

Greater New Orleans Surgery Center

ADMISSION/PREOPERATIVE CHECKLIST

Page 1 of 5

Reviewed: August 1, 2001

~~8/01/03, 05/01/2009~~

Deleted: August 1, 2003

Implemented: August 1, 2001

~~5/18/09~~

SUBJECT: Admission/preoperative checklist.

PURPOSE: To provide a summary checklist of reports, procedures and information prior to releasing the patient to O/R.

SCOPE: All perioperative nurses.

POLICY: Patients are to go through a systematic, precise and accurate preoperative checklist before proceeding to the O/R and PACU.

PROCEDURE:

Before proceeding with checklist, patient will be properly identified. Identification band applied and checked against the chart. The admit time should be documented.

Patient and/or chart is to be checked for the following information; if it does not apply, write N/A:

A. Operative permit signed, witnessed with time and date performed and placed on chart.

1. Consents must be filled out properly.

2. Consents to be signed by the patient, parent or legal guardian and witnessed.

B. Advance Directive- If advance directive is on file it will be placed in the medical record on the right side and the upper right hand side of the chart cover will be stamped "Advance Directive On File"

Deleted: Patient questioned as to existence of. Copy to be placed in chart, if copy available. Explain facility policy. Place label on front of chart indicating presence of an advance directive.

C. Required medical workup

LOCAL ANESTHESIA PROCEDURES:

1. Tests ordered are at the discretion of the attending physician.

2. If physician giving sedation, HCG or urine pregnancy if of childbearing age.

LABORATORY REQUIREMENTS FOR GENERAL ANESTHESIA MAC/IVR/BLOCK

ANESTHESIA: Greater New Orleans Surgery Center follows the guidelines as designated by Parish Anesthesia Associates, but would use the guidelines stated below if no guidelines given.

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These requirements are for patients without systemic disease processes

<u>AGE</u>	<u>Female</u>	<u>Male</u>
12-44	HCT, HCG*	none
45-50	HCT, HCG*, EKG	EKG
51-64	HCT, HCG*, EKG	EKG
65-74	HCT, BUN, Glucose & EKG	HCT, BUN, Glucose & EKG
>74	HCT, BUN, Glucose, EKG	HCT, BUN, Glucose, EKG

* except if post hysterectomy, post menopausal or physician order.

These are suggested guidelines for patients with systemic disease process.

Anti-coagulation:	PT- coumadin PTT- Heparin Bleeding time- ASA daily dose
Cardiac Disease:	BUN, Creatinine, Lytes, Glucose EKG, CXR PT - PTT - if indicated
Diabetic:	BUN, Creatinine, Glucose EKG
Hypertension:	BUN, Creatinine, EKG Lytes- If on diuretic or ace inhibitors
Pulmonary Disease:	CXR, EKG

Testing Validity

EKG - within one year for general anesthesia, otherwise;

EKG/CXR within 1 year, with no interval of cardiac or pulmonary history.

Lab work- within 60 days preoperatively.

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Exceptions to the above may be made by the Anesthesiologist.

(Lab work drawn by Greater New Orleans Surgery Center Personnel may include Chemzyme and CBC for cost effectiveness.)

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D. History and Physical:

1. History and Physical must be done and signed by doctor prior to surgery and should be within 30 days of the date of surgery.
2. General dentistry patients must have History and Physical signed by a physician.
3. Podiatry patients must have a History and Physical signed by a physician.
4. History and Physical reports on oral surgery patients may be signed by the oral surgeon.

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E. Preoperative Anesthetic Questionnaire:

1. Personal medical history to be completed by the patient and the pre-op nurse.

F. Contact lenses - whether or not removed.

G. Loose teeth - whether or not patient has loose teeth.

H. Dentures removed.

1. Patients receiving general anesthesia will remove dentures before going to surgery. Bridges and caps are noted on checklist along with loose teeth. For dental cases, check if dentures are to be left in and record that they were left in. (The anesthesiologist may choose to have the patient's dentures remain in.)
2. In extreme cases of distress in the patient, this should be brought to the attention of the O/R staff. Teeth will be placed in denture cup; labeled and placed on bottom shelf of stretcher.

I. Make-up to be removed on general patients and patients having eye or facial surgery. Jewelry will be removed as needed for ease and safety of patients during surgical procedures.

J. Hospital gown, head and foot covering:

1. Clothing is to be removed and hospital gown worn. If the patient is extremely upset about removing his/her underclothing, check with the O/R staff and if patient is allowed to leave underwear on, record this on the chart.

EXCEPTIONS: Patients undergoing knee arthroscopies are to leave their underwear on.

2. Hair is to be covered with disposable surgical cap.

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3. Allow patients to leave their own socks on.

K. Last intake:

1. If patient is to have general or MAC anesthesia, nothing by mouth after midnight unless otherwise ordered by anesthesiologist and/or surgeon. List the time of last food and drink. Chart the type, amount and time any oral medication was taken by the patient.
2. If the patient is to have local or topical anesthesia, orders depend on the attending physician.

L. Have patient void - Patients should be encouraged to void prior to surgery.

M. Side rails on stretcher - Elevated when patient is on the stretcher to prevent falling. Keep stretcher locked and in low position when care not being administered.

N. Surgical prep done:

1. Shave and antiseptic pre-op preps are done per physician's order and checked for quality and correct location in the pre-op area unless otherwise ordered.
2. Chart on checklist that prep was done, which site and prep used; i.e., DynaHex, technicare or Betadine.

O. Verify that the surgical bracelet is in place.

P. Any known limitations, list.

Q. Upon admission, each patient must have a presurgical assessment completed by a physician or other qualified practitioner and includes at a minimum, an updated medical record entry documenting an examination for any changes in the patient's condition since completion of the most recent documented medical history and physical assessment including documentation of any allergies to drugs and biologicals.

R. List any other illnesses - Anything that is known that would be helpful for continuance of quality patient care and/or would benefit anesthesia care should be charted and reported to the anesthesiologist and/or O/R staff. (May use attention stickers for this purpose.)

S. Allergies are listed on the form with reaction.

T. Preoperative medications.

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<#>Preoperative BP, pulse, respirations and temperature should be taken and charted on all patients going to surgery.
2. Abnormalities are to be reported to anesthesiologist and/or surgeon.

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1. Preoperative medication for general, local or standby anesthesia should be given as ordered by the anesthesiologist and/or surgeon.
2. Chart medication given, dose, route, site, effects of drug - if noted - and person administering the medication.
3. If preoperative narcotic or sedation is given, O2 saturation, blood pressure, heart rate and respirations are to be taken and recorded as frequently as the patient's condition warrants.
4. Preoperative standing orders are permitted. The standing orders are to be incorporated into the record and signed by the attending physician for each case.

U. Check to see that the preop questionnaire lists the current medications patient is taking.

V. Nursing Assessment- Check patient's skin integrity, respiratory status, mental status, anxiety level, ambulation status, and patient's level of comprehension to preoperative teaching with verbal understanding.

W. The patient's medical history and physical assessment must be placed in the patient's medical record prior to the surgical procedure.

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CARE OF VENOUS ACCESS PORT (VAP)

Page 1 of 2

Reviewed: August 1, 2001

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SUBJECT: Care of venous access port (VAP).

PURPOSE: To properly access and maintain patency of patients' venous access ports while they are in the facility.

SCOPE: All perioperative nurses.

POLICY: To ensure the safety and proper care of patients' venous access ports while in the facility, all perioperative nurses will follow the proper procedure.

EQUIPMENT:

A. Preoperative

1. Huber needle.
2. Betadine.
3. Package of 4x4s.
4. Syringe.
5. NaCl - 10 cc Bacteriostatic.
6. IV solution per order.
7. Dressing (4x4, tape).
8. Sterile gloves.
9. Mask.

B. PACU

1. 10 cc syringe x 2.
2. Heparin flush, 500 units.
3. NaCl - 10 cc Bacteriostatic.
4. Sterile gloves and non-sterile gloves.
5. Band-Aid.

PROCEDURE:

A. Access of port (preoperative)

1. Explain procedure to patient.
2. Don mask.
3. Cleanse area using sterile gloves, 4x4s with Betadine.
4. Insert Huber needle into port.
5. Draw back 10 cc blood from Huber needle (discard).

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CARE OF VENOUS ACCESS PORT (VAP)

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6. Connect IV solution ordered.
 7. Dress around Huber needle to keep in proper position and able to move about freely.
 8. Document in appropriate notes.
- B. PACU - removal and maintaining patency.
1. Remove dressing using non-sterile gloves and discard in appropriate container.
 2. Open sterile equipment, draw up 10 cc NaCl Bacteriostatic in a syringe and 500 units Heparin flush in another syringe.
 3. Apply sterile gloves. Flush Huber needle with 10 cc NaCl, followed by 500 units of Heparin.
 4. Remove Huber needle.
 5. Apply Band-Aid.
 6. Document in appropriate notes.

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DUTIES OF PRE-OP NURSES

Page 1 of 3

Reviewed: August 1, 2001

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Implemented: August 1, 2001

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SUBJECT: Duties of pre-op nurses.

PURPOSE: The facility will provide ambulatory surgical care to all patients admitted to the facility.

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SCOPE: All perioperative nurses.

POLICY: Patients admitted to pre-op area for surgery will be provided with:

- A. Continuity of care.
- B. Patient education.
- C. Monitoring/observation.
- D. Skilled and proficient perioperative nurses/
- E. A safe, quiet environment.
- F. Confidentiality.
- G. Appropriate laboratory tests designated per policy, the surgeon, and anesthesia.

PROCEDURE:

A. Arrival to facility.

1. Nurse will arrive at the facility 45 minutes prior to first patient's arrival.

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2. Turn corridor lights on and alarms off. Check code cart.

3. Open and set up pre-op area. Obtain keys from safe.

4. Pull narcotics for anesthesia, local cases, and place in plastic boxes which are kept locked in pharmacy for distribution.

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5. Pull medications for pre-op daily use.

6. Retrieve lab results and EKGs. Check FAX machine for orders and/or lab results, date stamp when received.

B. Routine patient admission – Pre-op.

1. Obtain proper identification of patient.

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2. Obtain correctly signed operative consent and anesthesia consent, where applicable. Assure all patient declarations are signed.

3. Check patient's preoperative testing. Obtain all copies and notify surgeon and anesthesiologist of any abnormal values or readings on lab work, chest x-ray or EKG.

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Page 2 of 3

a. Copies to be sent to surgeon.

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4. Verify with patient about arrangements for transportation and confirm with data recorded at check in. If no transportation has been arranged, patient may go home by cab with appropriate signature on release form if not a general or monitored anesthetic patient. Record name of responsible person who will check on patient once patient is home.

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Deleted: and record name and phone number of responsible person

5. After patient has changed into gown, have patient lie on stretcher or sit in chair. Cover patient with blanket, and put up side rails.

6. Check patient's name and date of birth to armband.

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7. Label and place patient's prosthesis in cup (dentures, etc.), place all belongings in a bag, label, and place under stretcher or in PACU.

8. Perform presurgical assessment and obtain vital signs prn after giving medication.

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9

9. Check pre-op orders for medication to be given, special preps or shaves, and then date, time, and sign off orders.

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10. Start IV and record type and amount of solution, size of needle, and location.

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11. Record medication with dosage and time on pre-op record and also chart narcotics given on narcotics record.

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12. Ask patient if any questions. Do pre-op teaching.

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13. Bring family member in to sit with patient.

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14. Daily narcotic count at end of day.

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C. Other duties.

1. Order laboratory supplies from appropriate supplier.

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2. Keep preop bays and bathroom clean and stocked.

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3. Check bays to see that they are all stocked for the day's cases.

a. In IV Basket:

1. Bioclusive dressing.
2. 20 G and 22 G angiocaths.
3. Insulin and 3 cc syringes.
4. Xylocaine 1% Plain.
5. 2x2 gauzes.
6. Alcohol swabs.
7. Tourniquet.
8. 1" tape.

b. Emesis basins.

c. Thermometer and covers.

d. Denture cup.

e. Gloves.

f. Electrodes.

g. 4x4 gauzes.

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4. Obtain diagnostic reports for next day.

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5. Do daily narcotics count and request pharmacy supplies as needed.

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6. Keep up with surgery schedule and locate patients when they have not arrived on time. Also keep OR staff informed of changes or cancellations.

7. Keep staff, anesthesiologist, clinical manager, surgeon informed as to patient status or any changes significant to patient or schedule.

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8. When surgeon has not arrived on time for scheduled case, call surgeon's office to determine arrival time and notify patient, staff, and anesthesiologist of findings.

9. See that narcotic keys are secured at all times on a staff nurse's person.

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10. Daily lab patients preoperative testing.

11. Assist infection control nurse in employee health monitoring and inoculation.

12. Assist in establishing new polices and procedures to keep staff current as to standards and practices for preoperative care.

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IV ACCESS

Page 1 of 2

Reviewed: August 1, 2001

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Implemented: August 1, 2001

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SUBJECT: IV access.

PURPOSE: To have accessibility to a vein during an evasive procedure in the event that an emergency situation arises.

SCOPE: All perioperative nurses.

POLICY: A perioperative nurse may start an IV after verification of ability by two successful sticks.

PROCEDURE: Patients having an invasive operative procedure will have an IV access.

- A. Wash hands. Apply gloves.
- B. Obtain the following equipment:
 - 1. IV solution.
 - 2. IV tubing.
 - 3. Angiocaths: Size 16G, 18G, 20G & 22G - preferred size 20G.
 - 4. Bioclusive dressing.
 - 5. Alcohol/Betadine swabs.
 - 6. Tourniquet.
 - 7. 2x2 gauze.
 - 8. Tape - 1".
 - 9. TB syringe with Xylocaine 1% Plain.
- C. Prepare IV solution in Preparation Room.
- D. Explain procedure to patient.
- E. Tear tape into 2-4" strips.
- F. Apply tourniquet to upper arm and locate vein to be used.
- G. Clean skin with alcohol at proposed site of venipuncture.
- H. Shave skin if necessary for adhesion of tape. Dry skin with 2x2.

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IV ACCESS

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- I. Check patient allergies prior to site infiltration to local solution, infiltrate proposed site of venipuncture with a small amount of Xylocaine to locally anesthetize venipuncture site if using a Jelco needle.
- J. Insert needle gently into the skin with bevel up 1/2" below entrance to vein at 45 degree angle, then into the vein following the line of the vein while obtaining good blood return. NEVER FORCE CATHETER INTO A VEIN.
- K. Release tourniquet.
- L. Remove needle from catheter and place in appropriate biohazard container.
- M. Attach IV tubing to hub of catheter and slowly start solution flow.
- N. Observe for signs of infiltration or no infiltration.
- O. Tape securely in place using Bioclusive dressing over the insertion site and catheter.
- P. Dispose needles properly in biohazard waste box.
- Q. Remove gloves and wash hands.
- R. Chart:
 - 1. Time
 - 2. Type of needle used
 - 3. Specific area of arm or hand
 - 4. Intravenous solution used.
 - 5. Use of Xylocaine
 - 6. Your signature.
- S. Chart any other venipuncture attempts, including site, needle size, and your initials.
- T. If unable to start IV after two venipuncture attempts, ask another nurse to do venipuncture.
- U. When doing venipuncture on children, have two personnel present as needed.

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PHARMACY RESPONSIBILITIES OF PERIOPERATIVE NURSES

Page 1 of 1

Reviewed: August 1, 2001

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SUBJECT: Pharmacy responsibilities of perioperative nurses.

PURPOSE: To ensure proper stock of needed medications is available for patient care.

SCOPE: Perioperative nurses.

PROCEDURE:

A. Maintaining PAR levels of all medications stocked at the facility, which includes weekly orders from supplier or more frequently, if needed.

B. Checking for medications that are outdated monthly and turning them over to pharmacy nurse.

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¶ C. . Keeping a file of all invoices from supplier.¶

¶ D. . Keeping the daily Narcotic Log and all controlled substance sign-out sheets filed according to date. It is the responsibility of the anesthesiologist to properly fill out narcotic sign-out sheets and to return them to the perioperative nurses.¶

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Deleted: possible. A staff member will be assigned monthly in each area to assist with outdate checks.¶

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PREOPERATIVE - POSTOPERATIVE TEACHING

Page 1 of 1

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SUBJECT: Preoperative - postoperative teaching.

PURPOSE: To inform patients of what to expect throughout their experience at the facility as well as their home postoperative course.

SCOPE: All nursing personnel.

POLICY: Nursing personnel should inform patients regarding the expectations through the preoperative, intra-operative, and postoperative phases.

PROCEDURE: Teaching shall be include but not limited to:

A. Preoperative teaching:

1. Monitoring devices used
2. Shave prep
3. Intravenous starts
4. Medication used and the effects
5. Postoperative restrictions

B. Postoperative teaching:

1. Diet
2. Wound care
3. Activity
4. Physician follow-up
5. Medications
6. What to do in case of an emergency once home

C. Patient to give verbal or return demonstration of understanding of preoperative and postoperative teaching.

D. Teaching should be done with family members or other responsible persons present when possible.

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PREOPERATIVE VISIT TO CENTER

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Reviewed: August 1, 2001

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SUBJECT: Preoperative visit to center.

PURPOSE: To relieve fear and anxiety and establish rapport with the patient and family prior to surgery.

SCOPE: All prospective patients to the facility.

POLICY: It is the policy of the facility to encourage potential patients to visit the Center and have a preop visit with Nursing personnel. Patient who will be having anesthesia are encouraged to have the required history and lab work performed at the facility to assist in the development of a good rapport with the Nursing staff.

A. Significant Factors:

1. Anxiety: Decreased anxiety is a significant factor in optimal surgical recovery and the patient's mental attitudes preoperatively seem to have significant effect on both the patient's ability to tolerate the procedure and on his postoperative course.
2. Rapport: Patients who have little or no rapport with their surgeon or staff require more anesthesia during the operation.
3. Fear: When patients have intense fear of elective case or illogical fear of death, the procedure should be postponed.

PROCEDURE:

- A. Obtain procedure from the face sheet or doctor's orders. Verify procedure with the typed schedule.
- B. Introduce yourself (always call patient by his/her correct name).
- C. Evaluate patient's comprehensive abilities. Do not talk down to or talk above patient.
- D. Answer patient's questions and instill confidence in the patient.
- E. Review patient's history with the patient.
- F. Draw preop testing as required by anesthesia, the physician, and policy.

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PREOPERATIVE VISIT TO CENTER

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- G. Discuss PACU procedure and where family should wait. Stress that they should not worry if length of time exceeds expectation.
- H. Questions to be prepared for:
1. How long a stay in the facility.
 2. Diet after surgery.
 3. IV's running and how long.
 4. How long in surgery.
 5. Tubes, Foley, drains, etc.
 6. Sterilization policies.
 7. Specific questions about procedure and anesthesia.
 8. Pain after surgery.
 9. Removing dentures.
 10. Sore throat.
 11. Convalescence.
 12. Return to work.
 13. Amount of exercise allowed; how soon housework can be done; lifting; driving, etc.
- I. BEFORE PREOP VISITS, THE STAFF SHOULD KNOW THE INDIVIDUAL'S DOCTOR PREFERENCE CONCERNING WHAT IS TO BE TOLD TO THE PATIENT.
- J. Complete pre-anesthesia evaluation. Remind patient about the importance of the following points:
1. The patient will not be allowed to drive home unless the patient is only receiving local anesthesia with the exception of any pain management patient.
 2. Patients receiving any form of anesthesia (IV sedation, MAC, general) should be accompanied home with a responsible adult. They should remain with them the rest of the operative day.
 3. Patients should be encouraged to wear comfortable clothes that are easy to put on and take off.
 4. Unless otherwise specified by their surgeon or the anesthesiologist, the patient should have nothing to eat or drink past midnight the night prior to surgery.
 5. Remove nail polish from operative extremity.
 6. Leave jewelry and valuables at home.
 7. No makeup or body creams.

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