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/aca demy/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

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

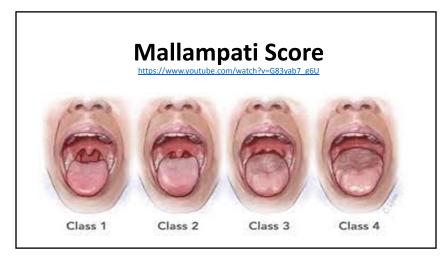
- · Assess heart and lung sounds
- · Go over patient medical history
- · Current diseases and medications
- Last food or drink (4-6 hours preoperative; clear liquids 2 hours prior, breast milk ingested 4 hours prior, infant formula and nonhuman milk 6 hours
- · Family History of MH
- ASA I-VI, E
- ·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



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

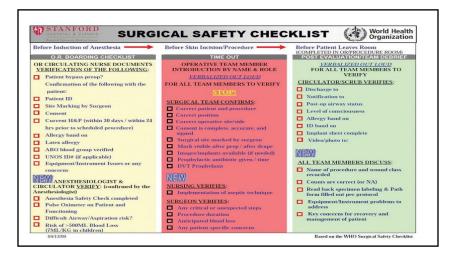
Circulator Interview

- 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?





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

