

## **PREFERENCE CARDS in the OR**

(0:00 - 0:28)

Today we're going to be talking about a tool that's going to help you bridge that knowledge gap in any and every case that you're going to see in the OR. As a tech, a nurse, anybody that is in that OR. And that is the preference card.

Stay tuned. Welcome back to another surgical tech tips video. Today we're talking about preference cards.

(0:33 - 0:45)

Specifically two types of preference cards that I want to talk about. And that is the preference card that your hospital gives you. And that's the preference card that you'll be pulling your case cart for.

(0:45 - 1:17)

You'll get lots of info on, on supplies, sutures, instruments, and as well for nurses, it'll give you an idea of how to set the bed up and set the room up for specific cases. On the other side is a preference card that I think personally, I make and that you should make for yourself. And those preference cards will cover anything that may go on in the case that you can't necessarily, uh, you know, put in the hospital preference card.

(1:17 - 1:36)

There's only so much room you can put on those hospital preference cards. And it's a good idea to have your own personal preference cards for specific surgeons. Maybe if you work with a certain surgeons constantly and repeatedly, you may be like every Monday or every, every Wednesday you're working with the same surgeon.

(1:36 - 1:50)

It's a good idea to make your own preference cards just for little, little tidbits and little things that, that you figure out along the way, just to make everything go smooth. And that's what we want in the OR. Smooth.

(2:00 - 2:36)

So let's start this off with a breakdown of the hospital preference card that is provided to you and that you use to pull your case card. I printed off a laparoscopic appendectomy card and I will, this will give you an idea, a rough idea of what you may find in your hospital and what you'll be utilising out in the world. Out in the, out in the field.

So as we can see, the preference card starts off with these surgeons gloves. Got to know what

the surgeon wears for gloves, right? Going on down the line, we have supplies. This first grouping of supplies are actually all of our open supplies.

(2:36 - 2:51)

So those are all the supplies that I'll be opening on the field for this case immediately to set up for it. Continuing down, we have hold supplies. These supplies will be on a separate part of the cart, of the case card itself.

(2:51 - 3:22)

And these are supplies that may either cost a lot of money or supplies that the surgeon may not use on every single, you know, laparoscopic appendectomy. A lot of the times at my hospital, we like to hold really expensive supplies before the patient comes in the room. We do that just in case if the case ends up cancelling for some odd reason, we're not wasting, you know, \$500 for a stapler that we opened on the field.

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It's a good practise to follow. Continuing on, we have irrigations. Pretty simple for that.

(3:30 - 4:14)

You're going to have saline on the field. Flipping the page over goes on into our instruments, instruments that you're going to be using for the case. And sometimes in the comment section we'll have instruments that you need to keep on hold for the case.

It's a laparoscopic case, so it's a good idea to always have like a major tray outside the room or a major tray on hold just in case, because you never know. Going on into the suture, again, we utilise the comment section on the suture to kind of tell whoever is setting up the case or picking the case what the suture is going to be used for. A lot of the times these hospital preference cards, the suture section can get a little bit cluttered.

(4:15 - 4:28)

Every case can be a little bit different and something different may happen. Maybe there's an umbilical hernia that they have to repair along with the laparoscopic appendectomy. So you're obviously going to need extra suture for that.

(4:28 - 4:49)

Sometimes people just throw suture in on the laparoscopic appendectomy card and then it gets a little muddled. Continuing on, we have positioning, medications, the type of prep, dressings. Those are all things and notes for the nurses to really, really hone in on what they're going to need for the case and setting up the room on their part.

(4:50 - 5:11)

A lot of the times in that comment section we'll be able to utilise it for draping techniques too, especially in some orthopaedic cases. If you have a lot of ortho doctors come into your hospital, it's a good idea to have draping techniques in those hospital preference cards as well. Even more so in your preference card, your personal preference cards.

(5:12 - 5:29)

So I just want to give you a breakdown of what a personal preference card may look like. Um, you know, you can, you can have a notebook and you can write little notes in your notebook and try and organise it per doctor. Uh, I, I enjoy doing that and that's what I like to do.

(5:29 - 5:59)

I know some people that I work with, not only do they take those notes, but they take them home and they have, they may have like a spreadsheet or a Google doc or something like that and they actually like to organise all of their doctors, all the specific surgeries under that doctor. And they have it very well organised in a fashion where they're able to just look up on their phones right into the documentation when they have a case with that specific surgeon. I think it's a great idea.

(6:00 - 6:15)

Yes, it may take a little bit of work, but this is your career. This is your future and you should put time into it. So let's break down that personal preference card and I'll kind of give you an outline of maybe what you can adopt.

(6:17 - 6:40)

So this is kind of a, the outline that I, that I've come up with over time and this is what I've used personally back when I was first learning hearts. Uh, hearts are different, different breed altogether. You really really need to break down the surgery and memorise like every part of the surgery and every step of the surgery as much as you can.

(6:41 - 7:11)

So I was able to utilise this, uh, this tool and Google docs for me really, really helped me out in learning in, in hearts. So what's great about this is that I break down, you know, my draping, specific draping, everything I need to know in the procedure for draping out a patient for this cabbage, uh, cannulation stitches. If we need to, if we need to go on pump, uh, a lot of the surgeons that I work with, they all do off pump cabbages.

(7:12 - 7:33)

So majority of the time we don't have to worry about that. But I have all my cannulation

stitches. I'll have a list them off by, by where they're going to be going.

The aortic venous, retrograde, uh, integrated and LV events. And I'll also list how he wants the needle. He or she wants the needle loaded forehand, forehand, backhand, forehand, forehand, backhand.

(7:34 - 9:06)

A lot of these, a lot of these little things end up meaning a lot to a surgeon. It means that it shows the how much you are paying attention to what they're doing in the process. And it makes everything, everything about the surgery runs so much smoother.

Uh, continuing on, we have mammary distal proximals. These are all different steps and different sections of the, of the cabbage surgery that helped me out in my learning experience. Continuing on, we have notes at the end.

Notes can be anything, anything, uh, specific to the surgery or, or not specific to the surgery, but specific to the surgeon in general. Uh, for instance, this surgeon, whenever they would take two mammaries down, it's, it's obvious that he needed an extra chest tube. Uh, anytime he did a cabbage, it was backhand loaded all the needles for his distals and forehand for all of his proximals.

And he always, always wants a double loaded proline for his repair stitches. That's across the board for any, well, the double load repair stitches is across the board for any of the vascular cases, hearts, anything that I would do with him. So use this tool as something to help you grow, as a, as a surgical tech, not only help you grow as a surgical tech, but to set you apart from everybody else in the OR.

(9:07 - 9:20)

I mean, if other people that you're working with aren't doing this, this shows so much attention to detail. The surgeons are going to love you for it. They will absolutely love you for it.

(9:20 - 9:58)

To finish up this video, I just want to stress the importance of keeping those hospital preference cards up to date. Uh, if you run into a case where the surgeon changes something that they want, changes a suture, changes a supply, anything that needs to be changed on that preference card, that is up to you as a surgical tech and your circulating nurse to make sure things are changed on that preference card for the next person and the next group of people that are going to be doing a case with that surgeon again. I can't tell you how much it sucks and it happens all the time.

(9:58 - 10:04)

I'm not going to lie. It happens all the time. You get into a case, you think you have everything

perfectly fine.

(10:04 - 10:23)

You get to the table and the doctor's like, well, you know, where's my suction irrigator? I'm starting to use it on every case now. What's your excuse? I'm sorry, sir. It wasn't on the preference card.

Of course. That's what we all say. Keep your preference cards up to date.

(10:23 - 10:29)

Keep those hospital preference cards up to date. It's a simple thing to do. Simple, simple, simple.

(10:30 - 11:01)

I just want to say thank you so much for watching the video. Uh, I hope you guys learned something from it as always and I really appreciate the feedback, the comments, the questions, the emails. As always, I love interacting with you guys and it's, it's great.

Uh, we just hit 500 subscribers a couple of days ago, which is crazy to think about, you know, that many people watching these videos. So I just want to say thank you and uh, I'll see you again in the next video. Bye.