

## Pre-Operative Nursing

### Summary of Changes

	NEW	Previous
BC Cancer		

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## 1. Introduction

- Brachytherapy at BC Cancer- Kelowna is either Low Dose Rate(LDR) or High Dose Rate(HDR) and patients undergoing treatment in the program can follow several streams:
- Single modality patients receive brachytherapy only
- Dual modality brachytherapy patients receive External Beam Radiation Therapy (EBRT) and brachytherapy
- Tri-modality brachytherapy patients receive Androgen Deprivation Therapy (ADT), EBRT and brachytherapy
- LDR brachytherapy is the permanent implantation of radioactive sources (seeds) and happens after External Beam Radiation Therapy (EBRT) and Androgen Deprivation Therapy (ADT). LDR brachytherapy can also happen as a single modality treatment.
- HDR brachytherapy is the temporary insertion of a high-dose radioactive source and occurs after ADT, but prior to EBRT
- First case is generally scheduled for 0745 in OR or Brachy procedure room (LAKE treatment unit)
  - Anaesthesia arrival time is 0730, Rad Onc is prepared for OR at 0745

### 1.1. Focus

- To provide a process for the pre-operative nursing role on the day of OR at BC Cancer- Kelowna

### 1.2. Health Organization Site Applicability

- This procedure applies to BC Cancer- Kelowna Brachytherapy Program

### 1.3. Directives

- This procedure applies to all staff at BC Cancer who participate in the pre-operative check-in and preparation of patients coming in for brachytherapy procedures
- Registered Nurses working in the Pre-Operative role are required to complete the standardized regional orientation for Pre-Operative Nursing.
- Registered Nurses working in the Pre-Operative role are required to complete the standardized regional orientation and attain proficiency in the Pre-Surgical Screening role

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## 2. Practice Guidelines

### Pre-Operative Nursing Procedure

- 2.1. Arrive at 0645 to ensure room and charts are ready and get changed into scrubs (OR RNs to arrive at 0700)
- 2.2. Complete bedside/chairside equipment
- 2.3. Check the OR charts and sign off the 'DAY OF SURGERY – CONFIRMATION OF PSSQ' if applicable

**\*Verify that the "Confirmation of Consent" has been signed off on page 1 of PSSQ form\***

- 2.4. Provide CAIS SIOR schedule for:
  - o PAR
  - o OR for Anaesthetist
  - o Procedure room (LAKE)
  - o Brachydesk in PR
- 2.5. Pre-op RN lets the first patient (booked for 0700) in building when second RN arrives
  - For staff and patient safety 2 nurses must be present in building prior to patients being let into building.
- 2.6. Place patient in room 7 in Patient Review
- 2.7. Go through pre-op brachy checklist with patient step-by-step, obtain vital signs, patient weight and confirm:
  - Patient name
  - Patient birthdate
  - Patient understands reason for appointment
  - Fasting and bowel prep done
- 2.8. If patient has a Hemodialysis fistula or graft in one of their arms, please avoid IV starts, bloodwork or blood pressure measurement in that arm. Please obtain IV band from drawer in room 7 and write NO IV's, BLOODWORK OR BLOOD PRESSURES ON \_\_X\_\_ ARM and highlight in pink. Place band on affected arm
- 2.9. Have patient change in to gown/booties and put clothing into patient belongings bag

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- Each brachytherapy patient receives a locker in the CT patient locker room for their belongings. Once the belongings are locked in the locker, place the key to the locker in a Sav-a-day tray and label the tray with the patient's name
  - Glasses, dentures, book, phone etc. can also be placed in the tray at patient's discretion
  - The tray goes with the patient to the OR and then to PARR
- 2.10. Fleet enema can be done per self in the patient washroom, or with assistance from nursing if required

### 2.11. IV Start

- Anaesthesia is responsible for the IV start; the IV may also be started by nursing.
- For time efficiency or if a patient requires an IV urgently for dehydration, hypoglycemia, etc., nursing can start the IV
- Ringer's Lactate is in warmer in clean supply room across from PARR
- Nursing chooses the best vessel in either arm for a 20g IV, however, anaesthesia would prefer:
  - IV in left arm for LDR prostate
  - IV in right arm for HDR prostate
  - NO IV start or BP on AFFECTED ARM of BREAST patient

**\*We are generous with IV fluid for prostate patients who have had a long prep and maybe quite dehydrated\***

### 2.12. Give medications as indicated by BPMH form with sip of water

- Acetaminophen 975mg PO is always given unless patient allergy or contraindication
- Check back side of BPMH for further medication instructions – i.e. Salbutamol neb is common for day of surgery

### 2.13. Check orders for day of surgery bloodwork, glucose monitoring or NPO diabetic orders

### 2.14. Check and apply name band to patient's arm opposite the IV

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- Apply allergy band to same arm if allergies noted (plain IV bands in drawer with Acetaminophen, and allergies are written in pen and highlighted in pink)
- 2.15. Once patient is ready for OR, monitor IV fluid intake, ensure patient has call bell attached to bed and knows how to take their IV with them if they need to use the washroom
- 2.16. After patient leaves room for OR/Procedure room, ensure bed is washed/refreshed for next patient (Gown, Booties, Cap, personal belongings bag)

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