EVENT: INTRAOP
- PATIENT IDENTIFIED: YES

INITIALS: KP 3/20/11 8:04
All charting is documented on the computer

- Nursing care plan
- Positioning
- Prepping
- Medications
- Implants
- All electrical devices used
- Specimens obtained
- Procedure done
- Charges
The Role of the Circulating Nurse

- Acts as the patient’s advocate
- Reviews the surgeon’s preference card and insures that all requested items are available
- Opens sterile supplies
- Verifies the sterility of supplies and instruments
- Counts sharps, sponges and instruments at the beginning and closure
- Identifies the patient prior to room entry
- Initiates the time out process
The Circulating Nurse

- Documents all specimens, labeling, and disposition
The Circulating Nurse

• Documents the case
• Monitors local patients
Scrub personnel

- This may either be an RN of a Surgical Technologist
- Assist the circulator in the review of the surgeon’s preference card
- Verifies the sterility of supplies and instruments
- Opens sterile supplies
- Maintain the sterile field
- Pass the instruments to the surgical team
- Hold retractors
- Counts sharps, sponges and instruments with the circulator
- Anticipates the surgeon’s needs
- Assist with the dressing
Surgical Assistants

- This may either be a Resident, Medical Student, RNFA (RN first assistant), or a trained surgical assistant.
- They work under the supervision of the surgeon.
- Assist in positioning the patient
- May retract, cut, and suture tissue
- Residents may mark the surgical site preoperatively.
- Help transport the patient to Post Anesthesia Care Unit
The incision is closed, dressing applied and the patient is transferred to the Post Anesthesia Care Unit

- The PACU staff will monitor the patient while assisting the patient in waking, and provide pain control.
- Certain criteria must be met prior to the patient’s discharge from the PACU.
  - \( \text{O}_2 \) saturation
  - Pain control
  - Circulation
  - Blood Pressure
  - Mental status
How do I behave in the OR?

- If at any time you feel extremely warm, light headed or queasy, please alert the circulator and step out of the room.
- Introduce yourself including the spelling of your name as you will be added to the permanent record.
- Ask questions, remember this is your experience, make it what you want it to be.
- Remember to keep at least 2 feet distance from sterile fields..(these are usually blue)
- Do not walk between 2 sterile areas...walk around.
- Change your mask between cases.
- Remember that hand washing is unchanged in the OR, please continue to abide by the rules
As a representative of AGMC OR...
Welcome, we are glad to have you!!