

Preoperative Nursing

- Preoperative care refers to the physical and psychosocial care that prepares a patient to undergo surgery safely.
 - The nursing preoperative assessment assists with defining patients' vulnerabilities or risk factors for poor surgical outcomes.
- <https://www.mometrix.com/academy/pre-operative-nursing/>

Surgery Locations

- In-Patient
 - Hospitalized patient
 - Have higher acuity
 - Out-Patient Hospital
 - Patient is discharged to home after surgical recovery
 - Extended stay
 - Ambulatory Surgery Center
 - Free standing surgery center
 - Low acuity patients not predicted to have complications "Walkie Talkies"
 - Physicians Office
 - Can be done under local anesthesia or with sedation
 - Lumps and bumps, plastics, Dr. Pimple Popper stuff
 - Dental Procedures
 - Extractions, root canals, etc
- *If any sedation or relaxation medication is given the patient is considered under the influence

Arrival at Facility

Check in Desk:

- ID patient
- Contact Info
- Who is driving and providing care?
- Emergency contact information
- DNR?

Preoperative Phase of Care

- Preop RN
 - Patient Interview
 - Check for surgeon's orders
 - H&P done?
 - Pre-admission testing?
 - Get patient ready (belongings)
 - Testing?
- NP Interview
- Anesthesia Interview
- Surgeon Interview
- Circulator Interview



RN Preop

- Patient Introduction
 - ID Patient (ID wristband)
 - Confirm Allergies (red wristband)
 - Other wristbands (falls, limb alert)
- Verify surgeon has placed preop orders
 - IV placement/fluids, preop medications, SCDs or TED hose, tests that need to be done (hCG, INR, blood glucose, urine tox screen, shave)
- Verify PAT done, H&P <30 days
- Medications ordered preoperatively
- Interview
 - Last time patient ate or drank anything
 - Medication taken day of surgery
 - Blood thinners stopped (OTC)
 - Recent falls
 - Open areas on skin
 - Metal anywhere
 - Safe at home
 - Vital signs, height & weight, pain
 - Patients are nervous and BP high
 - Know parameters
 - Systolic over 200, diastolic over 120
 - Glucose over 250
 - INR out of range
 - Recent illness
- Have patient change out of clothes. Document belongings and place in a locker.

Preop Medications by RN

- Oral antiemetics
- Analgesics
- Oral antibiotics
- Scopolamine patch (can be left on for up to 72 hours; instruct patient on proper removal and disposal)
- Eye drops
 - Numbing
 - Dilating
 - Antibiotic
 - NSAIDs
 - Betadine

Anesthesia Interview

- Assess heart and lung sounds
- Go over patient medical history
- Current diseases and medications
- Last food or drink (4-6 hours preoperative; clear liquids 2 hours prior, breast milk ingested 4 hours prior, infant formula and nonhuman milk 6 hours)
- Family History of MH
- ASA I-VI, E
- Mallampati Score



Malignant Hyperthermia

Early signs of malignant hyperthermia:

- Unexplained increase in heart rate (tachycardia)
- Unexplained increase in carbon dioxide produced by your body
- Rapid breathing (tachypnea)
- Muscle rigidity
- Rapid elevation in temperature
- Causes:
 - halothane, isoflurane, sevoflurane, desflurane or succinylcholine. MH is a genetic disorder passed down through families.
- 1 in 100,000 adults and 1 in 30,000 in children

- Malignant hyperthermia is a severe reaction to certain drugs used for anesthesia. This severe reaction typically includes a dangerously high body temperature, rigid muscles or spasms, a rapid heart rate, and other symptoms. Without prompt treatment, the complications caused by malignant hyperthermia can be fatal.

Mallampati Score

https://www.youtube.com/watch?v=G83vab7_g6U



ASA Physical Status Classification System

- Used to assess and communicate a patient's pre-anesthesia medical co-morbidities
- https://case0-my.sharepoint.com/personal/amc474_case_edu/Documents/ASAClass.pdf
- <https://www.youtube.com/watch?v=S8ITLp92Ep4>

Surgeon Interview

- Orders (IV placement and fluids, preop meds (Zofran, scopolamine, antibiotics, xray, SCDs, TED hose,
- H&P complete
- Talks to patient/family
- Explains procedure, risks, benefits, implants, recovery
- Signs consent with patient
- Consults with anesthesiologist regarding choice of anesthesia

Circulator Interview

- ID Patient
 - Allergies
 - Informed consent signed
 - H&P note by surgeon
 - Anesthesia note
 - Check for surgeon initials on body part
 - Verify vitals, test results, metal
 - Antibiotic available
- **SIGN IN WITH TEAM**

Sign In

- Name, DOB (check ID band), Allergies?
 In patients own words, what are we doing today?
 Is consent signed?
 Is the body part marked?
 What type of anesthesia will be given?
 What preop antibiotic are we using?
 Will the patient accept blood products?
 Will implants be used (cadaver)?
 Is there a vendor available?
 Are all orders complete?



STANFORD HOSPITAL & CLINIC <small>Advanced Medicine. Better Health.</small>		SURGICAL SAFETY CHECKLIST		World Health Organization
Before Induction of Anesthesia		Before Skin Incision/Procedure		Before Patient Leaves Room (COMPLETED IN OR/PROCEDURE ROOM)
O.R. BOARDING CHECKLIST OR CIRCULATING NURSE DOCUMENTS VERIFICATION OF THE FOLLOWING: <ul style="list-style-type: none"> <input type="checkbox"/> Patient bypass preop? Confirmation of the following with the patient: <ul style="list-style-type: none"> <input type="checkbox"/> Patient ID <input type="checkbox"/> Site Marking by Surgeon <input type="checkbox"/> Consent <input type="checkbox"/> Current H&P (within 30 days / within 24 hrs prior to scheduled procedure) <input type="checkbox"/> Allergy band on <input type="checkbox"/> Latex allergy <input type="checkbox"/> ABO blood group verified <input type="checkbox"/> UNOS ID# (if applicable) <input type="checkbox"/> Equipment/Instrument Issues or any concerns NEW ANESTHESIOLOGIST & CIRCULATOR VERIFY: (confirmed by the Anesthesiologist) <ul style="list-style-type: none"> <input type="checkbox"/> Anesthesia Safety Check completed <input type="checkbox"/> Pulse Oximeter on Patient and Functioning <input type="checkbox"/> Difficult Airway/Aspiration risk? <input type="checkbox"/> Risk of >500ML Blood Loss (7ML/KG in children) 		TIME OUT OPERATIVE TEAM MEMBER INTRODUCTION BY NAME & ROLE <i>VERBALIZED OUT LOUD</i> FOR ALL TEAM MEMBERS TO VERIFY STOP! SURGICAL TEAM CONFIRMS: <ul style="list-style-type: none"> <input type="checkbox"/> Correct patient and procedure <input type="checkbox"/> Correct position <input type="checkbox"/> Correct operative site/side <input type="checkbox"/> Consent is complete, accurate, and signed <input type="checkbox"/> Surgical site marked by surgeon <input type="checkbox"/> Mark visible after prep / after drape <input type="checkbox"/> Images/implants available (if needed) <input type="checkbox"/> Prophylactic antibiotic given / time <input type="checkbox"/> DVT Prophylaxis NEW NURSING VERIFIES: <ul style="list-style-type: none"> <input type="checkbox"/> Implementation of aseptic technique SURGEON VERIFIES: <ul style="list-style-type: none"> <input type="checkbox"/> Any critical or unexpected steps <input type="checkbox"/> Procedure duration <input type="checkbox"/> Anticipated blood loss <input type="checkbox"/> Any patient-specific concerns 		POST-EVALUATION/TEAM DEBRIEF <i>VERBALIZED OUT LOUD</i> FOR ALL TEAM MEMBERS TO VERIFY CIRCULATOR/SCRUB VERIFIES: <ul style="list-style-type: none"> <input type="checkbox"/> Discharge to <input type="checkbox"/> Notification to <input type="checkbox"/> Post-op airway status <input type="checkbox"/> Level of consciousness <input type="checkbox"/> Allergy band on <input type="checkbox"/> ID band on <input type="checkbox"/> Implant sheet complete <input type="checkbox"/> Video/photo to: NEW ALL TEAM MEMBERS DISCUSS: <ul style="list-style-type: none"> <input type="checkbox"/> Name of procedure and wound class recorded <input type="checkbox"/> Counts are correct (or NA) <input type="checkbox"/> Read back specimen labeling & Path form filled out per protocol <input type="checkbox"/> Equipment/Instrument problems to address <input type="checkbox"/> Key concerns for recovery and management of patient

04/13/09

Based on the WHO Surgical Safety Checklist

Preop Medications by Anesthesia

- Sedation – relieve anxiety (Benzodiazepine) Cause Amnestic effect with memory impairment
 - Diazepam (Valium)
 - Lorazepam (Ativan)
 - Midazolam (Versed) short acting

Sedation can be given once the Sign In has been completed. Once sedation is given, vital signs must be documented appropriately.

Pre-surgery antibiotic is started.

Transfer to Operating Room

