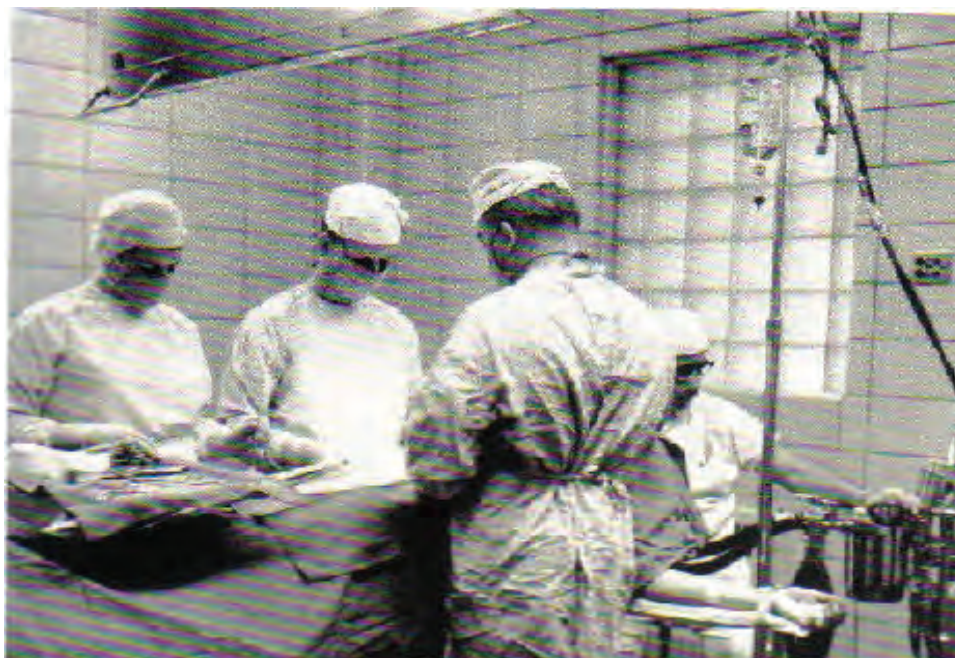


INTRODUCTION TO THE OPERATING ROOM FOR OBSERVERS



My Health. My Life.

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

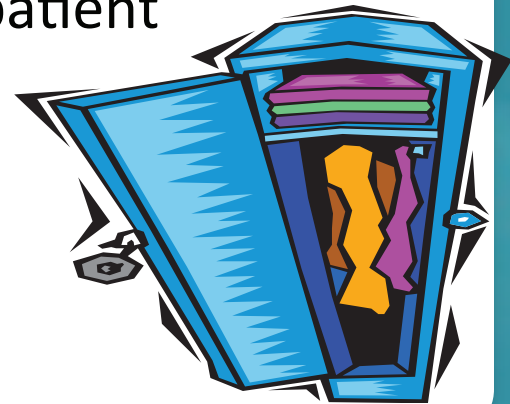
- Directions to the OR
 - Take only the green elevators to the third floor
 - Exit the elevator and wait at this location. The Clinical Liaison for the OR will pick you up and take you to the OR.



DIRECTION FOR DAY OF OBERVATION

(continued)

- 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.



My Health. My Life.

 **AKRON GENERAL**

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 breathe 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.....

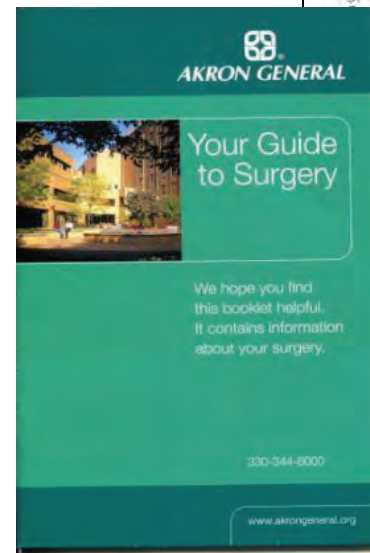
- Does the patient have any medical conditions
 - Diabetes
 - Cardiac history
 - Pulmonary
 - Gastrointestinal
 - Gynecology
 - Endocrine
 - Urology

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



INSTRUCTIONS FOR SURGERY

- Please arrive at Akron General Medical Center on:
Date: _____ at time _____ am/pm.
- Please park in the parking deck across the street from the Main Entrance.
- You need to enter through the main entrance hospital and report to the Surgical Welcome Center.
- Do **NOT** eat or drink after midnight before your surgery. No mints or gum, please.

Please take all your scheduled medications as instructed with a full glass of water. If you have any question please ask your physician for additional instructions.

Do not wear make-up or nail polish. All jewelry including wedding bands and rings **MUST** be removed. No wigs, hairpins, glasses, contact lenses, false eyelashes, dentures or partial plate in the operating room. Leave all valuables including credit cards, money, and cell phones at home.

If you use inhalers, please bring them with you on the day of surgery. If you use a CPAP or BIPAP machine, please bring it with you the day of surgery.

Wear your glasses or glass case.

Wear casual, comfortable clothing.

Do not wear cologne, perfume, deodorant or skin lotions.

Women with childbearing potential will be required to bring the first urine on the day of surgery for pregnancy testing. A urine cup is provided to you by your doctor's office or Pre-Surgical Testing Center or you may use a clean, leak-proof jar, labeled with your name. Bring the container of urine with you to the pre-surgical unit on the day of surgery.

Let your surgeon know if you develop any cold or flu symptoms or any change in the area where you are having surgery, such as redness, sores, scratches, pimples, injuries, or breaks in the skin. **DO NOT ENTER THE OPERATIVE SITE.**

OUR PERSONAL SAFETY- YOU WILL NOT BE ALLOWED TO DRIVE OR TAKE A TAXI HOME ALONE. Please make arrangements for someone to drive or accompany you home in a taxi.

For patients being admitted to the hospital, **PLEASE LEAVE ALL VALUABLES AND YOUR PERSONAL BELONGINGS IN YOUR CAR.** You may bring the items to your room after you are admitted.

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 (I64).

Verifies presence of prosthetics or corrective devices (I127).

Evaluates for signs and symptoms of injury as a result of positioning (I38).

The patient receives appropriate medication(s), safely administered during the perioperative period.

Administers prescribed medications and solutions (I8).

The patient is free from signs and symptoms of radiation injury.

Implements protective measures to prevent injury due to radiation sources (I74).

The patient is free from signs and symptoms of chemical injury.

Implements protective measures to prevent skin and tissue injury.(I75)

Implements latex allergy precautions as needed.(I139)

Evaluates for signs and symptoms of chemical and electrical injury.(I75,36)

The patient is free from signs and symptoms of injury caused by extraneous objects.

Implements protective measures prior to operative or invasive procedure.(I1380

Verifies operative procedure, surgical site, and laterality.(I143)

Applies safety devices.(I11)

Implements protective measures to prevent skin or tissue injury due to mechanical and thermal sources. (I76)

Evaluates for signs and symptoms of physical injury to skin and tissue.(I152)

Plan of care continues....

D2 (v2) - PHYSIOLOGIC RESPONSES

The patient is free from signs and symptoms of infection.

Implements aseptic technique (I70).

Performs skin preparations (I94).

Monitors for signs and symptoms of infection (I88).

Protects from cross-contamination (I98).

- - - - -

- The surgeon's preference cards are procedure specific.
- These list suture, instruments, implants, medications, and special items needed for the procedure.

My Health. My Life.

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.



Below the line is
unsterile

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

My Health. My Life.


AKRON GENERAL

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



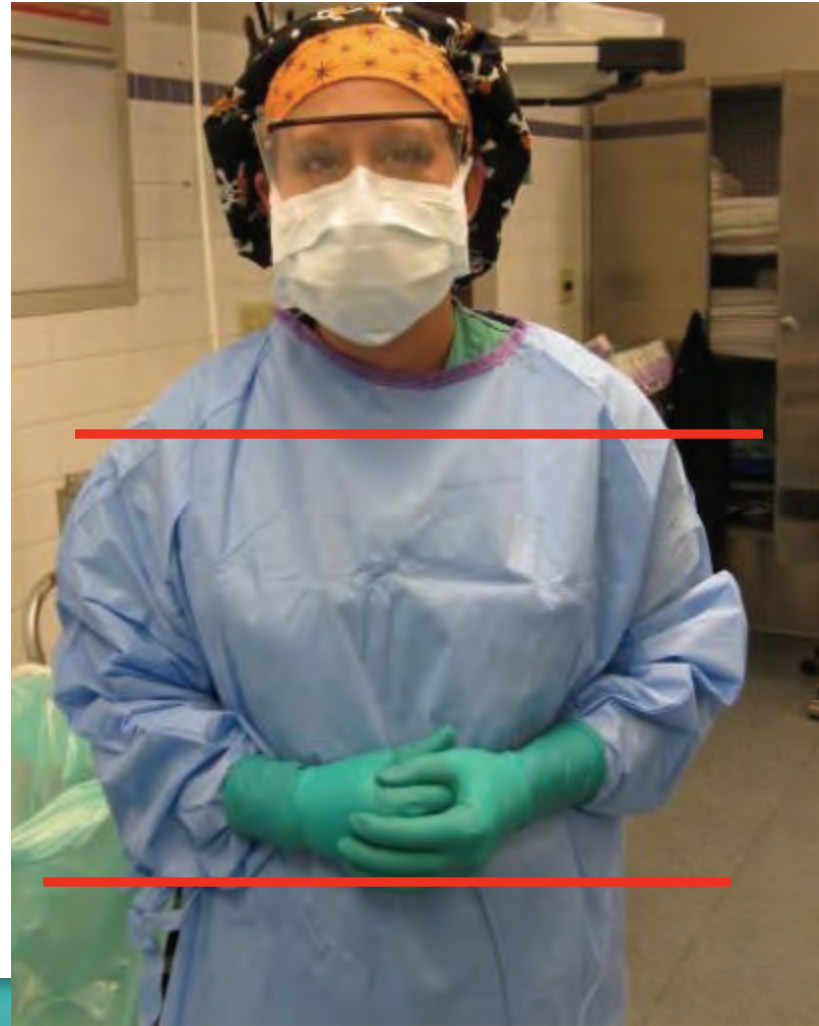
My Health. My Life.


AKRON GENERAL

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.

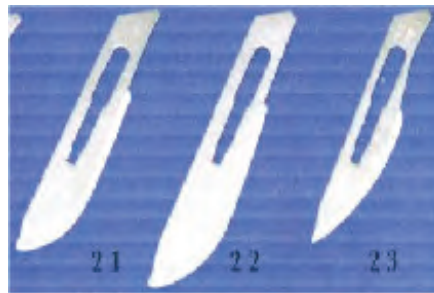
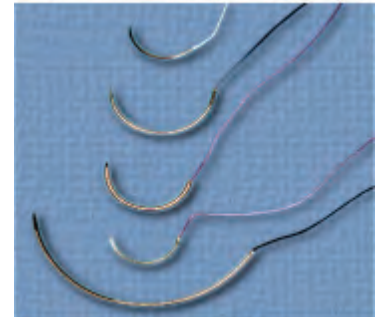
Only the area
between the lines
is sterile



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.

MAJOR COUNT SHEET					
GENERAL SURGERY INSTRUMENTS	INITIAL	CLOSING	RADICAL BREAST INSTRUMENTS	INITIAL	CLOSING
Pickups			Lahey clamps		
Knife handles			GALLBLADDER INSTRUMENTS	INITIAL	CLOSING
Scissors			Randall stone forceps		
Mosquitos			Scoops		
Straight hemostats			Malleable duct dilators		
Cries			HYSTERECTOMY INSTRUMENTS	INITIAL	CLOSING
Allis, short			Tenaculums		
Allis, long			Heaney clamps		
Babcocks, short			KIDNEY RIB INSTRUMENTS	INITIAL	CLOSING
Babcocks, long			Pedicle clamps		
Needle holders			Doyen's		
Kellys, short			Bone cutters		
Kellys, long			Rongeur		
Kochers, straight			Elevators		
Kochers, short (Halsteads, Oschners)			VAGOTOMY INSTRUMENTS	INITIAL	CLOSING
Tonsil stats			Vagotomy hook		
Mixers			GI INSTRUMENTS	INITIAL	CLOSING
Rummels			Kocher intestinal forceps		
Towel Clips			Right angle bowel clamps		
Sponge sticks			Allen clamps		
Zim clips			Latex tubing		
Retractors			THYROID INSTRUMENTS	INITIAL	CLOSING
blades			Mastin muscle clamps		
wing nuts			Lahey clamps		
BOOKWALTER	INITIAL	CLOSING	D&C	INITIAL	CLOSING
Poles			Weighted speculum		
Clamp			Uterine sound		
Ring sections			Curettes		
Nuts			Spoon		
Blades			Dilators		
Clips			Packing forceps		
OTHER INSTRUMENTS	INITIAL	CLOSING	Tenaculums		
			Gallbladder forceps		
			Colpotomy rings		
			Asepto bulb		
			LAPAROSCOPIC GYN	INITIAL	CLOSING
			Probes		

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 CO₂.
- 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.



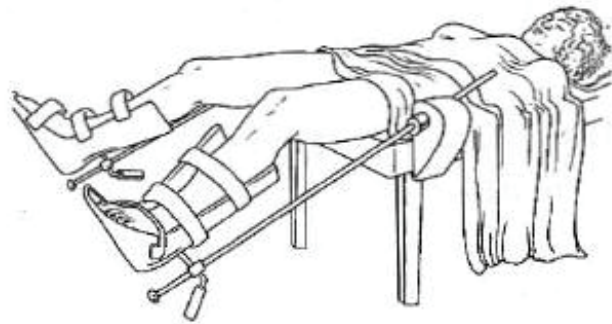
Anesthesiologist will select the best type of anesthesia based on the patient and procedure

- 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

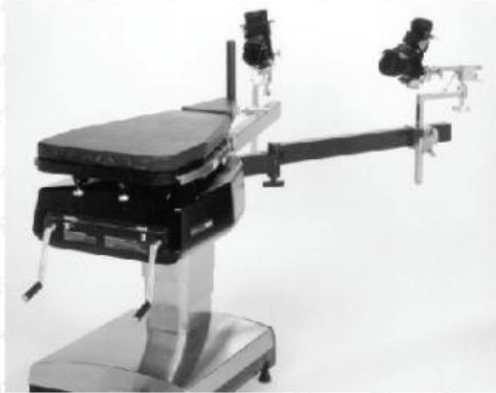
- After induction, the surgical staff will position the patient.
- Normal body alignment is maintained.



My Health. My Life.

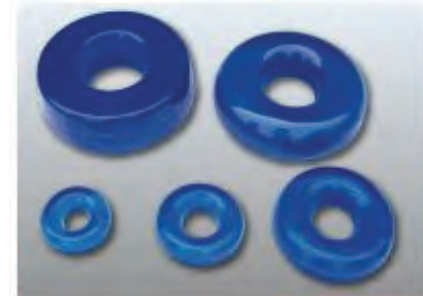
Positioning

- 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,

cont

- 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 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:	SPINCMFO : POSTERIOR CERVICAL MICRODISCECTOMY, LAMINECTOMY	INITIAL
PREOP: PRE-OP PATIENT'S NAME AND DATE OF BIRTH VERIFIED AND IDENTIFICATION BAND ATTACHED:	YES	VANDRESS, ANITA C
PREOP: PROCEDURE(S), SURGEON(S), AND LATERALITY VERIFIED WITH PATIENT, CONSENT, SCHEDULE AND PHYSICIAN'S ORDER:	YES	VANDRESS, ANITA C
PREOP: SITE MARKING APPLICABLE SITE MARKED:	YES	VANDRESS, ANITA C
PRE-OP VERIFICATION: PATIENT, PROCEDURE, SITE, EQUIPMENT, IMPLANT(S), X-RAY(S):	YES	KRAMER, MICHELE
TIME OUT PROCESS		DATE/TIME: 8/29/11 8:34
STAFF: BUCKLAND, MARISA ; FERRELL, REBECCA ; MAHAR, PAUL ; KHAYYAT, GHASSAN ; COUFALIK, 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
PREOP CHECKLIST		
INTRAOP		
CARE EVENT: INTRAOP		
PATIENT IDENTIFIED: YES		
INITIALS:		CP 8/29/11 16:5

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

Picklist									
Last: 08/20/2006 By: Paramanathan, jayraj@upstate.edu File: hsa_brochure_2nd ed 4/04/05 Paramanathan, jayraj									
MAIN HOSPITAL									
Contract #	56625	Contract Type	P-V	Line Number	71562611	Qty	100	Contract Group	GENERAL SURGERY
Physician	LOWE, KEVIN M							Glenn Davis	8
Office Phone	Int6	Page #	Int6					Glenn Davis	ORTH
Procedure	LAPRANBP	LAPAROSCOPIC DISTAL PANCREATICTOMY WITH SPLENECTOMY							
Primary Use	Comment	Qty Picked	Qty On Hand	Qty In Stock	Qty On Order	Qty On Hold	Qty On Back	Qty On Hold	Qty On Back
EQUIPMENT									
CART LAPROSCOPIC STAPLER		1				6268			
FSU HARMONIC SCALPEL		1				34			
FSU VALLEY LAB FORCE 350 SINGLE		1				6			
MONITOR SLAVE OLIVAPUS		1				2668			
ULTRASOUND MACHINE FALCON		1				1693			
VIDEO SYSTEM OLIVAPUS		1				1698			
INSTRUMENTS/SCOPES									
PROBE LAPROSCOPIC ULTRASOUND (FALCON)		1				14616067	2564		
COAXIAL OLIVAPUS W/SLIGHT CORD		1				PR061600	754		
LAPROSCOPIC 16044 60DEGREE		1				PR061610	2567		
LAPROSCOPIC 16044 30DEGREE		1				PR06161C	2568		
SCOPE W/ARMER		1				PR06160F	2147		
GENERAAL LAPROSCOPY INSTRUMENTS		1				PR061606	221		
PANCREAS/DEVELOPMENT									
CD5 LAP CHOLECYSTECTOMY PPS		1				C5C0569	141522		
CUTTER/									
SHIFTERS, CVO HAND CONTROL	PEN	1				PR06061	14239		
SHIFTERS, HARMONIC CVO -SCH - 60CM	PEN	1				PR06066	142903		
LAPROSCOPIC SUPPLIES									
SLIPEE FOR SHIFTER EXCEL TROGGER	PEN	1				PR060626	142556		
TROGGER DELTASTAP SHIFTER	PEN	1				PR060627	142717		
DELTA STABILITY SLV 16044 DELT	PEN	1				PR060624	142719		
DELTA STABILITY SLV 16121	PEN	1				PR060624	142711		
LYSER-GIC SPECIFIC									
TUBING SHORE PVC LAPROSCOPIC SC062566		1				PR061624	142567		
MICELLANEOUS									
APPLICATOR CHLORPREP 2648		1				C510662	1412596		
WARM TINT - 266415									
STAPLING SUPPLIES									
RELOAD, ENDO LINEAR CUTTER (E) - TRILAM	PEN	2				PR060629	142696		
CUTTER, ENDO ARTICULATING 3544 (E) - 67415	PEN	1				PR060601	141469		
SUTURES									
SUTURE, SILK 3-0 10# 66234 - 66234	PEN	1				SR15064	14111		

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The Circulating Nurse

- Documents all specimens, labeling, and disposition



AKRON GENERAL MEDICAL CENTER
NAH HOSPITAL

PATIENT IDENTIFICATION

PATIENT:	AGE:
MRN:	DOS:
ACCOUNT:	GENDER:
SURGEON:	SURGERY DATE:
SERVICE:	CASE DATE:
CASE#:	

Bar Code

SPECIMEN & CULTURES

SPECIMENS	TIME	TYPE	DESCRIPTION	SOURCE	DISPOSITION
INTRACP	10:37	DISC	PERMANENT PATHOLOGY	CERVICAL	PATHOLOGIST

Total # of Specimens: _____

RN SIGNATURE

SURGEON SIGNATURE

Pre-Op Diagnosis: CERVICAL DISC HERNIATION

PRIMARY SURGEON DESCRIPTION: POSTERIOR CERVICAL 1-7
MICRO DECOMPRESSION
DISCECTOMY

SURGEON DIAGRAM/SPECIAL INSTRUCTIONS

My Health. My Life.

The Circulating Nurse

- Documents the case
- Monitors local patients



Scrub personnel

- This may either be an RN or 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.
 - O₂ 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 2feet 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!!



My Health. My Life.


AKRON GENERAL