

## OBSTETRICS & GYNECOLOGY

*University of Washington Medical Center*

Dear Student,

We would like to welcome you to your Obstetrics and Gynecology Basic Clerkship. During this six-week clerkship, you will have the opportunity to apply and increase your knowledge in both clinical and didactic settings. Our faculty members enjoy teaching, especially in a one-on-one basis. We hope you will take advantage of their expertise and learn as much as possible; do not be afraid to ask questions.

A general orientation for all Washington (except Spokane) area students takes place on the first morning of the clerkship at the University of Washington Medical Center. You should review the OB/GYN Basic Clerkship website prior to orientation, as it contains much useful information. Books will be available to rent (\$10.00) after the morning orientation at UWMC.

Complete, up-to-date clerkship and schedule information is available online at:  
[www.obgyn.uwmedicine.org/clerkship](http://www.obgyn.uwmedicine.org/clerkship)

<b>Date to Remember</b>	<b>Time</b>	<b>Activity</b>	<b>Location</b>
1 <sup>st</sup> day of Clerkship	8:30 AM	Orientation & book rental	UW Ob/Gyn, Room BB-667
	Afternoon	Report to sites for further orientation	Seattle-area and Yakima sites
Last day of Clerkship	8:45 AM	Return Books	UWMC ( <i>location announced one week prior, by email</i> )
	9:00 AM	Final written exam Complete Evaluation	
	5:00 PM	Clerkship officially ends	

*If you have any questions, either before or during the clerkship, please do not hesitate to call us.*

**Vicki Mendiratta, MD**  
Clerkship Director  
OB/GYN Division of Education  
vmendira@u.washington.edu

**Whitney Hiatt**  
Clerkship Coordinator  
206-543-3892  
whiatt11@u.washington.edu

**KADLEC REGIONAL MEDICAL CENTER**  
***Individual Records Audit***

In accordance with the contract for school/individual practicum, an audit of school/personal records pertinent to the clinical experience will be performed. Please complete this checklist to ensure compliance with regulatory and accrediting agency requirements. Failure to complete this audit will result in suspension of the contract between Kadlec Regional Medical Center and \_\_\_\_\_ (school/agency). If there are questions pertaining to the completion of this document please contact Kadlec Education Dept at (509) 942-2600.

**Please return this audit two weeks prior to the requested start date.**

**Student/Individual name:** \_\_\_\_\_ **Request Start/End Date:** \_\_\_\_\_ **to** \_\_\_\_\_

- \*Nat'l Criminal History/Background Check completed within 90 days of internship start date. Original copy (or access) provided to KRMC by BGC agency only.
- \*Criminal disclosure statement signed. No crimes against people reported. To be done with Nat'l Criminal History/Background Check.

Proof of immunizations recorded by original provider:

- (1) Negative tuberculin (TB) status within the past year (via Mantoux, Quantiferon or chest X-ray).
  - (2) Hepatitis B immunity documented, series of three begun or waiver signed.
  - (3) Current measles, mumps and rubella immunity documented by vaccination (two inoculations) or serum titre for each, indicating antibodies.
  - (4) TDaP vaccine (FDA approved in June 2005) if the student/individual has not received a Tetanus booster within the past two years.
- Blood borne pathogen education.
  - CPR/BLS (Healthcare Provider for Adult, child and infant) if required, date of expiration: \_\_\_\_\_
  - Proof of Professional Liability Insurance: Company Name: \_\_\_\_\_ (copy provided to KRMC)
  - Date of last flu vaccination: \_\_\_\_\_

My signature indicates I have personally viewed the required documents at the school/agency noted above and could provide copies to KRMC upon request.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_  
**School/Agency authorized signature**

**The following orientation items will be completed/confirmed upon arrival to Kadlec Regional Medical Center by the appropriate Kadlec representative:**

- Safety Education, Compliance and HIPAA
- Photo ID/School Identification
- KRMC Confidentiality Agreement
- WSP Authorization for Background Check

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

**PURSUANT TO THE REQUIREMENTS OF RCW 43.43.830.840, WE MUST ASK YOU TO COMPLETE THE FOLLOWING DISCLOSURE STATEMENT. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.**

Have you ever been convicted of any of the following crimes against persons:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated Murder	<input type="checkbox"/>	<input type="checkbox"/>	First Degree Burglary
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Murder	<input type="checkbox"/>	<input type="checkbox"/>	Indecent Liberties
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Assault	<input type="checkbox"/>	<input type="checkbox"/>	Vehicular Homicide
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Rape	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful Imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Rape of a Child	<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Robbery	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Exploitation of Minors
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Simple Assault
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Extortion	<input type="checkbox"/>	<input type="checkbox"/>	Malicious Harassment
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Criminal Mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Child Molestation
<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse or Neglect as defined in RCW 26.44.020	<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Sexual Misconduct with a Minor
<input type="checkbox"/>	<input type="checkbox"/>	Selling or distributing erotic material to a minor	<input type="checkbox"/>	<input type="checkbox"/>	Violation of Child Abuse Restraining Order
<input type="checkbox"/>	<input type="checkbox"/>	Custodial Assault	<input type="checkbox"/>	<input type="checkbox"/>	Child abandonment
<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling	<input type="checkbox"/>	<input type="checkbox"/>	Promoting Pornography
<input type="checkbox"/>	<input type="checkbox"/>	First Degree promoting prostitution	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a Juvenile Prostitute
<input type="checkbox"/>	<input type="checkbox"/>	Communications with a minor	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	<input type="checkbox"/>	First Degree Arson	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been renamed.

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

---



---



---

Have you ever been convicted of any of the following crimes relating to financial exploitation of a person 60 years of age or older, who has functional, mental, or physical inability to care for himself or herself or is a patient in a state hospital:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Extortion	<input type="checkbox"/>	<input type="checkbox"/>	Forgery
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Robbery	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been renamed
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third Degree Theft			

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

---



---

- 
1. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?  Yes  No
  
  2. Have you ever been found in a court in a domestic relations proceeding to have physically abused or exploited any minor or to have physically abused any minor?  Yes  No
  
  3. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person?  Yes  No
  
  4. Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital?  Yes  No
  
  5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital?  Yes  No

If your answer is "yes" to any of questions 1 through 5 above, please describe and provide the date(s) of the finding(s) and penalty(ies) imposed.

---

---

---

---

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudication of child abuse, and disciplinary board final decisions. *YOUR EMPLOYMENT OR STUDENT INTERNSHIP WILL BE CONDITIONED UPON THE SATISFACTORY OUTCOME OF BACKGROUND CHECKS AS DESCRIBED BELOW.*

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am accepted into a clinical internship, I can be discharged for any misrepresentation or omission in the above statement. I also understand that any employment or internship is conditioned on the successful completion of the following: professional references, background investigations including but not limited to: Licensure, Criminal History, Social Security Verification, Governmental Sanction Checks and required drug screens.

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

## Allied Health Professional Scrub Assistant O.R. Orientation

### Review of Policy and Procedure

Policy #	Policy Title
48.03.01	Dress Code
30.13.02	Traffic patterns in the Surgical Suite
48.20.01	Sterile Technique and Application
30.35.12	Sharps, Sponges, and Instrument Count
30.13.08	Event Related Sterility Assurance
30.20.04	Surgical Hand Scrubbing
30.20.06	Self Gowning
30.20.08	Gloving
30.35.01	Positioning the Patient in the Operating Room
30.25.07	Care of the Pediatric Patient in the Operating Room
30.30.01	Electrosurgical Cautery Use: Monopolar
30.20.09	Draping
30.25.01	Circulating Nurse Responsibilities
30.25.02	Scrub Nurse/Tech Responsibilities
695.00	Universal Protocol: Operative/Procedural and Site/Side Verification

I have had the opportunity to read the above policies and procedures and ask question should I have any.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Unit Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Perioperative Educator

\_\_\_\_\_  
Date

**KADLEC MEDICAL CENTER  
DEPARTMENT SPECIFIC  
POLICY AND PROCEDURES  
Department: Operating Room**

TITLE: Dress Code	POLICY: PROCEDURE: GUIDELINE: X STANDARD:	NO. 48.03.01 41.03.03
Key Words: Uniform	EFFECTIVE DATE: 5/05	PAGE 1 OF 2
ADMINISTRATIVE APPROVAL: Susan Spohr, CNO	SUPERSEDES: 4/02, 12/01, 7/96, 11/92, 3/87	
COMMITTEE APPROVAL/REVIEW: Department Specific		
DEVELOPMENT TEAM/AUTHOR(S): N. Briggs, RN, D. Sanders, RN		
AUDIT REVIEW: (By and Date) Debra Webster 01/17/08		

**PURPOSE:** To assure and promote a high level of cleanliness and hygiene in the surgical environment.

**ACTION**

**KEY POINTS**

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. All persons entering semi-restricted and restricted areas of Perioperative Services will wear hospital provided scrub pants and top.</li> <li>2. Scrub clothing will be laundered by hospital facilities.</li> <li>3. Scrub clothing, including shoe covers and hats, are to be changed daily, or whenever they become soiled or wet.</li> <li>4. Any clothing which is not part of the surgical scrub attire must be covered by departmental attire.</li> <li>5. Cover coats are not required outside of the Perioperative area while inside the main hospital building. Cover coats are required if leaving the main hospital building.</li> <li>6. Only shoes dedicated to the main hospital building, or shoes which are covered with disposable shoe covers, will be worn.</li> <li>7. Scrub hats/caps/hoods must be worn within the semi-restricted and restricted areas of Perioperative Services.</li> <li>8. All persons shall wear a disposable mask furnished by the department while in any restricted area where sterile supplies or instruments are open.</li> <li>9. All personnel entering the semi-restricted and</li> </ol> | <ol style="list-style-type: none"> <li>4. Scrub personnel must not wear long sleeves.</li> <li>6a. Closed toed shoes are recommended for safety.</li> <li>6b. Dedicated shoes/shoe covers in restricted and semi-restricted areas of Perioperative Services keep outside cross contamination to a minimum.</li> <li>7a. Freshly laundered home made caps are allowed but must be changed daily, or if they become soiled or wet. A tightly woven, smooth (non-brushed) fabric (i.e., broadcloth, cotton duck, silk, poly-cotton, fabric is recommended.</li> <li>7b. Scrub hats/caps/hoods are not required in PACU</li> </ol> |
|---|--|

**NOTE: MASKS WILL BE REMOVED AFTER EACH CASE AND BEFORE LEAVING THE DEPARTMENT**

**KADLEC MEDICAL CENTER  
POLICY & PROCEDURES**

TITLE: Dress Code	DATE: 5/05	NO. 48.03.01 41.03.03	Page 2 of 2
-------------------	------------	--------------------------	-------------

**ACTION**

**KEY POINTS**

restricted areas of the surgical suite shall limit jewelry to a watch, and/or wedding ring. Earrings and necklaces need to be contained or covered by scrub attire.

10. Fingernails are to be kept clean and trimmed no longer than 1/8" past finger tip. Nail polish is acceptable as long as it is intact and not cracked. Artificial nails are not allowed for any OR personnel.

- 10 Artificial nails include but are not limited to:
- Wraps
  - Acrylics
  - Tips
  - Tapes
  - Any appliques other than those made of nail polish

11. Outside persons whose services are required in surgery must adhere to Perioperative Services dress policies.

11. Exception: HW code team members who are not dressed in OR scrub attire may enter the OR semi-restricted et restricted areas when responding to an emergency

12. Protective barriers include:
- a. Gloves shall be worn whenever there is a risk of exposure to potentially infectious materials.
  - b. Protective eyewear or face shields shall be worn whenever there is a risk of splash to the face or eyes.
  - c. Fluid resistant gowns and shoe covers shall be worn when contact with body fluids is anticipated.

12. Hand washing is recommended after removing gloves.

**ADDENDUM FOR CESAREAN SECTIONS IN THE BIRTH CENTER:**

1. Support person will change from street clothes to surgical scrubs provided by the hospital. They will change clothes in the LDRP room prior to scrubbing hands and arms. Scrub cap, shoe covers, and mask shall be put on prior to entering the C/Section Room.
2. Nursing staff shall change into clean scrub uniforms prior to each case in the unit's change room.
3. Physicians will change into scrubs before cases, in the unit's change room.

**KADLEC MEDICAL CENTER  
DEPARTMENT SPECIFIC  
POLICY AND PROCEDURES  
Department: Operating Room**

<b>TITLE:</b> Traffic Patterns In The Surgical Suite  <b>Key Words:</b> transfer	<b>POLICY:</b> <b>PROCEDURE:</b> X <b>GUIDELINE:</b> <b>STANDARD:</b>	<b>NO. 30.13.02</b>  <b>PAGE 1 OF 2</b>
<b>ADMINISTRATIVE APPROVAL:</b>	<b>EFFECTIVE DATE:</b> 8/08  <b>SUPERSEDES:</b> 2/02,5/96, 12/92, 5/90	
<b>COMMITTEE APPROVAL/REVIEW:</b> Department Specific		
<b>DEVELOPMENT TEAM/AUTHOR(S):</b>		
<b>AUDIT REVIEW: (By and Date)</b> J. Hunsaker 8/08		

**POLICY:**

Care of the patient during surgery requires movements of patients, personnel, and material within the surgical suite. Planning and controlling these movements are basic components in Infection Control. KMC Operating Room is committed to following AORN Standard and Recommended Practices. The procedure below defines our implementation of these recommended practices with the goal of minimizing infection sources and optimizing efficiencies of processes and personnel.

**PROCEDURE:**

**ACTION**

**KEY POINTS**

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. The surgical suite is divided into three designated areas that are defined by physical activities in each area. Environmental and dress control increase as progression is made from unrestricted to restricted areas.           <ol style="list-style-type: none"> <li>a. The unrestricted area:</li> <li>b. The <u>semi-restricted</u> area: This includes the most peripheral support areas of the surgical suite. This includes areas for clean and sterile supplies, work areas for storage and processing of instruments, scrub sink areas, and corridors leading to the restricted areas of the surgical suite. Traffic is limited to authorized personnel and patients in this area. Personnel are required to wear surgical attire and cover all head and facial hair in this area.</li> <li>c. The <u>restricted</u> area: This is the area where surgical procedures are performed and room has open sterile supplies. Scrub attire, caps and masks required. All personnel in the restricted area must comply with Dress Code Policy #</li> </ol> </li> <li>2. Patients entering the surgical suite have clean linens and</li> </ol> | <ol style="list-style-type: none"> <li>1. When operating room air is properly filtered and attentive practices observed by personnel, bioparticulate counts should drop as progress is made from the unrestricted area to the restricted area of the operating room suite.           <ol style="list-style-type: none"> <li>a. Corridors and rooms connecting to semi-restricted area including employee locker rooms, lounge, and desk area.</li> <li>b. Includes OR corridors, clean core area, substeriles, anesthesia workroom, equipment storage area, and PACU. NOTE: Caps are not required in the PACU.</li> <li>c. Operating room suites</li> </ol> </li> <li>2. Hair on the head and on other areas of the</li> </ol> |
|--|--|

**KADLEC MEDICAL CENTER**  
**PATIENT CARE SERVICES POLICIES & PROCEDURES**

SUBJECT: Traffic Patterns In The Surgical Suite	DATE: 8/08	NO. 30.13.02	Page 2 of 2
---	------------	--------------	-------------

ACTION

KEY POINTS

gowns and have their hair covered.

body may shed debris and dead cells that may be transported to the open wound.

- |   |  |
|---|--|
| <p>3. A goal of traffic planning is to make the team self-sufficient, or nearly so, once the operation has begun. Doors to the operating rooms will be closed except during movement of personnel and equipment.</p>  | <p>3. Movement or activity in the operating room can be decreased by closing the doors. Keeping doors to the operating room closed decreases the mixing of operating air, which may contain higher counts of bacteria.</p>                   |
| <p>4. Factors producing air turbulence, such as movement, number of people, and talking will be minimized during surgery.</p>   | <p>4. Bacteria counts rise sharply as air travels through the operating room because of shedding or contaminated particles from patient, personnel, drapes. Shedding increases with activity.</p>  |
| <p>5. Life-threatening patient emergencies or fire and safety hazards may necessitate modification in traffic control practices.</p>  | <p>5. The patient's welfare is primary consideration during emergency situations even though movement increases contamination.</p>   |
| <p>6. The movement of clean and sterile supplies and equipment will be separated as much as possible from soiled equipment and waste by space, time or traffic patterns. Clean and sterile supplies will be transported to the OR using the clean elevator from the Sterile Processing Department.</p>  | <p>6. Uncovered supplies are easily contaminated by contact and/or by airborne contaminants.</p>   |
| <p>7. Materials are removed from external shipping cartons or uncovered in the restricted area before transfer into OR storage areas.</p>   | <p>7. Shipping boxes generate dust. They may collect dust from any point in the course of shipment and carry contaminants into the sterile storage areas. Cardboard boxes are not permitted in the restricted and semi restricted areas.</p> |
| <p>8. Soiled supplies, instruments, equipment for reprocessing, trash, and soiled linen are contained and are transported through the semi-restricted OR corridor. Soiled items will not be re-enter the clean core area. Soiled items will be transported to the soiled utility elevator in the OR in a closed case cart for transport to the designated decontamination area in the Sterile Processing Department</p> | <p>8. Soiled materials require the same degree of impervious cover as clean supplies during transport. This is necessary to avoid spreading contamination.</p>   |

References:

“Recommended practices for traffic patters in the perioperative practice setting,” in *Perioperative Standards and Recommended Practices* (Denver: AORN, Inc. 2008) 613-617.

**KADLEC MEDICAL CENTER  
DEPARTMENT SPECIFIC  
POLICY AND PROCEDURES  
Department: OPERATING ROOM**

TITLE: Sterile Technique and Application	POLICY: PROCEDURE: GUIDELINE: X STANDARD:	NO. 41.20.50 48.20.01
Key Words: Sterile	EFFECTIVE DATE: 4/15/08	PAGE 1 OF 2
ADMINISTRATIVE APPROVAL: Susan Spohr, CNO	SUPERSEDES: 1/29/07, 04/02, /96, 2/83, 3/87	
COMMITTEE APPROVAL/REVIEW:		
DEVELOPMENT TEAM/AUTHOR(S): M. Sturtevant,		
AUDIT REVIEW: (By and Date)		

**PURPOSE**

Established guidelines to acquaint all Operating Room personnel to the principles of sterile technique.

**POLICY**

- All articles used in an Operating Room during a specific sterile surgical procedure will have been previously sterilized. Sterile linen, gauze, basins, and such materials are stocked in the sterile supply room. Instruments may also be prepared or sterilized immediately preceding the operative procedure and taken directly to the sterile table from the autoclave.
- Persons who are "not sterile" touch only unsterile articles.
- Persons who are "sterile" touch only articles so designated sterile.

**GUIDELINES**

1. Non-sterile persons should observe the following:
  - a. Maintain sufficient distance from sterile areas.
  - b. Allow a wide margin of safety in passing sterile areas to avoid contamination.
  - c. Face a sterile area when passing to secure and prevent the danger of brushing against the area.
2. The Circulating nurse stands at a distance from the sterile field to adjust the light.
3. Non-sterile persons must guard against contaminating an area designed as "sterile".
4. Drapes should not be flipped, fanned or shaken near a sterile field.
5. Non-sterile persons must not reach over a sterile field.
6. The Circulating nurse peels the cover of a solution container or test tube so that the edge of the cover never covers the lip of the flask.
7. The Circulating nurse is careful that the edge of the flask cover does not touch the lip of the flask when lifting it off.
8. The Scrub person touches only the portion above the table level.
9. The Scrub person drapes an unsterile field towards themselves first.
10. The Scrub person drapes a table with sheets in a manner that unfolds so that they are dropped and not brought up to the field level.
11. Gowns are considered sterile in front from chest level to level of the sterile field.

**KADLEC MEDICAL CENTER  
POLICY & PROCEDURES**

TITLE: Sterile Technique and Application

DATE: 4/08

NO. 48.20.01  
41.20.50

Page 2 of 2

12. Sterile persons keep hands in sight and at or above level of the sterile field. Arms are never folded.
13. Hands are kept away from face and elbows close to sides. When a sterile person stands on a platform, the low area of the gown brought to table level must not brush against the sterile table.
14. Sterile persons lift contents from packages by reaching down and lifting them straight up while holding elbow high.
15. Sterile persons keep well within the sterile area. They must allow a wide margin for safety when passing unsterile areas and follow the rules for passing.
  - b. Sterile persons stand at a safe distance from the operating field when draping the patient.
  - c. Sterile persons pass each other back to back or face to face.
  - d. A sterile person turns their back to a non-sterile person or area when passing.
  - e. A sterile person faces a sterile field when passing it.
  - f. A sterile person should ask a non-sterile person to step aside further than try to crowd past them.
16. Sterile persons should observe the following:
  - a. Stay in the room. A corridor is considered non-sterile.
  - b. They should remain standing, facing, and near the sterile tables if waiting for the procedure to start.
17. Change punctured gloves or contaminated gowns immediately.
18. If a solution soaks through a sterile area, the whole area is not sterile. The drape or towel is covered or replaced with a dry sterile covering.
19. The Scrub person sets containers to be filled at the edge of the sterile field. The Circulating nurse stands near the table to fill them.
20. The surgical team members will turn away from the sterile field to have the perspiration mopped from their brow.
21. Articles dropped below waist level are discarded. The edge of anything that encloses a sterile item is not considered sterile, i.e. edges of sterile wrappers, caps on solution containers, test tube covers. Since there is no definite line separating sterile from unsterile, the edge is always considered unsterile.
22. Sterile packages are placed only on dry areas.
23. Linen packages from the sterilizer are permitted to cool and dry so that they will not become damp for steam condensation when placed on the storage self.
24. If in doubt about the sterility of any item, consider it unsterile.

**KADLEC MEDICAL CENTER  
DEPARTMENT SPECIFIC  
POLICY AND PROCEDURES**  
Department: Operating Room/ Birth Center

<b>TITLE:</b> Sharps, Sponges and Instrument Count	<b>POLICY:</b> X <b>PROCEDURE:</b> X <b>GUIDELINE:</b> <b>STANDARD:</b>	<b>NO.</b> 30.35.12 26.20.60
<b>Key Words:</b> instrument count	<b>EFFECTIVE DATE:</b> 7/05	<b>PAGE</b> 1 OF 3
<b>ADMINISTRATIVE APPROVAL:</b> Signed by Kelly Harper, Manager Maternal Child	<b>SUPERSEDES:</b> 3/04, 11/02, 7/02, 12/01,5/96, 7/92, 3/87	
<b>COMMITTEE APPROVAL/REVIEW:</b> OR/Birth Center Unit Specific, Dept. of Surgery		
<b>DEVELOPMENT TEAM/AUTHOR(S):</b> Nancy Briggs, Marianne Sturtevant, Michael Carter, Nikki Mays		
<b>AUDIT REVIEW:</b> (By and Date) Deb Webster 4/09, C Jackson, 7/05, M: Sturtevant 12/06		

**PURPOSE:** Counts are performed to account for items and ensure the patient is not injured as a result of a retained foreign body. The implementation of accurate count procedures helps promote an optimal perioperative patient outcome.

**POLICY:** Sponge and sharp counts shall be taken before the beginning of all cases except myringotomy, dental, and cystoscopy cases.  
Subsequent sponge and sharp counts shall be taken:

- before closure of a cavity within a cavity (i.e. the uterus during a C-Section),
- before wound closure begins
- at skin closure or end of the procedure, and
- at the time of permanent relief of either the scrub person or circulating nurse.

Instrument counts shall be taken before the beginning of any cases when a body cavity is being entered. Subsequent instrument counts will be performed before wound closure begins.

(Exception): Anterior Spinal Fusion – The instrument count will be waived. A C-arm x-ray will be done at closure for instrument count verification and read by the surgeon.

**\*\*NOTE:** In addition to these recommended counts, additional counts can be initiated and performed at the discretion of either the scrub person or circulator during the procedure.

**EQUIPMENT:** Count sheet with basic instruments listed, or a white board  
Specialty instruments will be added to the basic list as needed  
C-Arm

ACTION	KEY POINTS
1. Counts will be performed by two individuals; one being a registered nurse.	1. Documented on the intraoperative record by the registered nurse.
2. An initial count shall be taken on all procedures, prior to making an incision, to establish a baseline.	
3. Counts will be performed audibly and concurrently viewed by the scrub and circulator.	3. Sponges will be separated during the initial count Suture needles will be counted according to the number marked on the outer package and verified by scrub and circulator at the time of use. Subsequent

**KADLEC MEDICAL CENTER  
POLICY & PROCEDURES**

TITLE: Sharps, Sponges and Instrument Count	DATE: 7/05	NO. 30.35.12 26.20.60	Page 2 of 3
---	------------	--------------------------	-------------

ACTION	KEY POINTS
	counts should be performed according to the manufacturer's packaging (5 laps, 10 raytec, multipack needles, etc.)
4. When additional sharps, sponges, or instruments are added to the field, they will be counted when added and recorded as part of the count.	
5. Counts should be performed in the same sequence each time.	5. The count should begin at the surgical site and the immediate surrounding area, proceed to the Mayo stand and back table and finally, to counted items that have been discarded from the field.
6. The use of counted sponges as postoperative packing is discouraged	6. If counted sponges are intentionally used as packing and the patient leaves the OR with this packing in place, the number and type of sponge retained must be documented on the intraoperative record and the progress notes.
7. The surgical team will account for all disassembled or broken instruments or sharps in their entirety.	
8. All sponges used during the surgical procedure will be X-ray detectable and shall not be cut.	
9. Linen and waste containers should not be removed from the room until counts are completed and resolved.	
10. All sponges, sharps, and instruments shall be accounted for and removed from the room during end-of-procedure cleanup.	10. Removing all counted items from the room helps avoid potential incorrect counts on subsequent procedures.
11. In the event of an incorrect or questionable count, the surgeon is notified, a recount is taken, a search is made for the missing item and, if not found, an x-ray will be taken before the patient leaves the OR suite. If the item is not found on the x-ray, documentation of result is recorded on the record. If x-ray indicates the item is retained in the patient, document this fact and the course of action taken.	11. Contact lead nurse/unit nurse manager to initiate a PA form for no patient charge on the x-ray.
12. Anterior Spinal Instrument Count Verification <ul style="list-style-type: none"> <li>a. Prior to closure, the instrument count is waived and x-ray with c-arm sweep will be taken by the x-ray technician.</li> <li>b. The surgeon will read and verbally confirm x-ray verifies no instrument seen. This will be dictated in the operative report.</li> <li>c. The circulator will document the x-ray result for confirmation of instrumentation on the OR record. An annotation shall be made as to the outcome of the x-ray findings.</li> </ul>	

**KADLEC MEDICAL CENTER  
POLICY & PROCEDURES**

TITLE: Sharps, Sponges and Instrument Count	DATE: 7/05	NO. 30.35.12 26.20.60	Page 3 of 3
---	------------	--------------------------	-------------

ACTION	KEY POINTS
<p>13. Documentation of counts includes but is not limited to:</p> <ul style="list-style-type: none"> <li>▪ Types of counts (sponge, sharp, instrument)</li> <li>▪ Names of personnel performing the counts</li> <li>▪ Results of surgical counts</li> <li>▪ Notification of the surgeon</li> <li>▪ Items remaining with and/or in the patient</li> <li>▪ Actions taken if count discrepancies occur, and</li> <li>▪ Quality Review reporting form</li> </ul>	<p>13. Documentation of nursing activities related to the patient's perioperative care provides an accurate picture of the nursing care administered and the outcomes of the care delivered. Extreme patient emergencies may necessitate waiving counts. Documenting the omission and rationale provides a record of the occurrence.</p>

**KADLEC MEDICAL CENTER  
DEPARTMENT SPECIFIC  
POLICY AND PROCEDURES  
Section: Operating Room**

TITLE: Event Related Sterility Assurance	POLICY: X	NO. 30.13.08
	PROCEDURE: X	26.22.11
	GUIDELINE:	32.15.01
	STANDARD:	
Key Words: clean , sanitary	EFFECTIVE DATE: 04/11/07	PAGE 1 OF 2
ADMINISTRATIVE APPROVAL: Lane Savitch, KMC President	SUPERSEDES: 02/19/07, 12/03, 8/03, 10/25, 3/99, 5/95, 9/94	
COMMITTEE APPROVAL/REVIEW: Unit Specific, Patient Care Services		
DEVELOPMENT TEAM/AUTHOR(S): SPD Task Force, Julia Hunsaker, Debra Webster		
AUDIT REVIEW: (By and Date):		

**PURPOSE**

To provide criteria and guidelines for sterile packaging and storage in the use of hospital and/or manufactured sterile items which are enclosed in a plastic/paper peel pouch, non-woven sterilization wrap, plastic wrap, and instrument containers. Also included in this Policy and Procedure is our statement regarding commercially prepared items labeled as "Single Use Only."

**ACTION**

Inspection of sterile packaging in an ongoing process. All sterile items will be inspected prior to opening on to the sterile field. The stock shall be rotated with the oldest item used first.

**KEY POINTS**

Stock rotation of sterile items help control supply volumes and decreases opportunities for contaminating events to occur.

**Commercially Prepared Items**

- A. The expiration date of commercially prepared items will be as indicated on the package by the company, unless the integrity of the packaging material has been compromised, i.e. opened, wet, crushed, torn, punctured, broken or missing seal, is damaged in some other way, or is suspected of being compromised – discard as appropriate or contact supply purchaser for reprocessing information.
- B. Commercially prepared items that do not have an expiration date will be considered "sterile" and safe for patient use unless the integrity of the packaging material is compromised i.e. opened, wet, crushed, torn, punctured, broken or missing seal, is damaged in some other way, or is suspected of being compromised.  
  
Rotation of supplies will continue.
- C. Devices labeled as "single use only" will be disposed of after use. Single use items that have been opened and unused will also be disposed of. If a single use item reaches its expiration date and the item appears intact, the manufacturer will be contacted about extending the date or replacing the item.
- C. Items labeled as "single use only" will be discarded after use.

KADLEC MEDICAL CENTER  
POLICIES & PROCEDURES

TITLE: Event Related Sterility Assurance	DATE: 04/07	NO. 32.15.01 30.13.08 26.22.11	Page 2 of 2
--	-------------	--------------------------------------	-------------

ACTION

KEY POINTS

Procedure for Hospital Sterilized Items

- A. Hospital sterilized items properly wrapped and processed will be considered "sterile" and safe for patient use as long as the package integrity is not compromised, i.e. opened, wet, crushed, torn, punctured, broken or missing seal, is damaged in some other way, or is suspected of being compromised.
- B. A load sticker will be placed on each sterile package for recall purposes only. The load sticker will include the sterilization date, the sterilizer number, and the load number.

The Sterile Processing department employee who prepares the package for sterilization will also place his/her initials on the package/canister.

- C. All hospital processed items will be properly wrapped and processed in such a manner so as to provide an effective barrier to microorganisms. All items will include a sterilization indicator, both internally and externally. All packages will be inspected by the user before the package is opened. Visual verification of the external indicators exposure to sterilization will be verified with each item.
- D. Supplies will be rotated to ensure previously processed items are used before those more recently processed.
- E. Some items will remain on storage shelves for varying lengths of time. These items will be placed in plastic dust covers. The dust cover should be wiped off or removed before the item is used.

**KADLEC MEDICAL CENTER  
DEPARTMENT SPECIFIC  
POLICY AND PROCEDURES  
Section: Operating Room**

TITLE: Surgical Hand Scrubbing	POLICY: X PROCEDURE: X GUIDELINE: STANDARD:	NO. 30.20.04 26.13.01
Key Words: Hand scrub	EFFECTIVE DATE: 01/29/07	PAGE 1 OF 2
ADMINISTRATIVE APPROVAL: Lane Savitch, KMC Pres.	SUPERSEDES: 04/02, 12/01, 5/96, 12/92, 3/87	
COMMITTEE APPROVAL/REVIEW: Department Specific		
DEVELOPMENT TEAM/AUTHOR(S): Marianne Sturtevant, Julia Hunsaker		
AUDIT REVIEW: (By and Date) Debra Webster 05/2007		

**PURPOSE:** To establish guidelines that will effectively diminish the amount of bacteria present, suppress further bacterial activity, remove debris and soil from the surgical team member's hands and arms prior to participation in a surgical procedure.

**POLICY:** All members of the surgical team who will comprise the "sterile" component of the team shall be required to immediately prior to donning sterile gown and gloves. Perform surgical hand antisepsis/Hand Scrub.

All surgical hand scrubs for sterile operative procedures shall be 2-5 minutes.

**Hand antisepsis/hand scrub protocol with standard scrub brushes.**

**PROCEDURE:**

- | ACTION   | KEY  |
|--|--|
| 1. Remove all jewelry from hand and forearms.  |  |
| 2. Adjust cap or hood cover and contain all hair.  |  |
| 3. Apply fresh mask over the nose and mouth and ties securely.   |  |
| 4. Goggles or protective eyewear is comfortably adjusted.  | 4. PPE should be worn by all staff at risk for splash to the eyes or face. (KMC Policy 31.13.01)   |
| 5. Inspect hands to ensure nails are short cuticles are in good conditions and no cuts or skin problems exist. Acrylic/artificial nails are not permitted (KMC Policy 30.12.01/26.13.03) | 5. Report any skin lesions to the OR Lead RN on duty.  |
| 6. Thoroughly moistened hands and forearms should be washed using a surgical scrub agent and rinsed before beginning the surgical scrub procedure.                                       | 6. A short pre-scrub wash loosens surface debris and transient microorganisms                      |
| 7. Rinse hands and forearms under running water.   |  |
| 8. Dispense approved antimicrobial agent to wet hands and forearms. Follow manufactures guidelines.  | 8. Approved anti-microbial soap will be used.  |
| 9. Visualize each finger, hand and arm as having four sides. Wash all four sides effectively. Start at nails, finger tips, each side of digit, including                                 | 9. Wash from clean to dirty. Subungual areas that are cleaned improperly can harbor microorganisms |

**KADLEC MEDICAL CENTER  
POLICIES & PROCEDURES**

TITLE: Surgical Preparation of the Skin	DATE: 03/07	NO. 30.20.02	Page 2 of 2
---	-------------	--------------	-------------

- | ACTION  | KEY  |
|---|--|
| <p>connecting web spaces.</p> <p>10. Scrub each side of the arm.</p> <p>11. Next scrub the palm and back of hand, including the elbow antecubital space to 2 inches about the elbow.</p> <p>12. Repeat this process for opposite of fingers, hand, and arm.</p> <p>13. When hand scrub is completed discard the scrub brush and rinse the fingers, hand and arms thoroughly under running water taking care to direct the flow of water from finger tips to elbows.</p> <p>14. Avoid splashing surgical attire.</p> <p>15. Hold hands higher than elbows and away from surgical attire.</p> <p>16. In the OR, dry the hands and arms with a sterile towel.</p> <p style="margin-left: 20px;">A. Grasp the towel firmly at the open corner and lift it up away from the sterile field.</p> <p style="margin-left: 20px;">B. Lean forward slightly and allow the towel to drop open to it's full length.</p> <p style="margin-left: 20px;">C. Hold the top half of the towel with one hand while blotting the fingers, hand, and arm of the opposite side. Take care not to retrace any of the area already dried.</p> <p style="margin-left: 20px;">D. Repeat the drying process for the other hand and arm.</p> <p style="margin-left: 20px;">E. Discard the towel.</p> | <p>15. Clean hands and arms must not be contaminated by the body. Water will continue to run off from clean area to dirty.</p> <p>16. A sterile gown cannot be put on over wet or damp surgical attire without resultant potential contamination of the gown by strike-through moisture.</p> |

**Surgical hand antiseptis/hand rub with an alcohol-based preparation.**

- | ACTION  | KEY  |
|---|--|
| <p>1. In the presence of visible soil, wash hands, and dry forearms with soap and running water.</p> <p>2. Clean the subungual areas of both hands under running water using a nail cleaner.</p> <p>3. Dry hands thoroughly.</p> <p>4. Dispense the manufacturer recommended amount of surgical hand rub product.</p> <p>5. Apply the product to the hands and forearms following the manufacture's written directions.</p> <p>6. Rub thoroughly until dry.</p> <p>7. Repeat the product application process if indicated in the manufacturer's written directions.</p> <p>8. In the OR, do a sterile surgical gown and gloves.</p> | <p>2. Subungual areas that are cleaned improperly can harbor microorganisms.</p> |

Reference:  
AORN (2006). Standard, Recommended Practices, and Guidelines. Denver: AORN inc Rothrock, Jane C., *Alexander's Care of the Patient in Surgery*, 12<sup>th</sup> ed., Mosby, 2003.

**KADLEC MEDICAL CENTER  
DEPARTMENT SPECIFIC  
POLICY AND PROCEDURES  
Section: Operating Room**

TITLE: Self Gowning	POLICY: PROCEDURE: X GUIDELINE: STANDARD:	NO. 30.20.06 26.20.54
Key Words: ST, Tech, Nurse	EFFECTIVE DATE: 3/99	PAGE 1 OF 1
ADMINISTRATIVE APPROVAL: Lane Savitch, KMC President	SUPERSEDES: 5/96, 3/93, 3/87	
COMMITTEE APPROVAL/REVIEW: Department Specific		
DEVELOPMENT TEAM/AUTHOR(S):		
AUDIT REVIEW: (By and Date) Marianne Sturtevant 12/2006		

**PURPOSE:** To don gown and gloves to provide a sterile field.

**EQUIPMENT:** Sterile gown  
Sterile gloves

**SCRUBBED TEAM MEMBER**

**ACTION**

1. Following surgical scrub and with bare hands, pick up the sterile gown.
2. Stand away from the table. Firmly grasp the area below the neckband and hold the gown up and away from the body allowing it to unfold.
3. With outer side turned away from the body, slide the hands laterally into the armholes, keeping the hands up approximating shoulder level and away from the body.

**KEY POINTS**

1. The scrubbed person should don sterile gown and gloves from a sterile field other than the main instrument table.
2. Touch only inside surface of gown.

**NURSING ALERT:** When closed method gloving is used, do not slide hands through the stockinette at this point. Open method of gloving permits full hand extension through the cuff. Once the original gloves are donned, the gown cuff should be considered contaminated.

**CIRCULATING TEAM MEMBER**

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Adjust the gown over shoulders by handling the inside of the gown only. Fasten the inner waist ties and neck closure, handling the garment minimally.</li> <li>2. After the scrubbed member is gloved, grasp the belt envelope and pull to open the left waist tie.</li> </ol> | <ol style="list-style-type: none"> <li>2. Glove according to approved procedure.</li> </ol> |
|--|---|

**SCRUBBED AND CIRCULATING MEMBER**

1. The scrubbed member should grasp the left waist tie firmly with gloved hand. The circulator then removes the contaminated envelope.
2. The scrubbed member retrieves the right belt tie and ties the belt in front securely and comfortably. The circulator then adjusts the lower back margins of the gown.



**KADLEC MEDICAL CENTER  
DEPARTMENT SPECIFIC  
POLICY AND PROCEDURES  
Department: Birth Center**

TITLE: Gloving	POLICY: PROCEDURE: X GUIDELINE: STANDARD:	NO. 30.20.08 26.20.56
Key Words: Gloving	EFFECTIVE DATE: 5/98	PAGE 1 OF 2
ADMINISTRATIVE APPROVAL: Signed by Kelly Harper, Manager Maternal Child	SUPERSEDES: 12/92, 3/87	
COMMITTEE APPROVAL/REVIEW: Department Specific		
DEVELOPMENT TEAM/AUTHOR(S):		
AUDIT REVIEW: (By and Date) Debra Webster 4/09, B. Medling 10/04, B. Knutzen 10/06,		

**PURPOSE:** To don gloves to provide a sterile field.

**EQUIPMENT:** Sterile Gloves

**ACTION**

**KEY POINTS**

**CLOSED METHOD OF GLOVING**

The closed method of gloving is a technique of gowning and gloving that prevents the outside of the sleeves or gloves from touching the skin. Throughout the procedure the gloves are handled through the gown fabric preventing any contamination from skin contact. With the closed glove technique, the scrubbing member does not extend the hands through the stockinette wristlets during gowning. For the sake of clarity, directions are given for gloving the right hand first.

1. With the left hand guarded within the sleeve, pick up the right glove and place it on the right forearm so the:
  - A. Open end of the cuff is distal to the body and lies over the stockinette.
  - B. Thumb is positioned toward the palm of the hand and abducted from the body.
  - C. Glove fingers are toward the antecubital area
2. With the right hand, grasp the cuffed edge that is laying directly over the protected palm, reach over with the left hand and stretch the right cuff over the sleeve
3. After the stockinette is completely covered:
  - A. Draw the cuff back and over the wrist.
  - B. Directing the fingers into the glove
4. With the gloved right hand:
  - A. Position the left glove on the left sleeve.

1. The scrubbed person should don sterile gown and gloves from a separate field other than the main instrument table.

**KADLEC MEDICAL CENTER  
POLICY & PROCEDURES**

TITLE: Gloving	DATE: 5/98	NO. 30.20.08, 26.20.56	Page 2 of 2
----------------	------------	---------------------------	-------------

B. Begin drawing the glove up over the stockinette.

**ASSISTING OTHER WITH GLOVING:**

- |  |  |
|--|--|
| <ol style="list-style-type: none"><li>1. Position the palm surface of the glove toward the ungloved member.</li><li>2. With thumbs held up, slide the fingers laterally under the cuff. Spread the fingers and stretch the cuff to open the glove.</li><li>3. As the ungloved member inserts his hand into the glove, gently pull up on the cuffs using only the fingers; thumbs remain turned outward to avoid contamination.</li><li>4. Repeat the same procedure for the second hand.</li></ol> | <ol style="list-style-type: none"><li>1. A gowned and gloved member of the OR team may assist another gowned member with gloving.</li><li>2. The gloved member must form a cuff to protect his glove from contamination.</li></ol> |
|--|--|

**NURSING ALERT:** When contamination of a glove occurs it is preferred for one member of the sterile team to glove another, however, if this is not practical the contaminated glove should be changed by the open-gloved method. The closed glove method is not used once the hands pass through the cuff. Putting a second glove over a contaminated glove is not recommended.

**OPEN METHOD OF GLOVING**

This method of gloving allows the wearer to touch the inside of the glove with the bare hands. After fully gowning and extending the hands through the stockinette cuffs:

1. Pick up the right glove by placing the left thumb and forefinger on the fold of the everted cuff. The glove should be grasped in line with its palm.
2. Position the right fingers using only the left thumb and forefinger, pull the glove onto the hand, taking care that the cuff does not roll.
  - A. After the right hand is in the glove, do not adjust the cuff. Allow it to remain in its everted state.
3. Slide the gloved fingers (not thumb) under the palmar surface of the left glove cuff and guide the left hand into the glove.
4. Spread the fingers while they are under the cuff, rotate the left wrist, and with the right fingers, draw the cuff up and over to cover the stockinette wristlet.
5. Slide the gloved left fingers under the right cuff and draw the cuff up.

**KADLEC MEDICAL CENTER  
DEPARTMENT SPECIFIC  
POLICY AND PROCEDURES  
Section: Operating Room**

<b>TITLE:</b> Positioning the Patient in the Operating Room  <b>Key Words:</b> Positioning	<b>POLICY:</b> <b>PROCEDURE:</b> X <b>GUIDELINE:</b> <b>STANDARD:</b>	<b>NO.</b> 30.35.01 26.20.57
	<b>EFFECTIVE DATE:</b> 02/07	<b>PAGE</b> 1 OF 3
<b>ADMINISTRATIVE APPROVAL:</b> Lane Savitch, KMC President	<b>SUPERSEDES:</b> 10/04 8/01, 2/93, 5/96	
<b>COMMITTEE APPROVAL/REVIEW:</b> NPPC, OR UNIT SPECIFIC		
<b>DEVELOPMENT TEAM/AUTHOR(S):</b> Marianne Sturtevant		
<b>AUDIT REVIEW: (By and Date):</b> Debra Webster 12/2006		

- PURPOSE:** Safe patient positioning is a joint effort among the surgical team to:
- 1) Provide optimal exposure for the surgeon
  - 2) Avoid compromise of respirations
  - 3) Maintain patient's dignity and privacy
  - 4) Minimize the risk of nerve damage
  - 5) Provide adequate tissue perfusion

**PROCEDURE:**

	ACTION	KEY POINTS
<b>LITHOTOMY POSITION</b>		
1. Patient is placed in a supine position with safety strap across abdomen.	1.	The patient's anterior iliac spine should be in line with the leg holder and the buttock level on a line with the edge of the table. Since most of the weight rests on the sacrum, to prevent lumbosacral strain, a small pad can be placed under the lumbar area.
2. Leggings are applied.	2.	To provide protection and warmth to the patient's legs and to contain any epidermis shedding from the feet.
3. Patient's legs are raised slowly and simultaneously by two people. Safety strap across abdomen may be removed at this time if it interferes with surgeon's procedure.	3.	Be careful to avoid undue external rotation and abduction of the hip. This can stretch the abductor muscles and capsule of the hip joint.
4. The legs are slowly flexed as the sole of the foot is grasped in one hand while supporting the leg near the knee in the other.		
5. The flexed leg is supported by:		
a. Being placed in low lithotomy with the use of a padded knee stirrup or Allen stirrup. The leg is secured in correct alignment with straps.	a.	The stirrups must be level and the height adjusted to the length of the patient's legs. They must be well padded so there is an even distribution of the thigh and leg weight. This will prevent thrombosis of the superficial vessels from occurring.
6. Arms should be positioned, padded & secured on armboards. Armboards should be no greater than 90 degree angle.	6	To prevent damage to digits when raising or lowering bottom of table. If extended along table sides care must be taken to prevent damage to the digits.

**KADLEC MEDICAL CENTER  
POLICIES & PROCEDURES**

TITLE: Positioning the Patient in the Operating Room	DATE: 02/07	NO. 30.35.01 26.20.57	Page 2 of 3
--	-------------	--------------------------	-------------

**ACTION**

**KEY POINTS**

7. After the surgical procedure, the legs should be removed from the stirrups slowly and simultaneously by two people.

7. Support of the joints above and below the knee will prevent strain on the lumbosacral musculature. Circulatory pooling occurs in the lumbar region. Venous flow may be reduced due to pressure of the thighs on the abdomen or abdominal viscera against the diaphragm and lungs.

8. Documentation of position and positioning devices used will be placed in the intraoperative record.

**LATERAL POSITION**

1. Patient turned to side using adequate moving help.
2. Head will be properly supported with appropriate head support.
3. Eyes/ears protected from pressure, objects and solutions.
4. Torso is stabilized and supported with appropriate positioning device.
5. Patient will be secured using a safety strap or wide adhesive tape attached from one side of table to other.

1. Prevent injury to patient/staff.
2. To align spinal column.
3. To prevent injury.
4. To prevent movement or change in position.

6. A check will be made of all pressure areas for placement of padding and alignment. Attention will be given to the position of female breasts and male genitalia. Attention will also be given to knee and upper leg to prevent injury to peroneal nerve.

5. Straps and tape should be placed over padded bony parts.

7. Bottom leg flexed, upper leg straight.

6. Pressure on bony prominences can lead to decreased tissue perfusion and/or nerve damage.

8. Pad axillary area of dependant arm with axillary roll.
9. Lower arm extended on padded arm board at angle no greater than 90 degrees. Place pillow between arms, and apply safety strap.
10. The kidney rest or sandbag can be used for flexed lateral. The correct position of the device is beneath the bony iliac crest.
11. Documentation of position and positioning devices used will be placed in the intraoperative record.

7. To provide stability, also lifts weight of upper leg off lower and facilitates venous drainage. Upper foot may be kept off table with pad or pillow.

8. To protect brachial plexus.
9. Arm is rotated to prevent table contact with ulnar nerve. Safety strap should be secure but not impede circulation or IV.

**PRONE POSITION**

1. The patient will be brought to the OR on a stretcher or bed. For general anesthesia the patient will be anesthetized and intubated in the supine position on the stretcher or bed.
2. The OR bed will be ready for placing the patient in the prone position with the bed locked. Two rolled bath blankets or approved support devices will be placed lengthwise under patient's chest from axillae to iliac crests. Padded arm boards, a pillow under ankle area, a foam pad under knees, and an appropriate head support shall be used.
3. The patient will be turned to the prone position from the stretcher with at least four persons to control head, feet, and body

1. Anesthesia must have access and control of the airway and IV prior to turning patient.

2. These devices distribute body pressure points evenly to allow for easier respiration and circulation

3. Turning must be gradual to allow anesthesia to maintain proper body alignment, patient safety, and to allow the patient's cardiovascular system to adjust to the change in position. Rapid turning can result in hypotension.

**KADLEC MEDICAL CENTER  
POLICIES & PROCEDURES**

TITLE: Positioning the Patient in the Operating Room	DATE: 02/07	NO. 30.35.01 26.20.57	Page 3 of 3
--	-------------	--------------------------	-------------

**ACTION**

**KEY POINTS**

4. The patient's arms will be either padded and tucked along sides of the body and palms facing up, or on padded arm boards with arms extended outward and upward, shoulder angle less than 90 degrees and palms down.
5. A check will be made of all pressure areas for placement of padding and alignment; special attention to position female breasts (should be toward center of body) and male genitalia (must hang free and not be compromised).
6. A safety belt will be applied across the patient's thighs above the knees and over a blanket.
7. The patient's stretcher or bed will remain outside of the OR room until surgery is finished.
8. Documentation of position and positioning devices used will be placed in the intraoperative record.

**SUPINE POSITIONING**

1. The patient is on his back with arms either on arm boards or to the side of the body. The supine position should place the patient's cervical, thoracic, and lumbar vertebrae in a straight line.
2. A check will be made of all pressure areas for placement of padding and alignment.
3. The safety strap is placed over the mid to upper thighs at least 2 inches above the knees. The strap is not placed over a bony prominence. After the strap is secured, you should be able to run your hand under the strap.
4. Appropriate head support should be placed under the head and neck.
5. A pillow may be placed under the knees.
6. Legs are parallel and uncrossed.
7. One or both arms may be on arm boards. The arms must be at less than 90-degree angles to the torso, palms up. A pad may be placed under the elbow and under the wrist.
8. If arm(s) are secured at the patient's side, elbows encapsulated in foam padding with palms against the body. A draw sheet or padded sleds may be used to support the arm.
9. One or both arms may be on arm boards. The arms must be at less than 90-degree angles to the torso, palms up. A pad may be placed under the elbow and under the wrist.
10. When the patient is pregnant, a pad, foam, or towels can be placed underneath the patient on her right side at the waist

4. To prevent shoulder dislocation, brachial plexus injury and torn ligaments and tendons, the arms must be lowered toward the floor and swing upward in a natural arc to come toward the head of the bed. Padded arm boards must be attached to the table after the arms are brought upward. Protect IV site.
5. Pressure on a bony prominence can lead to decreased tissue perfusion and/or nerve damage.
6. The blanket under the belt prevents damage to connective tissue.
7. If problems arise with the patient's physiological status, the stretcher or bed must be available for immediate repositioning to supine position.

1. Maintain body alignment.
2. Pressure on bony prominences can lead to decreased tissue perfusion and/or nerve damage.
3. The strap should be secure but not so tight as to impede circulation.
4. Prevents neck strain and maintains proper alignment.
5. Maintain normal lumbar concavity and prevent strain on back, thigh and leg muscles and ligaments.
6. Prevent peroneal and tibial nerve injury, rubbing, and compression to circulation.
7. Prevent stretching of and pressure of brachial plexus.
8. Protect fingers and elbow from hanging over edge of table. Sleds prevent pressure from staff leaning on arm.
7. Prevent stretching of and pressure of brachial plexus.
9. Hypotension may occur as a result of venacava compression by the enlarged uterus. The compression can be relieved by manual displacement of the uterus to the left

**KADLEC MEDICAL CENTER  
DEPARTMENT SPECIFIC  
POLICIES AND PROCEDURES  
Department: Operating Room**

<b>TITLE:</b> Care Of The Pediatric Patient In The Operating Room	<b>POLICY:</b> <b>PROCEDURE:</b> X <b>GUIDELINE:</b> <b>STANDARD:</b>	<b>NO.</b> 30.25.07
<b>Key Words:</b> Pediatric	<b>EFFECTIVE DATE:</b> 1/31/07	<b>Page</b> 1 of 1
<b>ADMINISTRATIVE APPROVAL:</b> Lane Savitch, KMC President	<b>SUPERSEDES:</b> 02/02, 3/99, 6/96, 3/87	
<b>COMMITTEE APPROVAL/REVIEW:</b> Department Specific		
<b>DEVELOPMENT TEAM/AUTHOR(S):</b> Marianne Sturtevant 12/06		
<b>AUDIT REVIEW:</b> (By and Date) Julia Hunsaker 5/07		

**PURPOSE:** To give individualized special care to the pediatric/newborn patient

ACTION	KEY POINTS
1. Have pediatric emergency equipment/anesthesia cart immediately available.	1. To prevent delay of emergency treatment.
2. Assist patient in maintaining body temperature by:	
a. May wrap limbs not involved in surgery with soft roll.	a. Individualize need according to patient and procedure.
b. May use warming device.	b. Devices: warming table, blankets, bear hugger, or heat lamps.
c. Keep patient dry as much as possible during surgery.	
d. Monitor temperature on all cases.	
e. Increase room temperature prior to patient arrival.	
f. Use warm blankets on child.	
g. Transport infants in isolette	
h. May use fluid warmer for fluid administration.	h. Evaluate and use when appropriate.
i. Use warm irrigation fluid.	
4. All IV fluids will be administered with micro-drip tubing or a solu-set.	4. Aids in careful I&O monitoring and prevention of overloading the vascular system.
5. Allow child to bring familiar object to OR.	5. Minimizes anxiety.
6. Hold/touch patient gently. Apply protective devices after anesthetized.	
7. Place grounding pad on area with adequate underlying tissue.	7. Prevents burns from electro-surgery.
8. Have proper instruments for patient size available.	8. Prevents prolonged surgery time.
9. Make sure circulation is not impaired by restraints or positioning.	9. Prevents tissue damage.
10. Maintain careful positioning and body alignment. Pad bony prominences.	10. Prevents neuromuscular damage or impaired respiration.
11. Check for allergies.	
12. Assess pediatric developmental stage and treat patient according to stage.	

**KADLEC MEDICAL CENTER  
DEPARTMENT SPECIFIC  
POLICY AND PROCEDURES  
Department: Outpatient Procedures**

TITLE: Electrosurgical Cautery Use: Monopolar	POLICY: X PROCEDURE: X GUIDELINE: STANDARD:	NO. 21.64.00 26.22.10 30.30.01
Key Words: Electrosurgical cautery use	EFFECTIVE DATE: 2/07	PAGE 1 OF 2
ADMINISTRATIVE APPROVAL: Signed by Barbara Weissenfels	SUPERSEDES: 10/04, 2/04, 7/02, 5/96, 3/87	
COMMITTEE APPROVAL/REVIEW:		
DEVELOPMENT TEAM/AUTHOR(S): Barbara Weissenfels, M. Sturtevant 12/06		
AUDIT REVIEW: (By and Date) Connie Kobelski 7/06, Barbara Weissenfels 9/19/08		

**PURPOSE:**

To provide guidelines for safe use of electrosurgical cautery equipment.

1. The electrosurgical unit (ESU) will be inspected for electrical safety/integrity every 6 months by the hospital's Bio-Med Engineering Department.
2. The cords and unit will be observed prior to each use for broken components or fraying.
3. If the disposable pad is used it will be a one-time use disposable item and placed according to procedure.
4. Individuals will be oriented to the electrocautery unit and to the components.

**EQUIPMENT:**

- Electrosurgical generator
- Electrosurgical dispersive ground pad
- Megadyne Gel Pad & cord

**PROCEDURE:**

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. The megadyne cautery Gel pad is placed on the OR bed and can be covered with a draw sheet</li> </ol>   | <ol style="list-style-type: none"> <li>1. Patient weight provides adequate contact for electrical current to be returned to the electrocautery generator. IF PATIENT IS UNDER 25 POUNDS, NEED TO USE A DISPOSABLE CAUTERY PAD.</li> <li>2. The gel characteristic provides padding &amp; cushioning for patient.</li> </ol>   |
| <ol style="list-style-type: none"> <li>1. When needing to use a disposable cautery pad, select a well-vascularized convex area in close proximity to the surgical site for dispersive ground pad application. Avoid scar tissue, bony prominence, adipose tissue, and areas where fluid may pool.</li> </ol> | <ol style="list-style-type: none"> <li>2. Large muscle mass area promotes electrical conductivity and dissipates heat (ex. lateral or anterior thigh, abdomen or buttock). Avoid placing the pad in proximity to EKG leads and implanted devices/prostheses. Total joint components, bone plates/screws, pacemakers, etc. increase the impedance and resistance of electrical current. "Superheating" of the implantable may occur, possibly harming the patient by causing unwanted tissue damage via alternate pathway for current to flow</li> </ol> |

**KADLEC MEDICAL CENTER  
POLICY & PROCEDURES**

TITLE: Electrosurgical Cautery Use: Monopolar	DATE: 2/07	NO. 21.64.00 26.22.10 30.30.01	Page 2 of 2
---	------------	--------------------------------------	-------------

2. A patient with an automatic implantable cardioverter defibrillator (AICD) should have the AICD device deactivated before activation of the ESU, have a defibrillator immediately available and have continuous EKG monitoring.
3. Using electrocautery on a patient with an activated AICD may trigger an electrical shock to the patient.
4. Allow time for flammable prepping solutions to dry before draping or using the cautery machine.
4. The ESU should not be used in the presence of flammable agents (i.e. alcohol, tincture-based fluids). Alcohol-based skin prep solutions need to dry before draping the patient. Ignition of flammable agents may occur in use of the active electrode, resulting in patient and personal injuries.
5. Verify the adhesive surface of the dispersive ground pad is moist.
6. Pull the pad taut and apply it to the patient.
7. Apply finger pressure to adhesive border and massage entire pad area to insure adequate contact with patient's skin.
8. Prior to inserting plug into generator, turn the generator on to insure that the alarm system is operating properly.
9. Verbally confirm the requested settings for the unit with the surgeon.
9. Use the lowest possible setting for the procedure. The need for increasingly higher settings may indicate a circuit problem within the ESU.
10. At the conclusion of the procedure, unplug dispersive grounding pad from generator. Pull grounding pad from patient's skin gently and dispose of pad in trash. Note appearance of patient's skin at pad site.

ACTION	KEY POINTS
Intra-Operatively / Post-Operatively 1. The circulating RN will document the following in the OR record: 2. The KMC Bio-Med # for the ESU 3. The Megadyne gel pad # (if used) 4. the Megadyne gel pad cord # (if used) 5. the ESU settings (watts) 6. exact anatomical placement of the dispersive ground pad on the patient. 7. Pre-operative and post-operative skin appearance at the pad placement site will also be documented.	

**\*\*NOTE:** Bipolar cautery active electrodes function differently than monopolar active electrodes. In bipolar electrosurgery, a forceps is used for the coagulation of body tissue. One side of the bipolar forceps is the active electrode, and the other side is the return or ground electrode. A dispersive ground pad is not needed because current flows between the two tips of the bipolar forceps rather than through the patient. The operator uses a foot switch, hand-activated forceps, or other instrument to control the bipolar ESU. The bipolar ESU provides precise hemostasis at the surgical site without stimulation or current spread to nearby body structures.

**REFERENCE:** AORN 2006 Standards, Recommended Practices, and Guidelines.

**KADLEC MEDICAL CENTER  
DEPARTMENT SPECIFIC  
POLICY AND PROCEDURES  
Department: BIRTH CENTER**

TITLE: OPERATING ROOM/BIRTH CENTER: DRAPING	POLICY: PROCEDURE: X GUIDELINE: STANDARD:	NO. 30.20.09 26.20.59
Key Words: Draping	EFFECTIVE DATE: 01/29/07	PAGE 1 OF 3
ADMINISTRATIVE APPROVAL: Signed by Kelly Harper, Manager Maternal Child	SUPERSEDES: 10/04, 7/02, 10/00, 5/96, 2/93, 3/87 Revision Initiated:	
COMMITTEE APPROVAL/REVIEW: Department Specific		
DEVELOPMENT TEAM/AUTHOR(S): M. Sturtevant, Debra Webster 12/06		
AUDIT REVIEW: (By and Date) Debra Webster 4/09, US/ 3/99, DW, 10/00, KT/4/01, CJ/ 3/02,		

**PURPOSE:** To create an area of asepsis called a sterile field. All sterile items that come in contact with the wound must be restricted within the define areas of safety to prevent transportation of microorganisms into the open wound.

Abdominal, Chest, Lumbar Spine, Kidney, and Thyroid

ACTION	KEY POINTS
1. Square off the operative site with 4 sticky drapes or sterile towels. (OR only)	2. Place sheet, and then do <u>not</u> adjust after placing.
2. Place fenestrated laparotomy sheet over the operative a site.	
3. Pull folds of sheet out to the sides of table keeping hands above table level and allowing ends of sheet to drop.	
4. Place one hand on surgical site to hold drape in place.	
5. Place other hand under cuff and open to bottom. Reverse procedure and open to the top.	
6. For chest and kidney procedures, use transverse lap sheet and follow above procedures.	
7. For thyroid cases use thyroid drape and follow above procedure.	7. Fluffs are placed on each side of the neck to absorb any pooling of fluids.
<b>Arms and Legs</b>	
1. Cover the working surface (table, arm rest) with plastic split sheet wrapping tails around the limb well above the operative site.	
2. Grasping stockinette under its cuff with right hand, take hold of hand or foot with right hand so that stockinette can be worked over foot or hand and up the limb.	
3. Lay second split sheet on top of first and open with tails toward head, wrapping tails around limb to cover first sheet.	
4. Wrap stockinette with Coban to hold it in place.	

**KADLEC MEDICAL CENTER  
POLICY & PROCEDURES**

TITLE: Draping	DATE: 1/07	NO. 26.20.59	Page 2 of 3
----------------	------------	--------------	-------------

ACTION	KEY POINTS
5. Limb can now be laid on sterile surface.	
6. If steridrape is used, it is put in place at this time. Hand one edge to surgeon and slowly and evenly peel backing off and allow surgeon to place over incision area.	
7. Take top sheet and place on body. Pull backing off sticky area and turn edge down and stick to split sheets. Unfold remainder of sheet in opposite direction covering remainder of body.	
<b>Extremity Vascular Cases</b>	
1. Place open table cover over table beneath one or both legs.	1. Drape bil extremities if requested by physician.
2. Place plastic split sheet on table under one or both legs with tails toward head. Remove backing from sticky surfaces and bring tails up along side of body at bed line.	
3. Place second split sheet as in Step 2.	
4. Place top sheet across chest at level indicated by doctor with sticky area toward foot. Remove backing from sticky area and fold down and stick to body. Unfold remainder of sheet toward head.	
5. Place towel over groin. Secure towel with steridrape.	
<b>Eyes</b>	
1. Secure O <sub>2</sub> tubing to face so O <sub>2</sub> blows across patient's nose and mouth.	1. Done by unsterile circulating nurse.
2. Doctor and scrub nurse position eye drape so that the clear aperture is directly over operative eye. Remove backing from aperture.	
3. Scrub nurse rolls back upper lid with applicator.	3. If physician preference do actions 3, 4, and 5.
4. Doctor presses eye drape to eye as scrub nurse removes applicator.	
5. Scrub nurse bends metal portion of drape to allow breathing space.	
6. Drape is opened over rest of head and allowed to drop below sterile area.	
7. Give doctor iris scissors to cut drape aperture open.	
8. Scrub nurse unfolds remainder of drape toward foot being careful not to contaminate on microscope.	
9. Place sterile handles on microscope.	
<b>Lithotomy</b>	
1. Placing hands in cuff of buttocks drape, slide drape under edge of patient's buttocks being careful not to contaminate gloves.	
2. Open out leggings drapes. Place hands in cuff and slide over feet, legs, and stirrups. Repeat for other leg.	

**KADLEC MEDICAL CENTER  
POLICY & PROCEDURES**

TITLE: Draping	DATE: 1/07	NO. 26.20.59	Page 3 of 3
----------------	------------	--------------	-------------

ACTION	KEY POINTS
3. Place abdominal drape on abdomen with sticky portion toward perineum. Remove backing from sticky portion and unfold drape toward perineum. Circulator unfolds rest of drape toward head covering rest of body.	
<b>Craniotomy</b>	
1. Square off surgical site as directed by surgeon with surgical towels.	
2. Remove backing from plastic split sheet. Long portion of split will drop to floor and tails of split will wrap around the head leaving operative side exposed.	
3. Place second split sheet across patient's chest with tails toward head. Remove backing and bring tail down around head as in No. 2. Long portion of split sheet is opened toward feet.	
4. Holding craniotomy sheet in left hand so that plastic pocket is toward floor. Pull backing away from sticky surface and place sticky surface over operative site. Allow drape with plastic pocket to drop to floor. Pull other end of drape over chest area.	
<b>ENT, Dental, and Facial Cases</b>	
1. Using small sheet and two cloth towels, make head drape as follows:  On back table, fold small sheet in half with fold toward back of table. Lay 2 opened cloth towels lengthwise along edge of fold. Hand to doctor with fold toward ceiling and towels against doctor's chest. Doctor will slide drape under head while circulator or anesthetist raises head. Ends of top cloth towel are wrapped around head and held in place with towel clips.	
2. Using other cloth towels, square under chin and/or around face as doctor directs.	
3. Lay split sheet across patient's chest with tails toward face. Remove backing from sticky surface and bring tails up and around head leaving the face exposed. Open remainder of sheet toward feet covering rest of body.	

**KADLEC REGIONAL MEDICAL CENTER  
HOUSE-WIDE  
POLICY AND PROCEDURES  
Section: Patient Care Services**

<b>TITLE:</b> Universal Protocol: Operative/Procedural and Site/Side Verification	<b>POLICY:</b> X <b>PROCEDURE:</b> X <b>GUIDELINE:</b> <b>STANDARD:</b>	<b>NO. 695.00.00</b>
<b>Key Words:</b> Site ID, surgical site, time out, patient ID	<b>EFFECTIVE DATE:</b> 3/10	<b>PAGE 1 OF 3</b>
<b>ADMINISTRATIVE APPROVAL:</b> Signed by Kirk Harper, VP Nursing, CNO	<b>SUPERSEDES:</b> 5/08, 7/06	
<b>COMMITTEE APPROVAL/REVIEW:</b> Site Team, Patient Care Services 3/10, 3/08		
<b>DEVELOPMENT TEAM/AUTHOR(S):</b> Nancy Briggs, RN; Renee Sams, RN; Julia Hunsaker, RN; 1/08		
<b>AUDIT REVIEW: (By and Date)</b>		

**PURPOSE:**

To identify a process to ensure the correct procedure is performed on the correct patient for all operative and invasive procedures. This process will include three major components: pre-operative verification process, site marking and time out.

**PRE-OPERATIVE/PROCEDURAL VERIFICATION PROCESS**

**POLICY:**

1. Verification of the correct patient, procedure and site will occur:
  - At the time surgery/procedure is scheduled
  - At the time of admission or entry into the hospital
  - Any time the responsibility for care of the patient is transferred to another caregiver
  - Before the patient leaves the pre-operative area or enters the procedure/operating room.
  - If possible, the patient will be awake and aware during this process.
2. Any discrepancies will be resolved before proceeding with the procedure.
3. Patients with a language barrier will have a qualified interpreter available to ensure accuracy of information in the verification process. Interpreter services will be documented in the medical record. (Refer to Policy 818: Interpreter Services)

**PROCEDURE:**

1. The RN/technologist will identify the correct patient by confirming the patient's full name and birth date as stated by the patient. If the patient is a minor or not capable of confirming the information, a parent or legal guardian is permitted to confirm the information.
2. The RN/technologist will identify the correct procedure as stated by the patient and compared to the following documents:
  - Consent for procedure/surgery with signatures, dated and timed
  - Physician orders
  - H & P/Progress notes/Consultations/T-system(Emergency Department documentation system)
  - Procedure schedule
  - Radiology studies, as applicable.
3. If any discrepancies are noted, the physician will be notified. The physician will verify the correct procedure and site with documentation of correction in the medical record.

**KADLEC REGIONAL MEDICAL CENTER  
POLICY & PROCEDURES**

<b>TITLE:</b> Universal Protocol: Operative/Procedural and Site/Side Verification	<b>DATE:</b> 3/10	<b>NO.</b> 695.00.00	<b>Page 2 of 3</b>
---	-------------------	----------------------	--------------------

4. A pre-procedure checklist will be completed for all procedures/surgeries to ensure that all of the relevant documents/equipment/devices (if applicable) are available. Appendix A: Form 1264 – Pre-Operative Checklist

**SITE MARKING**

**POLICY:**

1. Site marking will be performed on all invasive/operative procedures that involve laterality, multiple structures (fingers and toes) or multiple levels (spinal surgery).
2. The procedure/operative site will be marked prior to the patient entering the procedure/operating room by the licensed independent practitioner who will be involved directly with and present at the time of performing the procedure.
3. Site marking will be performed prior to sedation.

**PROCEDURE:**

1. A surgical marking pen will be used to identify the procedure site.
2. The patient will actively identify the correct body part to be marked for the procedure (ie pointing to the side/site).
3. The licensed independent practitioner will mark the site on the skin with their initials.
4. The mark must be visible after the patient is prepped and draped. Non-operative sites will not be marked unless necessary for some other aspect of care.
5. Site marking will be documented in the patient's medical record.

**Spinal Surgery:**

1. The general spinal region, not the specific vertebra, will be marked by the licensed independent practitioner in the pre-operative area.
2. Markings will be completed on the front of the region for anterior approach and back of the region for posterior approach.
3. In the operative procedure room, the interspace to be operated on will be precisely marked using the standard intraoperative radiographic marking technique.

**Exemptions for Site Marking:**

1. Single organ procedures (cardiac surgeries, c-sections, hysterectomy, laparotomy, laparoscopy)
2. Invasive procedures for which the site for insertion is not predetermined (cardiac catheterization, central line placement)
3. Teeth. However, the operative tooth names must be included on the procedure record and identified on the radiograph.
4. Infants for whom the mark may cause a permanent tattoo.
5. Procedures done through or immediately adjacent to a natural body orifice (such as GI endoscopy, tonsillectomy, hemorrhoidectomy or procedures on the genitalia)
6. Minor procedures such as venipuncture, peripheral intravenous line placement, insertion of nasogastric tube or foley catheter insertion.
7. Random biopsies where side is determined by a pre-procedural CT or ultrasound study immediately prior to the biopsy (such as renal biopsy)
8. If the practitioner performing the procedure remains with the patient continuously from the time the decision is made to do the procedure, consent is obtained from the patient and the procedure is performed. However, the site should be marked if the practitioner performing the procedure leaves the presence of the patient.
9. Emergency situation where the risk of taking the time to mark the site would cause more risk than benefit for the patient.
10. When a patient refuses site marking.

**Patient Refusal for Site Marking:**

The physician will be notified if the patient refuses to have the site marked. The Registered Nurse, technologist or physician will provide education on the importance of site marking to ensure the patient is making an informed decision. If the patient still refuses site marking, the physician will document patient's refusal in the medical record. The procedure does not need to be cancelled. A time out verification process is still required.

**KADLEC REGIONAL MEDICAL CENTER  
POLICY & PROCEDURES**

TITLE: Universal Protocol: Operative/Procedural and Site/Side Verification	DATE: 3/10	NO. 695.00.00	Page 3 of 3
--	------------	---------------	-------------

**TIME OUT**

**POLICY:**

1. A final verification process (Time Out) will be completed in the procedure room immediately prior to the start of the procedure and initiated by the procedure or circulating nurse, with documentation in the patient's medical record.
2. There may be exceptions to this process in the event of life or limb threatened situation.
3. The time out which involves active communication will include the following elements:
  - Confirmation of patient identity
  - Correct site
  - Correct procedure
  - Additional items in OR settings could include correct implants and equipment available, as applicable
  - Radiographs immediately available for review and displayed appropriately for the correct patient, as applicable
4. All elements and personnel involved with the time out will be documented in the patient's medical record.
5. The surgery/procedure will not start until the time out process is completed.
6. If a separate consent is required for an additional procedure, a separate Time Out prior to beginning the procedure is also required.

Appendix A: Pre-Operative Checklist (See attachment)

References: Joint Commission, Universal Protocol. [http://www.jointcommission.org/patient\\_safety/universal\\_protocol](http://www.jointcommission.org/patient_safety/universal_protocol)  
2007 AORN Standards, Recommended Practices and Guidelines  
American Academy of Orthopaedic Surgeons, Advisory Statement Wrong Site Surgery, October 2003, [www.aaos.org](http://www.aaos.org)

**KADLEC MEDICAL CENTER  
DEPARTMENT SPECIFIC  
POLICY AND PROCEDURES  
Section: Operating Room**

TITLE: Circulating Nurse Responsibilities	POLICY: X PROCEDURE: GUIDELINE: STANDARD:	NO. 30.25.01 25.20.52
Key Words: circulator	EFFECTIVE DATE: 7/05	PAGE 1 OF 2
ADMINISTRATIVE APPROVAL: Suzanne Richins, COO	SUPERSEDES: 5/04, 1/02, 3/99, 5/97, 6/96, 3/87	
COMMITTEE APPROVAL/REVIEW: OR Unit Specific		
DEVELOPMENT TEAM/AUTHOR(S):		
AUDIT REVIEW: (By and Date) Julia Hunsaker 5/2007		

**POLICY:**

The Circulating Nurse will be a registered nurse. The Circulating Nurse will be in charge of activities in the OR suite. Circulating Nurse is responsible for the care and safety of the patient during the perioperative period to insure the best possible care.

**RESPONSIBILITIES:**

1. Identify patient prior to being brought to the OR suite.
2. Verify with patient the procedure to be performed and operative site. Ensure OR site is marked with skin marker (i.e., left or right as applicable).
3. Assess patient data from chart including lab work, medical conditions or disabilities, prostheses, allergies, operative permit, and any other pertinent data, which serves as the basis of intraoperative care.
4. Pre-Operative care consists of staying with sedated patients, conversing calmly with them, making them comfortable, reinforcing the patient's and family's trust and check on IV tubes or other devices.
5. The Circulating Nurse/Anesthesia Assistant should be standing by when the anesthesiologist begins induction of anesthesia to assist and ensure patient safety.
6. Circulating Nurse shall position the patient to avoid any pressure points and maintain good body alignment.
7. While circulating, the nurse must be able to operate all equipment necessary for the surgery such as tourniquets, cautery, suctions, air equipment, etc.
8. The circulator is responsible for sponge, needle, and instrument counts as described in "count" procedure.
9. With the scrub nurse/tech, concurrently verify the name, concentration and expiration date of medications and fluids passed to the sterile field. Clearly communicate with operative team regarding medications in delivery hand-offs and administration.
10. The surgical prep is done by the circulator as described in the specific procedure.
11. Circulator is able to anticipate needs of the scrub nurse/tech and is prepared with extra suture, sponges, instruments, etc. that might be needed.
12. Clearly communicate with surgeon and scrub regarding specimen preparation as applicable. Inquire as to how specimen(s) will be labeled and how it is to be sent to the receiving department (lab, pathology, radiology, mammography, etc.). If specimen is routine (placed in formalin), it will be taken to the OR utility room, placed in the appropriate bin with requisition slip and noted in the specimen log book. It is the ultimate responsibility of the circulator to insure the specimen is in the container, and the container and is properly labeled with

**KADLEC MEDICAL CENTER  
POLICIES & PROCEDURES**

TITLE: Circulating Nurse Responsibilities	DATE: 7/05	NO. 30.25.01 25.20.52	Page 2 of 2
---	------------	--------------------------	-------------

requisition completed and transported appropriately to receiving department or utility holding bin. Also, appropriate documentation is complete. Circulator is ultimately responsible for ensuring the specimen is taken to the Lab or appropriate receiving department.

13. At times of temporary and permanent relief by another circulator, provide a report of the progress of the procedure, patient information obtained during the preoperative assessment and interview, any special needs or requests of the operative team, and any other pertinent information deemed necessary.
14. The Circulating Nurse is responsible for the intraoperative records and for accurate recording of surgical charges. Document all implanted items on the intraoperative record and progress notes.
10. The Circulating Nurse is responsible for all visitors, guests, traffic and official documentation in the OR suite.
11. At close of surgery, the circulator should be close by the patient to keep them from injuring themselves on awakening from anesthesia. Should also be available to assist anesthesia when extubating, if necessary.
12. Accompany anesthesia with patient to PACU and give report.
13. The circulating nurse is responsible for maintaining a sterile environment.

**KADLEC MEDICAL CENTER  
DEPARTMENT SPECIFIC  
POLICY AND PROCEDURES  
Department: Operating Room**

TITLE: Scrub Nurse/Tech Responsibilities	POLICY: X PROCEDURE: GUIDELINE: STANDARD:	NO. 30.25.02 26.20.51
Key Words:	EFFECTIVE DATE: 7/05	PAGE 1 OF 2
ADMINISTRATIVE APPROVAL: Susan Spohr, CNO	SUPERSEDES: 5/04	
COMMITTEE APPROVAL/REVIEW: NPPC, OR/BC Unit Specific		
DEVELOPMENT TEAM/AUTHOR(S):		
AUDIT REVIEW: (By and Date) Debra Webster 1/08		

**POLICY:**

A scrub nurse/tech will assist the surgeon as much as possible, within limitations, to facilitate the operation without incident for the optimum results for the patient. At Kadlec Medical Center, registered nurses and/or surgical technicians who have completed the proper orientation may perform in the scrub role.

**RESPONSIBILITIES:**

1. Gather all instruments, sutures, drapes, etc. and set up scrub table in an aseptic manner.
2. Complete surgical hand scrub before donning sterile gown and gloves.
3. Gown and glove doctors.
4. Institute a sponge, needle, and instrument count as described in count procedure.
5. With the circulator, concurrently verify the name, concentration and expiration date of medications and fluids passed to the sterile field. Ensure medications and fluids passed to the sterile field are properly labeled with the solution name and concentration. Label syringes, basins and all other containers that may hold medications or therapeutic fluids. Clearly communicate with operative team regarding medications in delivery hand-offs and administration.
6. Arrange instruments and supplies so that they are easily accessible.
7. Knowledge of specific instruments and suture used for the procedure to be done.
8. Assist in the proper draping of the patient to insure sterile operating area.
9. Have all instruments ready when the surgeon needs them and to anticipate those needs.
10. Ensure aseptic techniques are carried out at all times. If a break in sterile technique occurs, it is the duty of the scrub nurse/tech to report and remedy the problem.
11. Clearly communicate with surgeon and circulator regarding specimen preparation as applicable. Inquire as to how specimen(s) will be labeled and how it is to be sent to the receiving department (lab, pathology, radiology, mammography, etc.). If specimen is routine (placed in formalin), it will be taken to the OR utility room, placed in the appropriate bin with requisition slip and noted in the specimen log book.
12. Close skin with automatic skin stapler, when indicated as directed by licensed health care practitioner

KADLEC MEDICAL CENTER  
POLICY & PROCEDURES

TITLE Scrub Nurse/Scrub Tech Responsibilities	DATE: 7/05	NO. 30.25.02 26.20.51	Page 2 of 2
---	------------	--------------------------	-------------

13. Dress the wound using aseptic technique and according to the surgeon's preference.
14. Remove drapes rolling away from wound, containing any fluids, blood, etc., that might be in the drapes and dispose of them.
15. Instruments taken to decontamination covered and sharps disposed of in appropriate container.
16. At times of temporary and permanent relief by another scrub nurse/tech, provide a report of the progress of the procedure, a review of the sterile field setup, medications/fluids on the sterile field, any special needs or requests of the surgeon, and any other pertinent information deemed necessary.
17. Scrub nurse/tech will perform duties only within their scope of practice.

# Allied Health Professional Scrub Assistant O.R. Orientation

## Contents of Orientation Packet

Orientation Objectives

Policy and Procedures

Policy #	Policy Title
48.03.01	Dress Code
30.13.02	Traffic patterns in the Surgical Suite
48.20.01	Sterile Technique and Application
30.35.12	Sharps, Sponges, and Instrument Count
30.13.08	Event Related Sterility Assurance
30.20.04	Surgical Hand Scrubbing
30.20.06	Self Gowning
30.20.08	Gloving
30.35.01	Positioning the Patient in the Operating Room
30.25.07	Care of the Pediatric Patient in the Operating Room
30.30.01	Electrosurgical Cautery Use: Monopolar
30.20.09	Draping
30.25.01	Circulating Nurse Responsibilities
30.25.02	Scrub Nurse/Tech Responsibilities
695.00	Universal Protocol: Operative/Procedural and Site/Side Verification

Policy and Procedure Competency Sheet

Basic Scrub Skills Evaluation

O.R. Environment of Care

OR Map

### Required Paperwork:

- \_\_\_\_\_ Allied Health Policy and Procedure Competency
- \_\_\_\_\_ Allied Health Scrub Assistant- Basic Skill Competency Checklist
- \_\_\_\_\_ O.R. Environment of Care

(All required paperwork must be signed and returned to the O.R. Clinical Educator.)

# Allied Health Professional Scrub Assistant O.R. Orientation

- Allied Health Scrub Assistant Skill Competency -

Name \_\_\_\_\_ Date \_\_\_\_\_

To help individualize your orientation, complete the self-assessment section (Orientee column) prior to starting with your orientation.

Objective: To present basic information in an organized manner, orient and evaluate competency of the Allied Health Professionals in the scrub assistant role at KMC.

### Key for skills assessment

<u>Orientee</u>	<u>Preceptor</u>
1. Never performed the skill	D. Discussed
2. Have performed but need review.	Demo - Demonstrated
3. Can perform skill after reviewing KMC Policy	Comp – Orientee demonstrated competence

A. Demonstrates strict observance and correct application of aseptic technique as a scrub assistant.

**Orientee      Preceptor**

_____	_____	1. Adhere to proper O.R. Attire.
_____	_____	2. Surgical scrub.
_____	_____	3. Gowning and gloving.
_____	_____	4. Surgical conscience.

B. Demonstrates knowledge of aseptic technique.

**Orientee      Preceptor**

_____	_____	1. Inspect package integrity and indicators prior to opening.
_____	_____	2. Open container system, peel packs, and wrapped packages
_____	_____	3. Accepts sterile items and solutions to the field.
_____	_____	4. Application of sterile conscience.
_____	_____	5. Monitors aseptic technique in self and others. If break in technique, takes appropriate corrective action
_____	_____	6. Understands clean vs. sterile field during preps.
_____	_____	7. Demonstrates knowledge of drapes used and proper Draping.

## Allied Health Professional Scrub Assistant O.R. Orientation

C. Demonstrates knowledge of patient safety.

Orientee	Preceptor	
_____	_____	1. Basic OR table operation knowledge.
_____	_____	2. Maintains pt's correct body alignment when assisting with positioning.
_____	_____	3. Maintain patient privacy.
_____	_____	4. Demonstrates proper use of electrocautery.
_____	_____	5. Participates in the Surgical Time Out per Universal. And Joint Commission Standards

I have had the opportunity to ask questions and seek out additional education if necessary to perform my duties as an Allied Health Surgical Scrub Assistant. I am aware of what duties are within my scope of practice and will adhere to KMC policies and procedures and practice within my KMC credentials.

---

Signature of Surgical Assistant	Date	Time
---------------------------------	------	------

---

Signature of Preceptor	Date	Time
------------------------	------	------

---

Signature of O.R. Educator	Date	Time
----------------------------	------	------

---

Signature of O.R. Manager	Date	Time
---------------------------	------	------

# Allied Health Professional Scrub Assistant O.R. Orientation

## Orientation Objectives:

1. Demonstrate understanding of aseptic technique -
  - Open sterile instrument and supply packages
  - Perform surgical scrub according to policy
  - Gown and glove (open and closed technique)
  - Gown and glove others
  
2. Review safety in the Operating Room -
  - Safely operate the OR table hand control
  - Assist with patient positioning devices
  - Safely help to position the patient on the OR table
  - Assist with prepping as able
  - Assist with draping
  
3. Review proper use of equipment -
  - Demonstrates knowledge of specialty equipment
  - Proper use of OR light system and handles
  
4. Review the role of the scrub assistant -
  - Retracting
  - Holding extremities as appropriate
  - Cutting suture
  - Performing within scope of practice and credentials

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Kadlec Medical Center  
Operating Room

Environment of Care

Competency: OR staff will have an understanding regarding the practices and processes that assist in providing a safe environment of care and assist OR personnel in the identification of potential hazards in the practice setting. This competency covers information specific to the Operating Room and covers security; departmental safety reference material; heating, ventilation, air conditioning, medical equipment; clinical alarms; blanket and solution warming cabinets; fire safety, medical gases, anesthesia gases, chemicals, and hazardous waste disposal.

Department Security:

- A. Access to department is limited to \_\_\_\_\_.
- B. After hours I enter the building using \_\_\_\_\_ entrance.
- C. All employees, Healthcare Representatives, and students need to be wearing a \_\_\_\_\_ at all times.

Locate the storage location of the following department references:

- A. Disaster manual: \_\_\_\_\_
- B. OR Policies and Procedures.(name 2 locations): \_\_\_\_\_
- C. Location of the MSDS manual: \_\_\_\_\_
- D. Location of the Infection Control Kardex: \_\_\_\_\_
- E. Location of Alarm Guidelines: \_\_\_\_\_
- F. Oxygen and Medical gases

Locate oxygen and medical gas shut off valve for each OR

Where are they? \_\_\_\_\_

Identify who can turn it off? \_\_\_\_\_

Identify policy number? Policy is available.

Identify where gas cylinders are stored? \_\_\_\_\_

How many gas cylinders can be stored in one location? \_\_\_\_\_

Where are O2 transport cylinders stored? \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Identify Location of Nearest Fire alarm pull box to:

OR #1

OR #2

OR # 6

OR 11

Identify the Location of the Nearest Fire Extinguisher to:

OR #2

OR #6

OR #11

PACU Isolation Room

Holding Area

Anesthesia Work room

Evacuation Route

- a. What is this annex called?
- b. Describe the emergency evacuation route from

OR 1

OR 7

PACU

Eye Wash Station

Where is the eye wash station in the OR? \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Log Books

Identify location of log books for:

Refrigerator monitoring

Blanket/Fluid Warmers

Freezers

Autoclaves

Biological

Identify who is responsible for maintaining the log books.

### Emergency Need Carts

Where is the code cart stored?

Where is the MH cart stored?

Where are the difficult air way carts stored?

Where are the trach tray and tubes kept?

Where are transfer aids stored? (roller boards, slip sheets, etc..)

### Environmental Controls:

Environmental controls, including air exchange rate, temperature, and humidity parameters are monitored by:

Log information for these environmental controls are kept on file: \_\_\_\_\_.

How do you control the OR Room temperature? \_\_\_\_\_.

Neptune Docking occurs where? \_\_\_\_\_.

Where are Biohazard trash and regular trash are disposed of

\_\_\_\_\_

Floors will be kept clear of all unnecessary cords and storage items.

