

Greater New Orleans Surgery Center

BLANKET WARMER

Page 1 of 2

Reviewed: August 1, 2001

08/01/2003, 05/01/2009

Implemented: August 1, 2001

SUBJECT: Blanket warmer

PURPOSE: To prevent the patient from developing hypothermia due to loss of body temperature during procedures.

SCOPE: All perioperative nurses/anesthesiologists/physicians.

POLICY: Staff will follow the proper use of the blanket warmer to provide safety to patients during procedures.

PROCEDURE:

A. Set-up and Operation:

1. Set the Main Power Switch to the "OFF" position.
2. Plug the Warm Touch or Bair hugger into a properly grounded electrical outlet.
3. Connect one end of the hose to the warm airport located on the top of the unit.
4. Turn the Main Power Switch to the "ON" position. The green power ON indicator lamp will illuminate and the air blower will begin to operate quietly.
5. Remove one of the disposable Warming Covers from its package. Place a sheet, then the cover over the patient, fabric side down, as per the instructions included in the package.
6. Cover the patient and the Warming Cover with a standard cotton hospital blanket.
7. Insert the flexible air hose into the interface on the Warming Cover. Refer to Product Application Sheet provided with cover for additional instructions. To prevent the hose and blower unit from pulling the Warming Cover off the patient, a hose support and hose clips have been supplied with your unit.
8. Turn the heater Control Switch to the proper temperature setting for the patient. If you wish to mildly cool the patient, place the Heater Control Switch in the 27° or 32° Celsius (80° or 90° Fahrenheit) position.
9. Shut off and disconnect when no longer in use.

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¶ Page 1 of 2 Reviewed: August 1, 2001¶
¶ 08/01/2003, 05/01/2009¶
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¶ SUBJECT: Alcon Series 20000 Legacy¶

¶ PURPOSE: Introduction to ultrasonic emulsification and irrigation/ aspiration for intracapsular cataract extraction.¶

¶ SCOPE: All Operating Room personnel.¶

¶ POLICY: Staff using the Legacy machine will follow proper policy for safety of patient.¶

¶ EQUIPMENT: ¶

- ¶ A. Alcon 2000 machine.¶
¶ B. Series 2000 cassette pack.¶
¶ C. Balanced Salt Solution Plus 500 cc or 250 cc.¶
¶ D. Instrument tray with phacoemulsification handpiece and irrigation/aspiration handpieces.¶
¶ E. Phacoemulsification handpiece tip 30° or 45°.¶

¶ PROCEDURE:¶

- ¶ A. Priming:¶
¶ 1. Turn power on. (Circulator)¶
¶ 2. Press custom.¶
¶ 3. Select physician - physician name highlighted.¶
¶ 4. Press exit.¶
¶ 5. Select memory, the press memory 1.¶
¶ 6. Insert cassette passed off from scrub nurse.¶
¶ <#>Connect blue aspiration and white irrigation fittings together. (Scrub nurse)¶
¶ 8. Spike bottle - fill drip chamber half full. (Circulator)¶
¶ 9. Select irrigation foot switch mode and press test. (Circulator)¶
¶ <#>Press prime symbol - system will perform fluidic test, red "not primed" will go to green "primed". (Circulator)¶

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BLANKET WARMER

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B. Safety:

1. To reduce the risk of electric shock, **DO NOT REMOVE COVER**. Refer servicing to qualified service personnel.
2. **DANGER:** Risk of explosion if used in the presence of flammable anesthetics.
3. Do not warm patients with the Blower Hose alone. Thermal injury may result. Always attach the hose to a Warming Cover before providing warming therapy.
4. This unit is equipped with a "hospital grade" plug. Grounding reliability can only be achieved when this equipment is connected to a "hospital only" or "hospital grade" receptacle. Check ground continuity regularly. (Applicable in U.S. only.)
5. The actual temperature of the air around the patient is determined by the room temperature and the use of an insulating blanket.
7. When utilizing the warming blanket, you should monitor the patient's temperature and vital signs every 15 minutes.
8. If the patient's wounds are infected, the possibility of airborne contamination should be considered.
9. Before starting therapy, check to see that the patient is dry. If therapy is started on a wet patient, a cooling effect will occur.
10. Warming covers are single use disposables and are not intended for reuse.

D. Cleaning:

1. Disconnect the power cord from the wall outlet before cleaning.
2. Clean the external surface by wiping gently with a soft dry cloth. You may also use a cloth lightly dampened with a 70% Isopropyl Alcohol solution.
3. Do not use a wet saturated cloth to clean the unit, as moisture may enter the unit and damage the electronic circuitry.

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C-ARM TECHNIQUE & PROCEDURE

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Reviewed: August 1, 2001

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Implemented: August 1, 2001

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SUBJECT: C-arm technique & procedure manual.

PURPOSE: To provide safe radiological services.

SCOPE: All Operating Room personnel trained in C-ARM procedures.

POLICY: Staff using the C-ARM machine will follow proper policy for safety of patient.

PROCEDURE:

A. TO TURN ON:

1. Plug 3-prong plug behind monitor into extension cord - plug into wall.
2. Cord with round end attaches to the side of C-arm, red dot to red dot.
3. On C-arm, turn key above cord to "On" position.
4. "On" and "Off" switches are on back of monitor.

Machine will automatically go into warm-up state. Reading on C-arm will say "WAIT - READY - SELECT".

B. PROCEDURES

CHEST FLUOROSCOPY - for pacemaker, life-ports, subclavians, and needle biopsies.

- a. Place C-arm over chest after draping.
- b. Technique 80 Kvp - 5 MAS or Auto Chest.
- c. Fluoroscope when asked.
- d. Log patient's name and time fluoroscoped in log book.

ABDOMINAL FLUOROSCOPY - for hepatic placements (T-tube and needle placements).

- a. Drape C-arm head.

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C-ARM TECHNIQUE & PROCEDURE

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- b. Place C-arm over abdomen.
- c. Technique 80 Kvp - 20 MAS or Auto Abdomen.
- d. Fluoroscope when asked.
- e. Log patient's name and time of fluoroscopy in log book.

EXTREMITY FLUOROSCOPY - orthopedic work on any extremity.

- a. Drape C-arm.
- b. Place C-arm over extremity.
- c. Technique 60 Kvp - 2 MAS or Auto Extremity.
- d. Fluoroscope when asked.
- e. Log patient's name and time of fluoroscope in log book.

BOOST MODE -

After each use, make sure no blood on other items, on C-arm or foot pedal.

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DAILY TESTING OF AUTOCLAVES

Page 1 of 2

Reviewed: August 1, 2001

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SUBJECT: Daily testing of autoclaves.

PURPOSE: To ensure sterilizer performance thus, ensuring the sterility of in-house packaging and instrumentation.

SCOPE: O/R personnel.

POLICY: Smart packs, Attest indicators, Attest incubator, autoclaves (2) will be used to ensure sterility of in-house packaging and instrumentation.

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PROCEDURE:

A. Incubator plugged in and working.

B. Daily a smart pack and brown attest will be placed in Amsco (pre-high vacuum) autoclaves. Place a Smart pack directly over drain. Attest to be inside package. These pre-high vacuum sterilizers will be run on wrapped cycles for 4 minutes, 0 drying time, 135° C temperature (270° F).

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C. Smart packs will be removed, dated, signed and placed in appropriate log book.

D. Attest will be removed, making sure they have been marked as Test, autoclave number and appropriate dates. They are to cool for 10 minutes. Always holding indicator upright, break ampule with indicator crusher.

Deleted: C. Daily a blue attest will be placed in Amsco (gravity displacement) autoclave. Attest to be inside peel package. This gravity displacement sterilizer will be run on unwrapped cycle for 3 minutes, drying time, 135° C temperature (270° F).¶

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D

E. Place the crushed indicator in the plastic holder in the incubator. Temperature is 56° C (133° F), +/- one degree.

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F. A non-sterilized indicator for each type of attest, to be marked with a "C" for control and dated then, is to be crushed per step E and placed in incubator per step F.

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G. At 24 hours, check indicators for growth. Positive indicators will be yellow indicating growth. Negative indicators will be purple indicating no growth.

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H. Record results in appropriate log book.

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J. Dispose of attest indicators once read as you would other microbiological waste in red bags or sharps container.

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DAILY TESTING OF AUTOCLAVES

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J. After daily smart packs and attestations have been run and documented in appropriate log books, daily flashing may begin. Every flashed instrument or instrument set will have an integrator strips and record card run with the proper cycle. These integrator strips will be checked for time, temperature and pressure recordings and discarded after each use. The record card will contain sterilizer number, load number, date, signature, type of pack and patient sticker.

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- Deleted: instrument strips
- Deleted: Room number, doctor name and operator's initials are to be written next to appropriate space on autoclave record tape.
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K. Instrument sets and peel packages that are run in large load are to have the same identification number, and date. The same identification number of each load is placed next to the appropriate space on the autoclave record tape.

L. If a positive test result occurs, pull all packs, instrumentation, etc. that were run in that autoclave. Repackage and sterilize in autoclave with negative test result. Do not use autoclave until it has been checked by maintenance and indicators show no growth again for 48 hours.

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M. Records are to be kept for seven years before discarding.

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N. Autoclave drains are to be removed and cleaned with brush and disinfectant monthly and charted when done.

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ELECTROSURGICAL SAFETY

Page 1 of 2

Reviewed: August 1, 2001
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SUBJECT: Electrosurgical safety.

PURPOSE: Electrosurgery, the cutting and coagulation of body tissue with high frequency current, is a routine surgical technique used in the operating room.

SCOPE: All perioperative nurses.

POLICY: Staff will follow the proper care and use of electrosurgical machines to provide safety to patients during procedures in which electrosurgical machines are used.

PROCEDURE:

A. The electrosurgical unit:

1. The electrosurgical unit should be kept clean and protected from spills; therefore, no unit should be used as a shelf.
2. The electrosurgical unit should not be used in the presence of flammable agents such as alcohol or tincture-based agents.
3. Before use of the electrosurgical unit, the operative field should be checked for alternative ground points. Therefore, the patient should be checked to be sure the patient's body is not in contact with metal table parts.
4. Before each use of the unit, the electrical plug, cord and connections and the foot switch cord and connections should be inspected for damage. The unit should be removed for repair if damaged.
5. The electrosurgical unit electrical cord should be of an adequate length to reach the outlet without stress.
6. Before each use, the ESU safety features (lights, activation sound) should be tested.
7. Power settings for coagulation and/or cutting should be as low as possible for each procedure and the surgeon notified of the setting before each use.
8. Requests for increasing current output are an almost sure indication that a fault has developed in the circuitry between the active electrode, the dispersing electrode and the ground. Before increasing the current output, the circulator should check all connections, grounding pad adherence and replace the Bovie pencil.

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ELECTROSURGICAL SAFETY

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B. The dispersive electrode (grounding pad):

1. The dispersive electrode should be inspected before use for wire breakage or fraying. All connections should fit securely and the gel (if applicable) moist in all areas.
2. The dispersive electrode/grounding pad should be placed on the positioned patient, on a clean, dry skin area over a large muscle mass as close to the operative site as possible. Bony prominences, hairy surfaces and scar tissue should always be avoided.
3. Circumferential dispersive electrode pad placement which restricts blood flow should be avoided.
4. Defective grounding pads should never be used.
5. Dispersive grounding pads should maintain uniform contact with the area without gaping, tenting or allowing seepage of liquids under the pad.

C. The active electrode:

1. The active electrode (Bovie pencil) should be placed in a clean, dry, non-conductive and highly visible area when not in use during the procedure.
2. The active electrode tip should be secure and free of charred tissue by use of a Bovie tip cleaner.

D. Documentation on operative record:

The operative record should reflect the lot # and/or date, placement of the dispersive electrode (grounding pad), and the ESU settings for coagulation and cutting as well as the serial # of the electro-surgical unit used.

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E. Bipolar generator safety:

The preference of a surgeon may be for use of the bipolar generator instead of the electro-surgical unit. When using the bipolar cauterization unit, a dispersive electrode (grounding pad) should NOT be placed on the patient since it will prevent the safe, normal operation of the bipolar unit.

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LASER SAFETY

Page 1 of 3

Reviewed: August 1, 2001

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SUBJECT: Laser safety.

PURPOSE: To provide safety to all individuals during laser procedures.

SCOPE: All operating room personnel.

POLICY: Physicians utilizing the laser, all employees and other individuals present during demonstrations or utilization of laser equipment will follow proper procedure. This will provide for patient and personnel safety during surgery as well as optimum usage and proper care of the laser.

PROCEDURE:

A. Procedure for CO₂ laser:

1. A sign will be posted on the operating room door when laser is being used. The sign shall state Danger, the type of laser being used, the laser wattage and the necessary eye protection needed.
2. Safety glasses (plastic or glass) with side guards are required for all personnel in the operating room when the CO₂ laser is in use. Contact lenses are not adequate protection and do not meet requirements, and masks with built in face shields are not adequate protection.
3. Patients under local anesthesia are required to wear safety glasses. If the laser is used near the patient's eyes, head or neck, his/her eyelids should be lubricated with water-base artificial tear solution, be closed, taped shut and covered with saline-moistened pads.
4. Laser equipment must be moved to the O/R using caution. Attention paid to the articulating arm, avoiding bumping or damaging it.
5. Laser shutter is kept closed at all times by keeping laser in standby mode except at precise time of use by physician.
6. The key shall be removed when laser not in use.
7. The laser will not be used in presence of flammable or explosive prep solutions or anesthetic agents.

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LASER SAFETY

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8. The laser foot pedal goes to the operating physician only.
9. The physicians who use the laser must have medical staff privileges documented in their credentialing files.
10. Protect the surrounding tissue from potential damage resulting from reflected laser energy and heat by:
 - a. Covering the tissue with wet sponges or towels (square off incision site). Cover rectum or insert wet Raytec.
 - b. Irrigating the surrounding tissue prn to decrease the temperature.
 - c. ENT - using laser shielded ET tubes.
 - d. Using brushed finish or ebonized equipment as needed.
11. Use smoke evacuation to remove the smoke of the vaporized tissue, which contains carbonized particles (plume).
12. During laser operation, the laser should be placed on "standby" when adjusting the power meter and/or using other instrumentation (i.e., cautery, bipolar or dissection). A verbal exchange shall occur between the laser surgeon and laser nurse at all times laser is in use.
13. A safety manual will be available at all times in case of any questions.
14. When the laser is in operation, there should be two circulators, one of who is an RN experienced with the laser and will remain with the laser and one to perform the other circulating duties.
15. Laser safety officer shall:
 - a. Operate and maintain laser and related equipment. Contacts service representative as needed for repair.
 - b. Have preventative maintenance checks performed on lasers. Evaluate equipment and makes recommendations for upgrade or change.
 - c. Assume responsibility for laser operation during procedures and remains current in field.
 - d. Implement inservices and continuing education programs.
 - e. Assist and encourage proper and safe use of laser.
 - f. Prepare laser equipment and attachments for use.
 - g. Check laser prior to usage for proper functioning.
 - h. Monitor, control machine, observe and enforce safety guidelines.

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LASER SAFETY

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- i. Maintain a log and records for cases in which laser is used with documentation of laser used, settings, modes, staff present, patient ID#, physician, length of time, laser operator, circulating nurse.

B. Procedure for argon laser:

1. Nurse to record appropriate preop information.
2. Have patient sign Consent for procedure.
3. Apply drops to eye being worked on as ordered by physician.
4. Position patient in chair.
5. Turn laser key on at generator.
6. Punch in the selector button for Argon.
7. Turn on key to "Laser" position. Laser will automatically be in "Standby" position. "Ready" button must be depressed to begin the procedure. Laser is to be returned to "Standby" position upon completion of each procedure.
8. It is the physician's responsibility to document the usage of joules and power setting in procedure.
9. Circulator will wear laser safety goggles during the procedure.

C. Procedure for YAG laser:

1. Nurse to record appropriate preop information.
2. Have patient sign Consent for procedure.
3. Apply drops to eye being worked on as ordered by physician.
4. Position patient in chair.
5. Turn laser key on at generator, select YAG for usage.
6. It is the physician's responsibility to document the usage of joules and power setting in procedure.
7. Laser should be placed in "Standby" position between procedures.

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LOW PRESSURE IRRIGATION SYSTEM

Page 1 of 1

Reviewed: August 1, 2001

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SUBJECT: Low pressure irrigation system.

PURPOSE: To prevent over-inflation of fluid in arthroscopies and maintain proper distention.

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SCOPE: All O/R personnel.

POLICY: Staff will follow the proper use of low pressure irrigation system to provide safety to patients during procedure.

PROCEDURE:

A. Apex Universal Irrigation System.

1. Turn power on.
2. Press and hold the OPEN button to unlock cassette door.
3. Insert cassette, close door to lock.
4. Clamp spike lines, remove spike guard caps and spike fluid bags.
5. Connect suction line to suction.
6. Open clamps on spike lines and press and hold RUN/STOP button for 10 seconds.
7. Scrub nurse selects desired parameters of doctor on remote control.

Deleted: B. Davol pump.¶

1. Attach pump to nitrogen supply on wall.¶
2. Turn on air supply and set outlet pressure to 50 psi.¶
3. Adjust dial on pump to 10 feet.¶
4. Spike bags of LR with tubing from sterile field and left run through.¶
5. Plug other end of tubing into pump.¶
6. Turn tubing and valve upside-down until LR flows freely.¶

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NEW EQUIPMENT AND SUPPLY EVALUATION

Page 1 of 1

Reviewed: August 1, 2001

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SUBJECT: New equipment evaluation.

PURPOSE: To offer new equipment or supplies to update and enhance care to patients at the Greater New Orleans Surgery Center.

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SCOPE: All personnel.

POLICY: The Greater New Orleans Surgery Center will evaluate equipment and supplies for use as per physician request.

PROCEDURE:

A. Physician requests are to be presented to Clinical Manager or Administrator.

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B. Sales representatives will be contacted and appointment set up for trial use (dependent on physician's approval).

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C. Physician preferences and evaluation will be presented to the Administrator.

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D. After approval of the Administrator, the Purchasing Agent will then make arrangements for shipment.

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NEW EQUIPMENT AND SUPPLY TRAINING

Page 1 of 1

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SUBJECT: New equipment and supply training.

PURPOSE: In-services will be done on new equipment and supplies, allowing staff to become knowledgeable of its use, which provides a safe environment for patients during the procedure.

SCOPE: Physicians and nursing personnel and auxiliary personnel when necessary.

POLICY: New equipment and supplies purchased by the facility will be in-serviced prior to use on any patient. A mandatory in-service will be required from the manufacturer or sales representative, and staff working with the instrumentation must be in-serviced.

PROCEDURE:

- A. Equipment and supplies representative will present and demonstrate new equipment and supplies.
- B. Signed in-service records to be kept on file.
- C. New equipment will be checked by biomedical before use in the facility.
- D. If a physician brings his own equipment into the facility for use, biomedical check will be arranged prior to use to ensure patient safety.

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PATIENT ROLLER

Page 1 of 1

Reviewed: August 1, 2001

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- SUBJECT: Patient roller.
- PURPOSE: To move patient from stretcher to O/R table and back.
- SCOPE: All perioperative nursing.
- POLICY: Patient roller will be used as needed to provide a safe way of moving patient back and forth onto and off of O/R table.

PROCEDURE:

- A. Move the recipient stretcher, etc., to the side of the O/R table where the patient is lying. Lock the stretcher in place.
- B. Place a draw sheet or folded regular sheet over the roller with some folds in the length.
- C. Place the roller longitudinally along side of the patient with part (about 60%) on the table where the patient is lying and the rest on the recipient stretcher.
- D. Turn patient on his/her side and move roller as far under patient as possible, maintaining body alignment, then turn patient on his/her other side and unfold the folds that were made in the sheet. If the roller is placed under the pillow, the patient may be moved without his/her head ever leaving the pillow. If there has been no spinal injury to the patient, move his/her legs towards the recipient stretcher.
- E. At this time, the patient is lying flat on his/her back on top of the sheet, which is on top of the roller.
- F. With one person on each side of the patient, the move is completed simply by one person pulling the sheet towards the recipient stretcher and one person sliding the patient (pushing the patient) across the O/R table, maintaining proper body alignment, to the stretcher. A third person at the head of the O/R table should support the head and neck.

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TOURNIQUET

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Reviewed: August 1, 2001
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Implemented: August 1, 2001

SUBJECT: Tourniquet.

PURPOSE: The following practices provide information with regard to the testing, applying, cleaning and documenting the use of the tourniquet.

SCOPE: All perioperative nurses, anesthesiologists and surgeons.

POLICY: Staff will follow the proper care and use of tourniquets to provide safety to patients during procedures.

PROCEDURE:

- A. The tourniquet will be tested according to manufacturer's instructions.
- B. The pneumatic tourniquet will be inspected by the biomedical engineer and maintained with appropriate documentation in the log and by an inspection sticker on the equipment itself. Tourniquet will be calibrated regularly.
- C. Care will be taken to choose the appropriate cuff length for the surgical extremity.
- D. The cuff will be positioned over the maximum circumference of the limb.
- E. Protect the skin by keeping the cuff wrinkle free. Cast padding at surgeon's request can be placed under the cuff.
- F. Once the cuff is applied on the extremity, it must not be rotated. If further positioning is required, the cuff will be removed and replaced appropriately.
- G. The extremity will be prepped in such a manner so that the prep solution will not run under the cuff and pool.
- H. The surgeon and/or anesthesiologist will determine the tourniquet pressure based on the patients blood pressure.
- I. Tourniquet pressure time should be kept to a minimum and the circulator should keep the physician informed when it has been inflated for 1 hour.
- J. Appropriate documentation with regard to tourniquet use will be kept for the following:
 1. Position of tourniquet on the limb.

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050109 EQUIPMENT.doc

16

Deleted: STERIS PROCESSOR¶

¶ Page 1 of 3 Reviewed:
August 1, 2001¶
August 1, 2003¶
Implemented: August
1, 2001¶

¶ **SUBJECT:** Use of Steris Processor.¶

¶ **PURPOSE:** To ensure proper use of Steris Processor and ensure optimal sterilization techniques.¶

¶ **SCOPE:** All operating room personnel.¶

¶ **POLICY:** The Steris Processor will be used for sterilization of instruments that cannot be processed by steam sterilization.¶

¶ **CYCLE:** Push diagnostic button. Diagnostic takes about 20 minutes. When passed, ready to use. Normals for cycle:¶

- A. Temperature - 50-55.¶
- B. Concentration - above 200.¶
- C. Exposure - 12 minutes.¶
- D. Inlet water temperature - 46-48° C.¶
- E. Fill time - less than 2.0 minutes.¶

¶ **PROCEDURE:** ¶

- A. Thoroughly wash instruments to be placed in the Steris system, ensuring that the stopcocks are in the open position.¶
- B. Place instruments or scopes in the appropriate tray, ensuring instruments are placed in the processing container allowing the lid to be applied without resistance.¶
- C. Open spore strip container. Grasp spore strip with small clip. Place clip with spore strip in center of processing container. Apply lid.¶
- D. Place the rigid container in the Steris system. Make sure to align container hole with the hole in the machine tray.¶
- E. Shake sterilant or break up gently if not loose in cup. Add Steris 20 sterilant cup, placing it in cup compartment. Press it down onto cup "cutters". Push spike of aspirator down through sterilant cup lid - should be flush with lid. Be sure tubing is not kinked. ¶
- F. Close lid of Steris unit gently, making sure there is no resistance.¶
- G. Press firmly on "Start" button once. Machine will start after a moment.¶

¶ **Deleted:** August 1, 2003¶

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Greater New Orleans Surgery Center

TOURNIQUET

Page 2 of 2

2. Time tourniquet inflated.
 3. Amount of pressure used.
 4. Time tourniquet deflated.
 5. Identification of the tourniquet, if more than one tourniquet is available in the surgery center.
- K. The tourniquet and cuff will be cleaned prior to each patient use and by manufacturer's suggestions.

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Greater New Orleans Surgery Center

GE OEC 9800 C-Arm PORTABLE FLUOROSCOPE

Deleted: ZIEHM VISTA 5187

Page 1 of 1

Reviewed: August 1, 2001
08/01/2003, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003¶

SUBJECT: GE OEC 9800 C-Arm portable fluoroscope.

Deleted: Ziehm Vista

PURPOSE: To provide safe use of the GE OEC 9800 fluoroscope.

Deleted: ZIEHM

SCOPE: All nursing personnel.

Deleted: ZIEHM

POLICY: Procedure will be followed when using GE OEC 9800 fluoroscope to insure all personnel in close proximity of fluoroscope are protected.

Deleted: The power strip is to be plugged in to a wall outlet at all times to keep it charged

Deleted: Turn on the machine (battery pack, image intensifier, camera monitor and the DIS1000 module).

Deleted: The machine may be activated by either the foot pedal or by the green button on the inside of the "C" tube.

Deleted: If increased KVPs are requested by the physician (above 45), then the Reset and Increase buttons located on the "C" are pressed. The tube may only be increased to 65. See the digital readout on the "C"

Deleted: Photographic prints may be made of the screen by pressing "Print" located on the printer

Deleted: After use, the machine is to be turned off and cleaned dampened cloth and stored. The cover is to be used.

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Deleted: ¶
The machine is inspected in accordance with HRS requirements by biomedical personnel.¶

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PROCEDURE:

- A. The fluoroscope is to be used under the direct supervision of a physician.
- B. Prior to use, the patient and staff may be shielded with lead aprons. This is not necessary according to the manufacturer; however, shielding should be offered to both physician and patient by the staff.
- C. Power on using green button on the monitor.
- D. Select button labeled 'patient information'
- E. Enter patient information, then 'done'
- F. Select mode 'Fluoro'.
- G. Verify Fluoro is displayed on status bar.
- H. Press left foot pedal or yellow button on the C-Arm to start fluoro.
- I. To save Press the Blue /Save button on the monitor or C-Arm
- J. To retrieve saved images
 - a. Press image directory button
 - b. Select saved image
 - c. Press Print
 - d. The press copy
- K. After use the machine is to be turned off and cleaned with a disinfectant

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ALCON SERIES 20000 LEGACY

Page 1 of 2

Reviewed: August

1, 2001

08/01/2003, 05/01/2009

Implemented: August

1, 2001

SUBJECT: Alcon Series 20000 LegacyPURPOSE: Introduction to ultrasonic emulsification and irrigation/ aspiration for intracapsular cataract extraction.SCOPE: All Operating Room personnel.POLICY: Staff using the Legacy machine will follow proper policy for safety of patient.EQUIPMENT:

- A. Alcon 2000 machine.
- B. Series 2000 cassette pack.
- C. Balanced Salt Solution Plus 500 cc or 250 cc.
- D. Instrument tray with phacoemulsification handpiece and irrigation/aspiration handpieces.
- E. Phacoemulsification handpiece tip 30° or 45°.

PROCEDURE:

A. Priming:

1. Turn power on. (Circulator)
2. Press custom.
3. Select physician - physician name highlighted.
4. Press exit.
5. Select memory, the press memory 1.
6. Insert cassette passed off from scrub nurse.
Connect blue aspiration and white irrigation fittings together.
(Scrub nurse)
8. Spike bottle - fill drip chamber half full. (Circulator)
9. Select irrigation foot switch mode and press test. (Circulator)
Press prime symbol - system will perform fluidic test, red "not primed" will go to green "primed". (Circulator)

ALCON SERIES 20000 LEGACY

Page 2 of 2

B. Tuning:

1. Press U/S mode - phaco should be highlighted. (Scrub nurse)
Remove protective cap from U/S handpiece connector.
(Done after scrub nurse passes off to circulator.)
Plug handpiece connector into machine - use any of three U/S
receptacles, aligning red dots. (Circulator)
Thread tip - tighten completely, push tip wrench straight off. (Scrub
nurse)
Thread phaco silicone infusion sleeve with insert over U/S tip. (Scrub
nurse)
Connect blue aspiration and white irrigation fittings to U/S handpiece.
(Scrub nurse)
Fill test chamber with BSS - use irrigation free flow mode and
fluid will flow into test chamber. (Scrub nurse)
8. Slide test chamber over U/S tip.
9. Confirm U/S mode - press test.(Scrub nurse)
Press "test" two more times to bring to tune mode - red "not tuned" will go
to green "tuned. (Scrub nurse)

C. Cleaning:

1. Remove phaco and I/A hand pieces and flush with sterile water.
Connect blue aspiration and white irrigation fittings together.
(Scrub nurse)
Take bottle off of IV pole - place bottle on top of machine.
(Circulator)
4. select I/A max mode.
5. Press "test". (Circulator)
6. Press clean symbol. (Circulator)
7. Remove cassette.

D. Anterior vitrectomy:

- Press VIT symbol. (Scrub nurse)
- Confirm ATIOP submode. (Scrub nurse)
- Open ATIOP sterile package. (Circulator)
- Connect blue aspiration fitting together. (Scrub nurse)
- Connect white irrigation fitting together. (Scrub nurse)

Connect clear Luer fitting to VIT Luer connector on side of machine.
(Circulator)
Place filled test chamber over probe. (Scrub nurse)
Depress foot switch until air is completely purged from aspiration line and
observe cutting activated through test chamber.

STERIS PROCESSOR

Page 1 of 3
1, 2001

Reviewed: August

August

1, 2003

Implemented: August

1, 2001

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- D. Inlet water temperature - 46-48° C.
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- C. Open spore strip container. Grasp spore strip with small clip. Place clip with spore strip in center of processing container. Apply lid.

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- E. Shake sterilant or break up gently if not loose in cup. Add Steris 20 sterilant cup, placing it in cup compartment. Press it down onto cup "cutters". Push spike of aspirator down through sterilant cup lid - should be flush with lid. Be sure tubing is not kinked.
- F. Close lid of Steris unit gently, making sure there is no resistance.
- G. Press firmly on "Start" button once. Machine will start after a moment.

STERIS PROCESSOR

Page 2 of 3

- H. Cycle is complete when red light comes on.
- I. Press "Cancel" button once. Vacuum under lid should release. Takes a few minutes for vacuum to release.
- J. Lift handle located at front of machine. Lid should be loose and will open when lifted at its front edge.
- K. Write doctor's name and patient's last name on printout.
- L. Apply sterile gloves.
- M. Lift aspirator spike, remove cup, being sure it is empty, and dispose of cup in regular trash.
- N. Carry sterile tray to room and set on sterile table.
- O. Daily maintenance.
 - 1. Dry under tray and around all surfaces.
 - 2. Wipe down all surfaces with alcohol.
- P. Filter changes - Always turn off water first. Depressurize by pushing red buttons on both A&B filters.
 - 1. Filter A - unscrew counter-clockwise, dispose. New one has flat top. Put in and screw hand tight. Turn water back on and when appropriate filter changes have been made, repressurize by once again pushing red buttons on both filters. Good for approximately 50-75 cycles.

2. Filter B - has O-ring outside. Put O-ring on first, then canister. Screw hand tight. Good for approximately 75-100 cycles. Turn water back on and when appropriate filter changes have been made, repressurize by once again pushing red buttons on both filters.

3. Sterile water filter -
 - a. Turn off water and electric.
 - b. Cover computer board.
 - c. Remove, pull upward. May need hemostat.
 - d. Use plastic bag it comes in to apply into position. Push firmly.
 - e. Check O-ring on lid to sterile water filter to ensure proper placement.
 - f. Good for approximately 100-125 cycles.

STERIS PROCESSOR

Page 3 of 3

4. Sterile air filter -
 - a. Behind sterile water filter.
 - b. Unscrew filter to remove.
 - c. Good for six months.

Page Break