NURSING MANUAL

The RINJ Foundation

REQUIREMENTS TO ALL SURGICAL and CLINIC NURSES

Start of Shift Tasks

1. Arrive15 min. before shift start
2. Do Narcotic drug count and record it on the "Narcotics / Anesthetic Drugs Inventory" sheet.
3. Check and test all equipment before surgical case(s) ensure they are working properly. i.e. Defib, suction, O_2 valves, etc.
4. Ensure we have all / enough materials needed for each case.

   i.e. O_2, Nitro, Flurane, IV sol'n, Drugs *(propofol, morphine, epinephrine, xylocaine etc.)*, sutures, grounding pads, sterile gowns, draping, gloves, tubing, instruments, implants, blue pads, and garments.
5. Review patient(s) chart(s) make sure it contains all:
   - Lab work requested by surgeon i.e. blood work/ ECG
   - Signed or initialed consent forms, including the Governing Law (*which should be signed on day of surgery*)
   - Nursing sheets~ OR Record, Time-out, and Recovery Record with vitals sheet, Discharge, and Post-op instructions.
6. Prepare Patient for surgery:
   - Once patient has changed, confirm the patient's name, date of birth, and surgical area(s), take pre-op history (***place a posted note on the front of the chart of any Allergies/ Major Health Concerns*.)**, and document information on the OR Record Sheet.

- **Ensure patient has been NPO *(nothing by mouth)* for more than 8hrs, and has someone to take them home and stay with them for 24hrs. THEY CANNOT GO HOME ALONE. ****
- If possible, review post-op instructions with patient and escort.
- Have patient sign all forms prior to going to OR.
- Have patient empty blabber prior to surgery.
- Take pictures if required
- When you are done, the surgeon will see and mark the patient, followed by the Anesthetist.

7. Prepare OR for surgery by:
    - Ensure OR has been cleaned appropriately i.e. moped with Cavicide
    - Surgical materials for each case should be sorted. For breast Sx check that the Implant size chosen for each case is available, and that there are at least 3 on hand.
    - All staff must wear hats, masks and shoe covers (if wearing street shoes) prior to entering the OR
    - **NO FOOD** or **DRINK** is **PERMITTED** in the OR **Except** bottled water.
    - Assist with OR set up
    - **OR** doors **MUST** remain **CLOSE** at all times.

8. Assist with Orientation and Teaching of new staff.

CIRCULATING SURGICAL NURSE

The role of the Circulating Nurse is to assist during surgical procedures, while maintaining surgical and medical asepsis, advocate for the sedated/anesthetized pt, and document according to ORNAC / CNO guidelines.

1. Once the Surgeon has arrived and you have the official go ahead, assist scrub person with OR set up.
    - Tie scrub person's gown
    - Open all peel back items for scrub person. **** No FLIPPING of items onto sterile field ****
    - Pour prep sol'n into bowl.
2. Perform 1st surgical count before start of surgery.
3. Bring patient to OR upon request of doctor. Verify/confirm pt name and information.
4. Disrobe patient as required, and cover them with a warm blanket from the dryer.
5. Assist anesthetist with the application of the BP cuff, ECG leads, Pulse Oximeter.
6. Apply safety belt, and if required the Sequential Calf Compression, and Patient Return Electrode / grounding pad (*necessary for breast, labiaplasty, vaginoplasty, abdominoplasty, and facial surgery*).
7. Reassure pt during induction, and assist during intubation, with O2 mask and/or Laryngeal mask (*anesthesiologist will start this*).
8. Assist surgeon to tie gown.
9. Expose OR site to be prepped.
10. Surgeon / Scrub person will then prep patient. Assist if required.

11. Call for Time Out while everyone is in the room and before the surgeon makes the first cut. Using the time out sheet as a guide, confirm pt name, age, health concerns, surgical areas, etc

12. Attach / Plug in any tubing / equipment needed.
    **** Remember to avoid anything that is BLUE as it is <u>STERILE</u> and you are not. ****

13. For Lipo & Breast:

    - Change suction bottles and infiltration bags as needed.

    For Breast Only:

    - Prepare Bacitracin if required.
    - Have Implants ready but DO NOT OPEN.
    - Confirm the size and profile with the surgeon, and the pt's chart.
    - Upon surgeon's request, open by holding the Implant container firmly in one hand away from your body, with the tab facing out. Then with the next hand firmly grip the tab and pull it towards you. Do not let go of the tab until the surgeon has removed the inner container.

14. Fill out the Nursing (**Nsg**) OR Record and place / stick the manufacturer Implant(s) label(s) on the back of it, and the on the front of the OR Report at the bottom. (*if available attach to the manufacturer card for the pt*).

15. A 2nd count is done before the incision is closed, to ensure all items have been recovered.

16. Ck to see if the next case is ready i.e. pt changed, and pre-op Hx taken.

17. Note if you are not required in the OR / need to leave for any reason i.e. go to the washroom you must be within ear shot / have someone ready to assist/ fill for you.

18. Prepare dressing, and/or garment, stretcher, and retrieve warm blankets from the dryer.
19. Have a blank prescription attached to the chart ready for the surgeon to fill out.
20. Do final count towards the end of the surgery just before the pt wakes up.
21. Apply dressing/garment as directed by surgeon.
22. Assist with extubation if required.
23. Assist with transfer to stretcher, and recovery.
24. Clean up and assist with Turn-over. (*approx. 15-20 min.*)

SCRUB NURSE / PERSON

The role of the Scrub Nurse /Person is to assist during surgical procedures, while maintaining surgical and medical asepsis, advocate for the sedated/anesthetized pt, and document according to ORNAC / CNO guidelines.

1. Help Circulating Nurse with set up and opening of supplies.
2. Open your gown on clean; clear surface *i.e. Mayo Stand* prior to scrubbing.
3. Scrub, gown, and then glove
4. Receive peel back items from Circulating Nurse. **** No FLIPPING of items onto sterile field ****
5. Do 1st count.
6. Set up table accordingly:
    - Arrange drapes according to order of use.
    - Organize gowns and gloves for the surgical team.
    - Load sponge sticks, and blade handles.
7. Prep pt with Betadine.
8. Gown and glove surgeon and/or assistant
9. Assist with draping, and attach light handles *(if required)*
10. Hand off items to be connected *i.e. tubes, and cords* to Circulating Nurse.
11. Hand up 2 sponges *(always have 2 sponges on hand for surgeon's use)*, loaded blade handle, and required / requested instruments.
12. Before the closing of the incision, do the 2nd count, ensure all items have been recovered.
13. Gather and pass off any items needed for the next case to the Circulating Nurse for processing.

14. Assist with closure as required
15. Do a final count
16. Clean up and assist with Turn-over. (*approx. 15-20 min.*)
    - Dispose of sharps in sharps container.
    - Remove remaining instruments and place in the water filled blue container in the OR sink.
    - Remove and dispose of blood-contaminated drapes; gowns glove etc in blue/yellow bag. All other garbage put in black bag.
17. Assist with transfer to stretcher.
18. Sign count sheet
19. Transfer blue container with contaminated instruments to Landry room /Dirty Utility room for processing.
20. Set up OR for next case.

RECOVERY NURSE

The role of the Recovery room (**RR**) nurse is to assess, monitor, prepare patient (**pt**) for discharge (**d/c**), and document according to CNO guidelines.

IMPORTANT NOTES:

***Any direction /orders to /for a pt should be written by /verbally confirmed with the surgeon / anesthetist prior to performing an action i.e. meds admin.**

**** The Anesthetist is the most responsible physician in the Recovery Room. Any pt concerns during recovery should be directed to the anesthetist and also the surgeon.**

*****RPNs are NOT allowed to recover an unstable pt, this is the responsibility of the RN. RPNs may recover/ take over recovery once the pt is deemed stable, (*outcome is predictable*). However, should this change the responsibility once again becomes that of the RN / doctor.**

On arrival from the OR

- Assess pt's status ~ check (**ck**)that pt's airway is patent, and respirations are spontaneous, level of consciousness (**LOA**), movement, color, and level of pain (*pain scale =1-10*).
- Attach pt to vital signs (**vs**) machine i.e. BP cuff, Pulse-Oximetry (**p,O2 sat**) and document all results.
- Re-attach sequential calf compression if needed. (*Decreases risk of DVT*) e.g. pt has limited movement.
- Apply warming blanket if pt is cold/ has had liposuction surgery (**sx**).
- Ensure side rails are up.

After first 5minutes

- Elevate HOB 90 degrees and have pt deep breath and cough (***DB&C***) unless contraindicated i.e. Rhinoplasty. Consult with surgeon for direction.
- Provide mouth care. Give pt some mouthwash and have pt swish spit, then gargle and spit in a clean implant container (*useful if pt feels nausea and needs to emeses*). If pt is drooling / unable to manage mouth care, hold by mouth (**PO**) fluid intake until pt is less drowsy.
- If local anesthesia is applied to the throat, keep pt nothing by mouth (**NPO**) until gag reflex returns.
- If pt successfully performs mouth care, offer sips of water (**H_2O**)

First 10 minutes

- Ck vs every 5 minutes (**q5 min**).
- Assess pt's estimate length of stay in recovery. (*General rule of thumb is however long the sx, is how long the recovery maybe*). The length of stay in RR depends on the pt and the procedure preformed.
- When alert have pt contact ride, and give them their estimate time of d/c.

First 15 minutes

- Ck vs q15 min

First 30 minutes

- Ck vs q15 or q30 min.

Remainder of Recovery

- During the first 30 – 60 min. post-op, pt's may complain of blurred vision, feeling "shaky" or cold. These sensations will go away on their own within the first hour post-op as the effects of the anesthetic agents wear off. Also, it is not uncommon for some pts to wake up emotional i.e. crying, sad, etc. This behavior usually ceases within the first hour post-op.
- Continue to ck vs q15-30 min until time of d/c, or more frequently if abnormalities. **Report any abnormalities to the anesthetist.**
- Ck surgical site and perform dressing (**drsg**) change as required. (*ck/confirm with surgeon if drsg change ok*)
- After an hour start reviewing post-op instructions with
- Assist pt with ambulation as needed ie to go to bathroom (**Br**)

Preparing pt for d/c

- D/C planning is very important and begins from the moment of entry into the RR. Pt's stability should be monitored according to the necessary criteria, and assessed to ensure readiness
- Use the assessment scale immediately post-op and compare prior to pt's d/c to assess their readiness for d/c.
- Review post-op instruction with pt and caregiver 30 min. before d/c. Give pt's caregiver the prescription so they may fill it while pt is getting ready for d/c.
- Assist pt to get dress
- Have pt go to the BR prior to leaving
- Give pt the following a copy of their post–op instructions, and the surgeon contact information cell number.

- Have pt sign d/c papers.
- Escort pt out to car via wheelchair (**w/c**) if they refuse w/c document and have them initial it.

End of Shift Tasks

1. Ensure all instruments are washed (after soaking), rinsed, and left to dry
2. Put sheets in the wash.
3. Narcotic Drug count (once pt has left)
4. Clean up the OR and Recovery Room.
    - Mop and clean surface with Cavicide
    - Throw out garbage.
5. Turn off all machines and gas tanks.
6. Finish any charting on day of Sx.

INSTRUMENT CLEANING PROTOCOL & STERILAZATION

**** Gloves, mask, and goggles are to be worn when handling and cleaning instruments. ****

1. Instruments used for Sx are to be placed in the Blue water filled container in the OR sink. *** Note all instruments opened used/ not are considered contaminated.***
2. Transfer the Blue container with the instruments to the Laundry /Dirty Utility room for processing.
3. Remove and place the instruments opened /dissembled in another container to soak in an Anti-Zepti sol'n (*3 pumps to ½ gallon of H2O*) for 10-15 min. (***extra 5min for HIV, Hepatitis pt)***
4. Once instruments have been soaked, they are to be washed, using a scrub brush and/or scratch pad then rinsed. For Canulas / hollow instruments use the canula brush and flush with a 20-60cc syringe.
5. All instruments except for Canulas / hollow instruments are placed in a Lubricated sol'n (white sol'n ~ 1 part to 6-8 parts of H2O) for 5 min.
6. Once soaked remove instruments place in tray /container and transfer to Clean Utility / Autoclave room, then lay them out on a clean towel to dry / you may pat dry instruments to speed up the process.
7. Next separate the instruments /products into individual /surgical sets ie delicate/sharp, -- BA / Lipo and wrap accordingly / to manufacturer instructions.

***Note ~ All instruments MUST be package opened/dissembled, with steam indictor inside, double wrapped, with the date and Sx ID *ie BA* written on the outside for sterilization. ***

8. The only product that doesn't require a steam indicator / needs to be double wrapped are Laryngeal Mask Ap (**LMA**'s)
9. Finally, place packages in the Autoclave to be steam sterilize for 30min./ according to manufacturer guidelines.
10. Remove when finish, ck for color change on the steam indicator (*blue to black*) and store in a clean dry place.

NURSING LEGEND

OR- Operating room

RR – Recovery room

Pre-op – Pre-Operative

Intra-op – Intra-Operative

Post-op – Post-Operative

Sx - Surgery

Hx - History

Rx - Prescription

Pt – patient

NSG -Nursing

Ck - check

Po – by mouth

Npo – nothing by mouth

Nka – No known allergies

N/A – not applicable

~~O~~--- no/none

PCN - Penicillin

Epi - Epinephrine

Xylo - Xylocaine

O_2 - Oxygen

LMA – Laryngeal mask

IV – Intravenous

VS – Vital Signs

BP – Blood Pressure

P - Pulse

O_2 Sat – Oxygen Saturation

LOC – Level of Consciousness

HOB – Head of Bed

DB&C – Deep, Breath &Cough

Q__ min – every __ minutes

Drsg - Dressing

BR - Bathroom

Void – emptying of bladder

W/C – Wheelchair

LIPO - Liposuction

BA – Breast Augmentation

TT – Tummy Tuck

VT – Vaginal Tightening

Labia - Labiaplasy

Rhino -Rhinoplasty

Bleph -Blephoplasty