
**OPERATING ROOM AND POST ANESTHESIA
RECOVERY ROOM**

POLICY NO: NSO -012

DIVISION: NURSING SERVICE DIVISION

SECTION: OPERATING ROOM

POLICY REVIEW DATE: July 12, 2016

Reviewed by:		
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Reviewed by:		Approved by:
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OBJECTIVES: This policy shall aim to provide the standard operating procedure which shall be observed to deliver quality health care services.

COVERAGE: This covers all the medical and nursing staff of the Operating Room and Recovery Room

RESPONSIBILITIES:

- I. It shall be the responsibility of the **Medical and the Nursing staff** to abide with the procedures incorporated into this policy.
- II. It shall be the responsibility of the **Head Nurse** to orient her staff and other personnel working in the unit to the policy, job description and monitor the activities in the unit.
- III. It shall be the responsibility of the **Scrub Nurse** to:
 - a. Check the supplies, equipments, medicines and instruments available for surgical procedures.
 - b. Preparation of OR prior to surgery.
 - c. Assisting in the set-up and performance of the cases.
 - d. Opening of sterile packs and instruments according to sterile techniques.
 - e. Preparing sterile field including sponges, needles and instrument count.
 - f. Work directly with the surgeon within the sterile field
 - g. Clean-up of OR following surgery.
 - h. Updating surgeon's preference cards and instruments list.
 - i. Clean and pack instruments used.
- IV. It shall be the responsibility of the **Circulating Nurse** to :
 - a. Prepares the patient for surgery.

- b. Obtains and opens package for the “sterile” person to remove the sterile contents during the surgical procedure.
 - c. Keeps written accounts of the surgical procedure.
 - d. Answers questions about patient during surgery.
 - e. Maintains required log and paper works.
 - f. Forward specimen to laboratory with patient’s relative.
- V. It shall be the responsibility of the **Recovery Room Nurse** to:
 - a. Take care of the patient until they fully regain consciousness and recovered from anesthesia.
 - b. Observe and report the condition of patient for any signs of post-op complication.
 - c. Routine administration of medicines.
 - d. Refer for disposition of anesthesiologist prior to room transfer.
- VI. It shall be the responsibility of the **OR transporter** to:
 - a. Transport patient from the Operating Room accompanied by the RR Nurse.
 - b. Maintenance of area cleanliness,
 - c. Pack linens for autoclaving, forward all used linen to linen department.
 - d. Check all equipments used and maintain cleanliness during tour of duty.

POLICY:

- I. This policy shall enforce that all abide to ensure order and eliminate conflicts among staff of this section and those of other divisions.
- II. This policy shall ensure the timeliness and accuracy of delivered health services to the best interest of the patient and the institution.

PROCEDURE:

- I. All hospital staff must change their street clothes into clean scrub suit when entering and assisting in operations. RR Nurses and transporter shall wear gown when transporting patient out of the area.
- II. Any specimen for histopath should be brought to the laboratory by the OR Staff with patient’s relatives. Surgical Pathology/ Cytology request form in duplicate copies should be properly filled-up with patient’s complete data including the properly labelled specimen, indicating its location and laterality. A brief clinical history should also be written, including previous operation/s, biopsy and ancillary results. Receiving laboratory staff and patient’s relatives should sign the OR specimen logbook.
- III. Nurse should utilize endorsement logbook for stocks and specimens. Outgoing staff must not leave the area without the incoming staff. All staff on duty should be responsible in keeping the area clean at all times.
- IV. Unreplaced supplies shall not be accepted by incoming charge nurse to ensure availability of stocks.
- V. Document and report any loss of instrument or breakage of equipment with written justification for replacement to the Head of this section who shall do immediate reporting to the Chief Nurse.
- VI. Soiled linens shall be double checked by staff after each operation for any infectious waste prior to collection by linen staff.
- VII. The area shall maintain at least 20 patient gowns, linens and major packs in a day; but when supply runs low, request must be made for additional linen before 9pm.
- VIII. Scheduling of operation:

- a. Proposal for elective operation should be submitted not later than 5pm a day prior to date of the procedure with complete data and approval by the Chief of Hospital. A **NO proposal NO surgery policy** is for strict implementation. The Chief of Clinics may sign the proposal when the COH is unavailable.
 - b. For emergency OR, indicate the pre-operative diagnosis in the OR proposal slip and the SHO shall sign the proposal.
 - c. All patients for **Elective MAJOR** operation should be admitted not later than 12midnight of the day prior to scheduled operation, otherwise no acceptance of the procedure.
 - d. No OPD cases will be accepted by OR after 5pm.
 - e. The patient, surgeon, anaesthesiologist and the assist Medical Officer should be in the operating room 30 minutes before the proposed time of the operation. A grace period of two (2) hours shall be allowed for the delay in the arrival of the surgeon and anaesthesiologist. Beyond this waiting time:
 - Emergency Case: MO to call next on duty Medical Specialist who can make it and proceed with the operation
 - Elective Case: Surgical MS to make a new proposal for the reset of the OR to not later than two(2) days from original date of OR.
 - f. Patient shall stay in the RR while waiting for the procedure to commence and monitored for complication. If the date is reset, the patient is transferred back to ward.
 - g. All schedules of operation for the following day shall be posted in the OR bulletin not later than 5pm. Copies of the schedule shall be distributed to ER, Ward and Chief Nurse.
 - h. Elective Operation (Major/Minor)
 - 8am- 5pm - Monday to Friday
 - 8am- 12pm - Saturday
 - Sunday – General cleaning and disinfection of the area
 - i. No scheduling of elective operations on holidays
 - j. Emergency cases anytime
- IX. Pre-operative Routine
- a. Skin preparation and pre-operative medications
 - 1.Elective Cases – Ward Nurses
 - 2.Emergency Cases - ER/ Ward Nurses
 - b. Check for OR pre-operative checklist signed by Ward/ER Nurse and by receiving OR Nurse for complete pre-operative preparation before putting the patient on the OR table.
 - c. Prepare all forms for OR documentation
 - d. Invest a minute for time out prior to induction of anesthesia to accomplish the Surgical Safety Checklist (with Nurse, Anesthesiologist, and Surgeon)
- X. Intraoperative Routine
- a. Field of operation shall be prepared by the surgeon assistant if available or the OR Nurse
 - b. Surgical preparation with Betadine scrub and antiseptic Cutasept. Follow the correct technique in skin preparation.
 - c. Perform sterile hand scrubbing, gowning, and gloving technique.
 - d. OR team assist the surgeon
 - e. Assurance of correct counting

- XI. Post-operative Routine
- Application of wound dressing, check vital signs, report any signs of bleeding
 - Accomplish the following documents prior to Recovery Room and Ward Transfer: OR Record, Nurses Notes, Instrument Count Sheet, Two (2) copies of Anesthesia Record, OR Technique and hospital charges.

XLL. Post- Anesthesia Recovery Room Routine

- Check and prepare supplies and equipments for the coming of patient from the Operating Room.
- Accomplish Recovery Record. The following information should be documented prior to discharge of patient:
 - Time the patient is received in the RR and time of transfer to ward.
 - Monitor the level of consciousness and the condition of the patient. Time, amount of infusion and medication given.
 - Information concerning changes in vital signs if any
 - Complication and management administered.
- Close monitoring of vital signs every 15minutes for 2 hours, every 30minutes for 2 hours then hourly, including O2 Saturation until stable.
- Record I & O accurately; refer immediately for urine output less than 30cc.
- Discharge patient from RR when fully recovered from anesthesia.
 - General Anesthesia – fully awake, vital signs stable
 - Spinal Anesthesia – can flex both knees
- Anaesthesiologist should not leave the patient prior to transfer to ward or ROD to check patient and make order for trans-out.
- Inform ward staff 15minutes prior to ward transfer and inform them of the necessary appliances to prepare for the patient's needs.

XLLL. Area Endorsement

- All staff should not leave the area without the incoming duty. Inform the Nurse Supervisor on duty if situation is compromised.
- Area cleanliness should be maintained at all times. Blood should be disposed in a separate sink provided.

APPENDIX:

- Operating Room Flow chart
- Recovery room Flow Chart
- Authorization for Surgical Treatment
- Pre-anesthetic Record
- Instrument Count Sheet
- Record of Operation
- Anesthesia Record
- OR Charge Ticket
- OR Record of Nurse
- Recovery Room Record

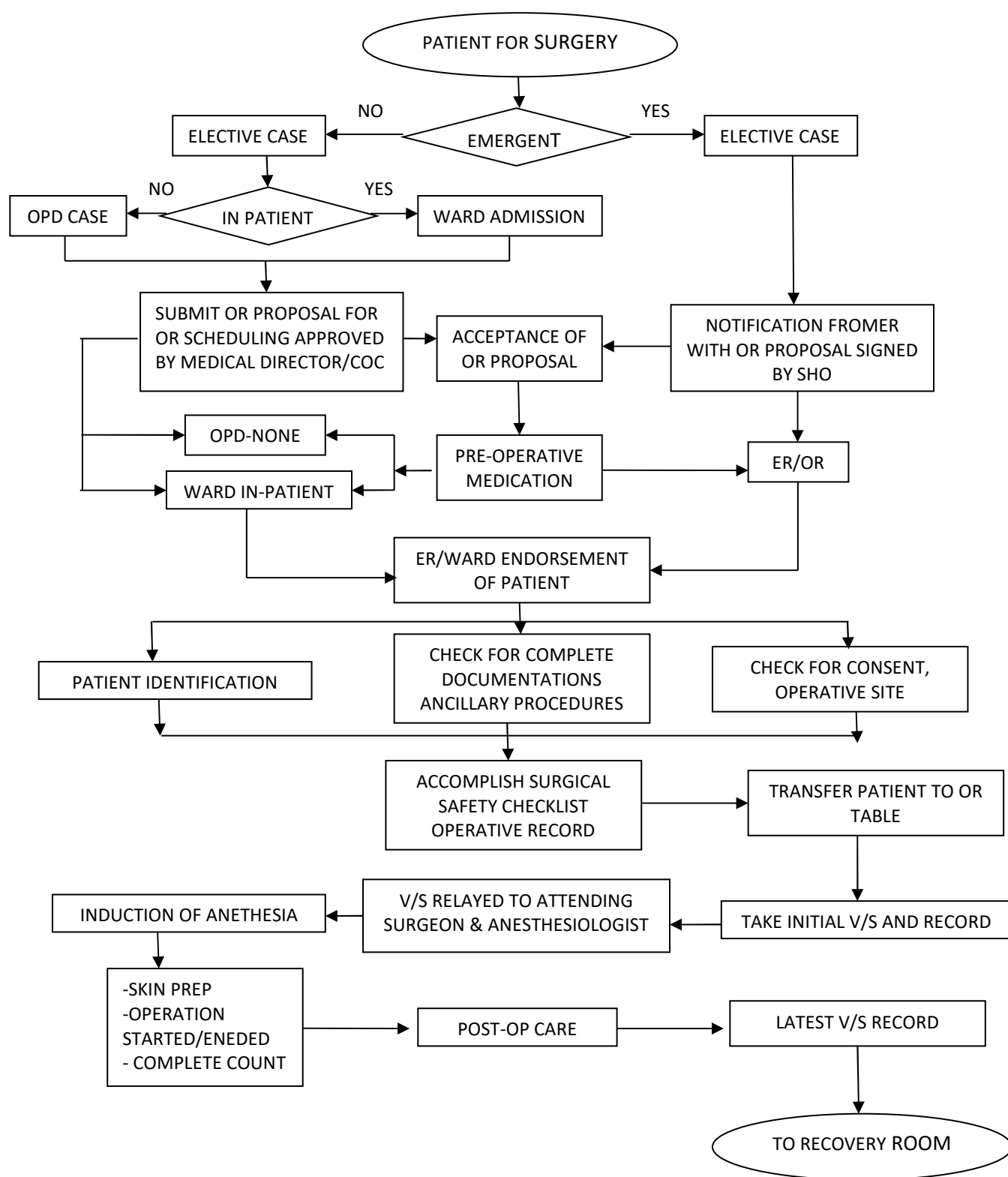
DATE OF IMPLEMENTATION:

This policy has been implemented since 1978, however, minor revision has been made 1994, 1998, 2001, 2003, 2006, 2011 and reviewed 2016.

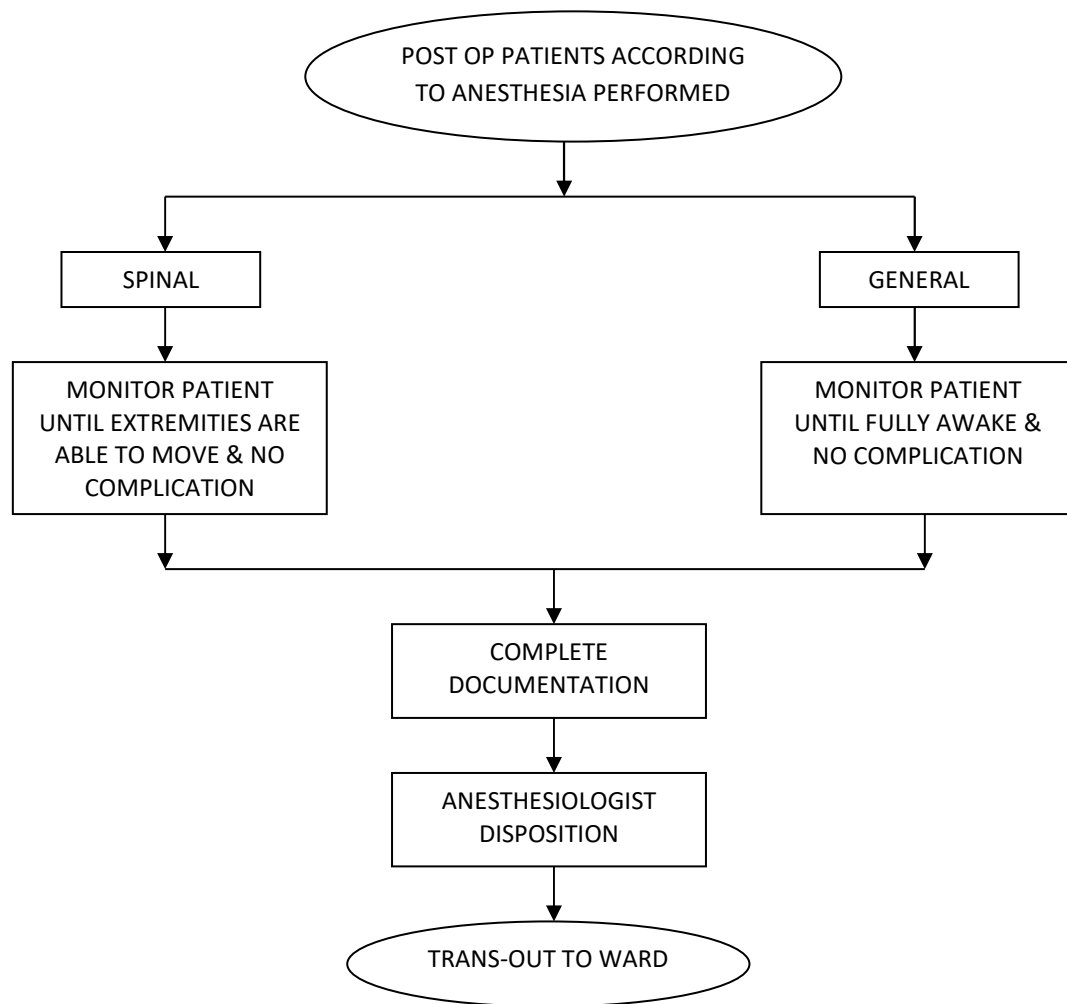
SCHEDULE FOR POLICY REVIEW:

This policy shall be revised every three (3) years or as deemed necessary



OPERATING ROOM FLOW CHART



RECOVERY ROOM FLOWCHART



Authorization for Surgical Treatment

<div style="display: flex; justify-content: space-between; align-items: center;"><div style="text-align: center;">OSPITAL NG PARAÑAQUE Quirino Avenue. La Huerta, Parañaque City. Tel-825-4902 Email - Ospitalngparanaque@yahoo.com</div></div>			
AUTHORIZATION FOR SURGICAL TREATMENT			
NAME (LAST, FIRST, MIDDLE) _____		SEX _____	AGE _____
HOSPITAL NO. _____			
<p>1. I, THE UNDERSIGNED, A PATIENT IN Florencio V. Bernabe Sr. Memorial Hospital, HEREBY AUTHORIZE DR. _____, AND (WHOMEVER HE MAY DESIGNATE AS HIS ASSISTANTS) TO ADMINISTER SUCH TREATMENT AS IS NECESSARY, AND TO PERFORM THE FOLLOWING OPERATION(S) _____ AND SUCH ADDITIONAL OPERATIONS _____</p> <p style="text-align: center;">(STATE NAME OF OPERATION(S) AND/OR PROCEDURES)</p> <p>OR PROCEDURES AS ARE CONSIDERED THERAPEUTICALLY NECESSARY ON THE BASIS OF FINDINGS DURING THE COURSE OF SAID OPERATIONS.</p>			
<p>2. I FURTHER AUTHORIZE THE ADMINISTRATION OF SUCH ANESTHETICS AS ARE CONSIDERED NECESSARY OR DESIRABLE WITH THE EXCEPTION OF _____</p> <p style="text-align: center;">(STATE NONE OR NAME OF ANESTHETIC)</p>			
<p>3. I AUTHORIZE THAT ANY SPECIMENS, TISSUES, OR PARTS REMOVED FROM THE PATIENT MAYBE DISPOSED OF IN ACCORDANCE WITH THE HOSPITAL'S ESTABLISHED PRACTICE.</p>			
<p>4. THE NATURE AND PURPOSE OF THE OPERATION, THE RISKS INVOLVED, AND THE POSSIBILITY OF COMPLICATIONS HAVE BEEN EXPLAINED TO ME BY DR. _____, I ACKNOWLEDGE THAT NO GUARANTEE OR ASSURANCE HAS BEEN MADE AS TO THE RESULTS THAT MAY BE OBTAINED.</p>			
<p>5. I CERTIFY THAT I HAVE READ HIS CONSENT AND/OR THAT IT HAS BEEN EXPLAINED TO ME IN MY DIALECT. I FURTHER CERTIFY THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED BEFORE I AFFIXED MY SIGNATURE.</p>			
SIGNATURE OF WITNESS _____		SIGNATURE OF PATIENT _____	
DATE AND TIME _____			
<p>AUTHORIZATION MUST BE SIGNED BY THE PATIENT OR BY THE NEAREST RELATIVE IN THE CASE OF A MINOR OR WHEN PATIENT IS PHYSICALLY OR MENTALLY INCOMPETENT</p>			
<p>PATIENT IS A MINOR _____ YEARS OF AGE</p>			
<p>PATIENT IS UNABLE TO SIGN BECAUSE _____</p>			
SIGNATURE OF WITNESS _____		SIGNATURE OF PATIENT'S REPRESENTATIVE _____	
DATE _____		RELATIONSHIP TO PATIENT _____	
<p>A-2</p>			



OSPITAL NG PARAÑAQUE
PRE-ANESTHETIC ASSESSMENT



SURNAME : _____ GIVEN NAME : _____ MIDDLE NAME : _____	AGE : _____ SEX : F () M ()	HOSPITAL NO : _____ WARD/RM : _____ DATE: _____
OPERATION : _____		SURGEON: _____

PATIENT INFORMATION Please answer the following questions Yes or No	MEDICAL OFFICER ASSESSMENT
Have you had anesthesia for operations previously?	Weight: _____
Did you have any problem ?	Physical Status _____
Have you ever suffered from:	Hb _____ ECG _____
Heart attack	CXR _____ Biochem _____
High blood pressure	Others: _____
Stroke	_____
Angina	_____
Chronic Lung Disease	Significant History: _____
Asthma	_____
Hepatitis	Physical Examinations: _____
Kidney Disease	Pre-operative instructions: _____
Diabetes	_____
Epilepsy	Pre-medications: _____
Rheumatic fever	_____
Other disease (describe)	_____
What drugs do you take?	Nurse Signature: _____
Do you have any allergies?	Special Instructions: _____
Could you be pregnant?	_____

Signature of Patient / Parent / Guardian	Signature of Medical Officer



DATE: _____

HOSP. NO. _____

CASE NO. _____

OPERATION PERFORMED: _____

[illegible]

SCRUB NURSE SIGNATURE

CIRCULATING NURSE SIGNATURE

Record of Operation

Record of Operation

Record of Operation