

Duties of Scrub & Circulating Nurse

Site Applicability

MSJ and SPH Operating Rooms. This procedure applies to surgical cases occurring in both the main OR and the Surgical Procedure Rooms of SPH/MSJ.

Practice Level

Basic: Within the scope of every perioperative nurse

Need to Know

Both scrub and circulating nurse(s) will participate in all three phases of the Surgical Safety Checklist (Briefing, Time Out, De-briefing).

Procedure

Steps

Room Preparation (usually done by circulating nurse while scrub nurse is scrubbing)

1. Bring all unsterile equipment and supplies into the room. Gather sutures and medications as necessary as per the Doctor's Preference Card (DPC).
2. Arrange the furniture as per the DPC or standard OR plan.
3. Bring in the case cart.
4. Distribute the supplies from the room pack:
 - Anesthetic tubing (with filter) attached to anesthesia machine.
 - Suction tubing attached to suction on anesthesia machine; suction tested; *Yankauer* tip attached.
 - K basin on top of anesthetic machine (MSJ).
 - Cautery pad on ESU machine. (Do not open package until ready to use.)
 - Suction liner in floor suction canister and suction tested. (Suction is prepared even if its use is not anticipated).
5. Distribute the sterile items from the case cart (as required):
 - Custom or drape pack on back table.
 - Basin on double ring stand.
 - Instrument set on single ring stand to the right of the back table.
 - Prep set and sponge stick on the prep cart/desk.

- Scrub nurse gown on the mayo stand or prep cart.
- PRN or extra supplies in bin on extra table in the room or in the cupboard (MSJ).
- PRN or extra supplies in pass-through or outside of room on cart (SPH).
- See the DPC or standard care plan for variations to the above list.

Scrub Nurse

1. Scrub following the protocol for the product being used.
2. Dry hands (PRN). Gown from the mayo stand or the prep cart. Glove from the gown wrapper on the mayo stand/prep cart, or glove using the “air-glove” technique. Use the closed gloving technique.
3. Drape the mayo stand (if required).
4. Unpack the basin set, check for sticky remnants on the rims of the dishes. In a rectangular dish, place a folded huck towel to make a neutral zone for passing sharps, time permitting (if required).
5. Arrange the drapes in order of use, and place them in the basin. If a basin is not required, place the drapes on a corner of the back table.
6. Remove the inner baskets of instruments from the rigid containers and place them on the back table.
7. Receive items from the circulating nurse. When possible, place items where they belong on the set-up.
8. Count in as per protocol.
9. Continue to organize the set-up.
10. Gown and glove the surgeon/assistant(s).
11. Drape as per the DPC or standard care plan.
12. Move the mayo stand (PRN), ring stand(s) (PRN), and back table into position, with the help of the circulating nurse.
13. Hand up the suction, cautery, light handle covers, and sponges, as required.
14. Follow the operative procedure closely and anticipate the needs of the surgeon when possible.
15. Count out as per protocol.
16. Apply the dressing; remove the drapes; clean the patient, as required.
17. Pack up the case cart and take to MDRD Decontamination area. Discard sharps (MSJ)
18. Contain or dispose of sharps and pack up the case cart for transport to the Soiled Utility Room (SPH).
19. Take the specimen(s) to the OR lab (PRN).
20. Restock theatre supply cupboard daily (may be done in collaboration with the circulating nurse) (MSJ).

Circulating Nurse

NOTE: At what point the patient is brought into the room depends on whether there are one or two circulating nurses.

1. Complete the patient admission as per B-00-13-10039 (Admitting Patient to the Operating Room) or B-00-13-10140 (DT Procedure Rooms MSJ Admitting Patient to Operating Room).
2. Assist the patient to transfer to the OR bed and secure the safety belt two inches above the knees. This requires one person beside the stretcher and one beside the OR bed.
3. Open the pack(s), basin(s), and instrument set(s). Small items that are wrapped in linen or polypropylene may be placed on the set-up. ***Do not flip any items on to the set-up.***

NOTE: Before surgery starts, empty rigid containers are returned to MDRD via the hallway cart (MSJ), or placed on the cart in core (SPH). Rigid containers remaining in the OR after surgery start will be sent with the dirty case cart.

4. Pass the scrub nurse their gloves. Fasten their gown.
5. Open supplies for the scrub nurse.
6. Count in as per protocol.
7. Attach the monitors; assist the anesthesiologist with the insertion of lines, blocks, etc.
8. Assist with the induction of anesthesia.
9. Position the patient (with the assistance of/in consultation with the surgeon and anesthesiologist); apply the cautery pad(s) after the patient is in the final position.
10. Prep as per the DPC list or standard care plan.
11. Fasten the gowns of the surgeons/assistants.
12. Monitor the draping procedure.
13. Help the scrub nurse to position the mayo stand, ring stand(s), and back table.
14. Turn on the operating lights. Connect the cautery and suction. Position the kick buckets.
15. Prepare the case cart for the end of the case. Ensure there are enough soaking bins; fill the bins with water.
16. Try to anticipate the needs of the surgical team throughout the procedure.
17. Complete the charting as the surgery progresses. Remember to document these additional times in the case times segment: Briefing, Anesthesia Ready, and Anesthesia Ready to Transfer.
18. Plan for the following case by checking the case cart, asking the aide to gather unsterile equipment, etc.
19. Move up or delay cases as necessary. Keep the surgeon(s), anesthesiologist, the sending nursing unit, and the charge nurse informed of time changes as they occur. This can be done via the front desk unit clerk as needed.

20. Ensure the appropriate post-op transport vehicle, plus any other equipment (e.g. oxygen, monitor, x-ray cassette) has been readied outside the room by the porter ward aide.
21. Count out as per protocol.
22. At the end of the procedure, disconnect the cautery and suction; move the garbage receptacle to the end of the OR bed.
23. Assist with the incision dressing PRN. Remove the cautery pad. Perform head-to-toe assessment for skin integrity and ensure that the patient is clean, dry, and warm.
24. Call for porter ward aide.
25. Remain with the patient and anesthesiologist during extubation.
26. Notify PACU.
27. Help to transfer the patient to the stretcher or bed.
28. Accompany the anesthesiologist to PACU. Provide nursing handover report to the PACU nurse.
29. Return to the room to assist scrub nurse with clean up, including room turnover cleaning duties.
30. Ensure the arrival of housekeeping. Notify the charge nurse if any delays.
31. Restock theatre supply cupboard daily. This may be done in collaboration with the scrub nurse (MSJ).

Related Documents

1. [B-00-12-10087](#) – Transfer, Lateral Using Transfer Board in Operating Room
2. [B-00-12-10110](#) – Transfer, Lateral: Using the Blue Sliding Sheet and Transfer Board MSJ
3. [B-00-13-10039](#) - Admitting Patient to Operating Room (OR)
4. [B-00-13-10042](#) - Surgical Specimen Handling and Management in the Operating Room
5. [BCD-11-11-40012](#) – Surgical Count Policy
6. [B-00-13-10069](#) - Surgical Count Protocol (PHC)
7. [B-00-13-10140](#) - DT Procedure Rooms MSJ – Admitting Patient to Operating Room (OR)
8. [BD-00-11-40012](#) - Surgical and Procedural Safety Checklist (S-PSCL)
9. [BD-00-11-40014](#) - Surgical Site Identification

References

1. ORNAC. (2023). ORNAC Standards, Guidelines, and Position Statements for Perioperative Registered Nurses (16th ed).
2. AORN. (2023). Guidelines for Perioperative Practice.

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