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Introduction to Perioperative Nursing

LEARNER OBJECTIVES

1. Define the three phases of the surgical experience.
2. Describe the scope of perioperative nursing practice.
3. Discuss application of the *Perioperative Nursing Data Set* (PNDS).
4. Discuss the outcomes a patient can be expected to achieve following a surgical intervention.
5. Describe the role of each of the members of the surgical team.

LESSON OUTLINE

- I. Phases of the Surgical Experience
 - A. Preoperative
 - B. Intraoperative
 - C. Postoperative
- II. Nursing Process Throughout the Perioperative Period
 - A. Assessment
 - B. Nursing Diagnoses
 - C. Planning
 - D. Intervention
 - E. Evaluation
- III. *Perioperative Nursing Data Set*
- IV. Roles of the Perioperative Nurse
 - V. Expanded and Advanced Practice Roles
- VI. Practice Settings
- VII. Members and Responsibilities of the Surgical Team

Phases of the Surgical Experience

1. The perioperative period begins when the patient is informed of the need for surgery, includes the surgical procedure and recovery, continues with discharge, and ends when the patient achieves his or her optimal level of postsurgical function.
2. Perioperative nurses provide care for surgical patients during the three distinct phases of the surgical experience: (1) preoperative, (2) intraoperative, and (3) postoperative. The word “perioperative” is used to encompass all three phases. In larger facilities, it is common for perioperative nurses to care for the patient during only one phase; in smaller facilities and in ambulatory settings the same nurse may provide patient care during all three phases.

Preoperative

3. The preoperative phase begins when the patient, or someone acting on the patient's behalf, is informed of the need for surgery and makes the decision to have the procedure. This phase includes preparation for surgery before and after admission to the surgical facility and ends when the patient is transferred to the operating room bed.
4. During the preoperative phase, the patient is prepared physically and psychologically for surgery. The length of the preoperative period varies. For the patient whose surgery is elective, the period may be lengthy. For the patient whose surgery is urgent, the period is brief, and the patient may have no awareness of this phase.
5. The results of diagnostic studies initiated during the preoperative period should be available to the nurse who does the immediate preoperative assessment. Nurses use information obtained from the chart review, preoperative assessment, and interview to prepare a plan of care for the patient.
6. Nursing activities in the preoperative phase are directed toward patient support, teaching, and preparation for the procedure.

Intraoperative

7. The intraoperative phase begins when the patient is transferred to the operating room bed and ends with transfer to the postanesthesia care unit (PACU) or other area where immediate postsurgical recovery care is given.
8. During the intraoperative period, the patient is monitored, anesthetized, prepped, draped, and the procedure is performed.
9. Nursing activities in the intraoperative period focus on patient safety, emotional support, facilitation of the procedure, prevention of infection, and the patient's satisfactory physiologic response to anesthesia and the surgical intervention.

Postoperative

10. The postoperative phase begins with the patient's transfer to the recovery unit and ends with return to an optimal level of functioning. The postoperative period may be brief or extensive and most commonly includes a period of time following discharge from the surgical facility.

11. The perioperative nurse must provide complete and concise information when transferring the patient to the postop caregiver.
 - Most surgical patients go from surgery into the PACU. Any information that can assist the postop caregiver in customizing interventions to meet the patient's specific needs should be included in the handoff report.
 - Critically ill patients may be transferred immediately to the intensive care unit (ICU) following surgery. In this case, the perioperative nurse may not provide care beyond the intraoperative phase. The circulating nurse must advise the ICU as soon as possible of the plan to transfer the patient immediately following the procedure and make the necessary arrangements (e.g., ICU bed, appropriate transport personnel, portable oxygen and monitoring equipment) for a safe and efficient patient transfer.
 - Depending upon the complexity of the surgery, ambulatory surgery patients may be nearly ready for discharge when admitted to the PACU.
12. In an effort to better utilize nursing resources and increase efficiency, particularly in smaller hospitals and in ambulatory surgery, many perioperative nurses assume responsibility for providing care in both the operating room and in the PACU. Care at home, if required, is provided by family or other primary caregivers.
13. Nursing activities in the immediate postoperative phase center on support of the patient's physiologic systems. In the later stages of recovery, much of the focus is on reinforcing the essential information that the patient and other caregivers require in preparation for discharge.

Nursing Process Throughout the Perioperative Period

14. With advances in technology, surgical techniques, and anesthesia care, the percentage of surgical procedures done on a same-day basis increases each year. In 2013, more than 65% of all surgeries performed in hospitals were done as outpatient procedures (American Hospital Association, 2015).
15. Perioperative nursing was formerly referred to as "operating room nursing," a term that historically referred to patient care provided

in the intraoperative period and administered within the operating room itself. However, as the responsibilities of the operating room nurse expanded to include care in the preoperative and postoperative periods, the term “perioperative” was recognized as more appropriate. In 1999, the organization that represents perioperative nurses, once known as the Association of Operating Room Nurses (AORN), changed its name to the Association of periOperative Registered Nurses (AORN). Today, the terms “perioperative” and “perioperative nursing” are accepted and utilized in nursing and medical literature.

16. The perioperative nurse provides for the surgical patient throughout the continuum of care. The AORN Perioperative Patient-Focused Model identifies four specific domains—patient safety, physiologic response, behavioral responses, and the health system—that are the focus of concern for the perioperative nurse.
17. The domains of safety, physiologic response, and behavioral responses of patients reflect the nature of the surgical experience for the patient and serve as a guide for providing care.
18. The fourth domain represents other members of the healthcare team and the healthcare system. Perioperative nurses work collaboratively with other healthcare team members to formulate nursing diagnoses, identify desired outcomes, and provide care within the context of the healthcare system to achieve desirable patient outcomes (AORN, 2011, pp. 3–4).
19. Perioperative nurses provide patient care within the framework of the nursing process. They use the tools of patient assessment, care planning, intervention, and evaluation of patient outcomes to meet the needs of patients who are undergoing operative or other invasive procedures. Every patient is unique, and the plan of care is tailored to meet the patient’s specific needs. The plan addresses physiologic, psychological, socio-cultural, and spiritual aspects of care.
20. Much of perioperative nursing involves familiarity with technology and technical expertise, including responsibility for equipment, instrumentation, and surgical techniques. Much of the nurse’s time during the intraoperative phase is spent managing technology and documenting patient care; however, the patient must remain the focus of the perioperative nurse’s attention.
21. The goal of perioperative nursing is to provide care to patients and support to their families,

using the nursing process to assist patients and their families in making decisions and to meet and support the needs of patients undergoing surgical or other invasive procedures. The overall desired outcome is that the patient will achieve a level of wellness equal to or greater than the level prior to surgery.

22. Perioperative nursing care is provided in a variety of settings, including acute care facilities, ambulatory settings, and physician-based office settings. Perioperative nurses provide care to patients, their families, and others who support the patient. The perioperative nurse focuses on three major activities: providing direct care, coordinating comprehensive care, and educating patients and their families.

Assessment

23. Nursing assessment of the patient may take place in a number of settings and timeframes. Assessment may be performed a week or more before surgery or just prior to the procedure. It may occur in the patient’s inpatient hospital unit, the surgeon’s office, the preadmission testing unit of the surgical facility, or the same-day/ambulatory surgery unit.
24. In some instances, the assessment process is initiated in a telephone conversation with the patient prior to surgery and completed on the day of surgery at the surgical facility. Often, the initial nursing assessment is performed by a nurse who is not a perioperative nurse.
25. It is more likely that the perioperative nurse’s assessment of the patient will take place just prior to bringing the patient into the operating room. This assessment will include a brief interview, a quick physical inspection of the patient, and a review of the patient’s record, including the results of diagnostic testing and assessment data obtained previously by other caregivers.

Nursing Diagnoses

26. Assessment data provide information that the perioperative nurse uses to formulate nursing diagnoses and identify desired outcomes. Several nursing diagnoses, such as knowledge deficit and high risk for infection, are typical for the surgical patient. Assessment data form the foundation for patient-specific nursing diagnoses and planning individualized care tailored to meet each patient’s individual and unique needs (AORN, 2011).

Planning

27. The perioperative nurse uses knowledge of the patient, the proposed procedure, identified patient needs, related nursing diagnoses, and desired outcomes to plan care for each patient.
28. The perioperative nurse begins care planning before seeing the patient. Initial planning is based on knowledge of the planned procedure, the resources required, and the common nursing diagnoses related to surgical intervention.
29. Knowledge of the individual patient obtained during the assessment process is combined with this previous planning to prepare for meeting the unique needs of the patient and providing care that is individually tailored to each patient.

Intervention

30. In the intervention stage of the nursing process, the perioperative nurse provides, coordinates, supervises, and documents care within the framework of accepted standards of nursing care, as identified by the AORN (2015) guidelines for perioperative practice.

Evaluation

31. In the final evaluation stage of the nursing process, the perioperative nurse evaluates the results of nursing care in relation to the extent that expected patient outcomes have been met.

Section Questions

1. Define the perioperative experience. [Ref 1]
2. Identify the primary nursing focus and desired outcomes in the preoperative phase of the perioperative experience. [Refs 3–6]
3. Identify the primary nursing focus and desired outcomes in the intraoperative phase of the perioperative experience. [Refs 7–9]
4. Identify the primary nursing focus and desired outcomes in the postoperative phase of the perioperative experience. [Refs 10–13]
5. Discuss the significance of the term “perioperative.” [Ref 15]
6. Identify the four domains of the AORN Perioperative Patient-Focused Model. [Ref 16]
7. Identify the four aspects of patient care addressed in the plan for each patient. [Ref 19]
8. In which settings is perioperative nursing provided? [Ref 22]
9. Where and when does the assessment of the surgical patient take place? [Refs 23–25]
10. When does planning for the surgical patient begin? [Ref 28]

Perioperative Nursing Data Set

32. In 2000, AORN published the first *Perioperative Nursing Data Set* (PNDS). The PNDS is a controlled, structured nursing vocabulary that can be used to describe perioperative nursing practice. Following revisions, the PNDS, 3rd Edition, now includes 40 nurse-sensitive patient outcomes, 44 nursing diagnoses, and 53 interventions (AORN, 2011).
33. The PNDS may be used for the following purposes:
 - Provide a framework to standardize documentation.
 - Provide a universal language for perioperative nursing practice and education.
34. A primary benefit in day-to-day practice is the use of a universal language for nursing diagnoses, interventions, and expected outcomes.
35. In some facilities, the PNDS has been incorporated into the electronic health record, allowing nurses to manage data using a common language. Even when the documentation is not computerized, the perioperative nurse should refer to the PNDS when planning patient care.
 - Assist in the measurement and evaluation of patient care outcomes.
 - Provide a foundation for perioperative nursing research and evaluation of patient outcomes.

36. Examples of nursing diagnoses using the PNDS include the following:
 - Risk of infection
 - Impaired transfer ability
 - Imbalanced nutrition: more than body requirement
37. Examples of desired patient outcomes include the following:
 - The patient is free of signs and symptoms of infection.
 - The patient is free of signs and symptoms of injury related to transfer/transport.
 - The patient demonstrates knowledge of nutritional requirements related to operative or other invasive procedures.
38. Examples of implementation include the following:
 - Implements aseptic technique, protects from cross-contamination
 - Evaluates for signs and symptoms of skin and tissue injury as a result of transfer or transport
 - Provides instruction regarding dietary needs
 - (AORN, 2015, pp. 693–710)
39. Perioperative nursing is patient centric, not task oriented. Perioperative nurses focus on preventive practice rather than on the identification of problems. They must use knowledge, judgment, and skill based on the principles of biological, physiologic, behavioral, social, and nursing sciences to plan and implement care to achieve desired patient outcomes.
40. AORN (2015) has identified patient outcomes that describe the results a patient can expect to achieve during surgical interventions. These guidelines reflect the responsibilities of the perioperative nurse and may serve as a framework with which to evaluate patient response to perioperative nursing interventions.
41. The PNDS describes 39 outcome relationships (AORN, 2011, pp. 139–391):
 - The patient’s procedure is performed on the correct site, side, and level.
 - The patient’s current status is communicated throughout the continuum of care.
 - The patient is free from signs and symptoms of electrical injury.
 - The patient is free from signs and symptoms of injury related to thermal sources.
 - The patient is free from signs or symptoms of unintended retained foreign objects.
 - The patient is free from signs and symptoms of injury related to positioning.
 - The patient is free from signs and symptoms of laser injury.
 - The patient is free from signs and symptoms of chemical injury.
 - The patient is free from signs and symptoms of radiation injury.
 - The patient is free from signs and symptoms of injury caused by extraneous objects.
 - The patient is free from signs and symptoms of injury related to transfer/transport.
 - The patient receives appropriately administered medication(s).
 - The patient’s specimen(s) is managed in the appropriate manner.
 - The patient has wound perfusion consistent with or improved from baseline levels.
 - The patient has tissue perfusion consistent with or improved from baseline levels.
 - The patient’s gastrointestinal status is maintained at or improved from baseline levels.
 - The patient’s genitourinary status is maintained at or improved from baseline levels.
 - The patient’s musculoskeletal status is maintained at or improved from baseline levels.
 - The patient’s endocrine status is maintained at or improved from baseline levels.
 - The patient is free from signs and symptoms of infection.
 - The patient is at or returning to normothermia at the conclusion of the immediate postoperative period.
 - The patient’s fluid, electrolyte, and acid-base balances are maintained at or improved from baseline levels.
 - The patient’s respiratory status is maintained at or improved from baseline levels.
 - The patient’s cardiovascular status is maintained at or improved from baseline levels.
 - The patient demonstrates and/or reports adequate pain control.

- The patient's neurological status is maintained at or improved from baseline levels.
 - The patient or designated support person demonstrates knowledge of expected psychosocial responses to the procedure.
 - The patient or designated support person demonstrates knowledge of nutritional management related to the operative or other invasive procedure.
 - The patient or designated support person demonstrates knowledge of medication management.
 - The patient or designated support person demonstrates knowledge of pain management.
 - The patient or designated support person demonstrates knowledge of wound management.
 - The patient or designated support person demonstrates knowledge of expected responses to the operative or invasive procedure.
 - The patient or designated support person participates in decisions affecting his or her perioperative plan of care.
 - The patient or designated support person participates in the rehabilitation process.
 - The patient's value system, lifestyle, ethnicity, and culture are considered, respected, and incorporated in the perioperative plan of care.
 - The patient's care is consistent with the individualized perioperative plan of care.
 - The patient's right to privacy is maintained.
 - The patient is the recipient of competent and ethical care within legal standards of practice.
 - The patient is the recipient of consistent and comparable care regardless of the setting.
42. Other desired patient outcomes not specifically listed in the AORN outcome standards may be identified by the perioperative nurse and included in the plan of care. New knowledge regarding patient responses to surgery and the effects of nursing interventions may lead to the identification of new desired patient outcomes that have implications for perioperative nursing practice. The perioperative nurse who plans patient care should be guided by, but not limited by, established patient outcome standards.
- ### Roles of the Perioperative Nurse
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43. Perioperative nurses function in various roles, including those of manager/director, clinical practitioner (e.g., scrub nurse, circulating nurse, clinical nurse specialist, registered nurse first assistant [RNFA]), educator, and researcher. In these roles, the perioperative nurse's responsibilities include, but are not limited to, the following:
- Patient assessment before, during, and after surgery
 - Patient and family teaching
 - Patient and family support and reassurance
 - Patient advocacy
 - Performing as scrub or circulating nurse during surgery
 - Control of the environment
 - Efficient provision of resources
 - Coordination of activities related to patient care
 - Communication, collaboration, and consultation with other healthcare team members
 - Maintenance of asepsis
 - Ongoing monitoring of the patient's physiologic and psychological status
 - Supervision of ancillary personnel
44. Additional responsibilities that promote personal and professional growth and contribute to the profession of perioperative nursing include, but are not limited to, the following:
- Participation in professional organization activities
 - Participation in research activities that support the profession of perioperative nursing
 - Exploration and validation of current and future practice; pursuing evidence to support practice
 - Participation in continuing education programs to enhance personal knowledge and to promote the profession of perioperative nursing
 - Certification to validate excellence in nursing practice
 - Functioning as a role model for nursing students and perioperative nursing colleagues
 - Mentoring, precepting, and instructing other perioperative nurses

Expanded and Advanced Practice Roles

45. The RNFA is an expanded role of perioperative nursing. The RNFA practices under the direction of the surgeon and assists the surgeon during the intraoperative phase of the surgical experience. A more complete definition of the RNFA and the qualifications for this role are outlined in the revised “AORN Position Statement on RN First Assistants” (AORN, 2013).
46. The perioperative nurse may pursue an advanced practice nursing (APRN) graduate degree. The four categories of advanced practice nursing include clinical nurse specialist (CNS), certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), or certified nurse midwife (CNM). Responsibilities and job descriptions vary with employment settings and individual state legislation (AORN, 2014).

Section Questions

1. Explain the purpose of the PNDS. [Ref 33]
2. Describe one primary benefit of the PNDS. [Ref 34]
3. Give examples of nursing diagnoses using the PNDS. [Ref 36]
4. Describe some of the desired patient outcomes defined in the PNDS. [Ref 37]
5. How does the perioperative nurse achieve patient outcomes? [Ref 38]
6. Explain the concept of patient-centric perioperative nursing care. [Ref 39]
7. Give examples of patient outcomes described in the PNDS. [Ref 41]
8. How are additional desired patient outcomes identified? [Ref 42]
9. Identify activities that promote personal and professional growth and development as a nurse. [Ref 44]
10. What distinguishes an expanded role in nursing from an advanced practice role? [Refs 45–46]

Practice Settings

47. Technological advances in anesthesia and operative techniques have dramatically increased the number of procedures that can be performed on an outpatient basis. Many procedures that once required a hospital-based operating room, that necessitated a large incision, and that involved a hospital stay and an extended recovery can now be performed in same-day, outpatient, or ambulatory settings.
48. Minimally invasive surgery (MIS) refers to surgery performed through small puncture holes with specialized instruments and equipment. Compared to open procedures, this surgical approach minimizes tissue damage and facilitates rapid recovery and same-day discharge.
49. Innovations in technology and surgical technique are making MIS applicable to increasingly more complex procedures. Reimbursement guidelines also encourage same-day surgery and early discharge. As a result, many surgical procedures have moved into settings outside the acute care, hospital-based operating room.
50. Many complex procedures (e.g., anterior cruciate ligament repair, single-level lumbar laminectomy) are performed in freestanding surgical centers, satellite surgery facilities, mobile surgical units, surgeons’ office-based operating rooms, and clinics.
51. Some procedures such as the placement of stents, once performed exclusively in the operating room are now performed in the radiology unit using interventional techniques rather than open surgery.
52. As long as reimbursement favors outpatient surgery and technological advances in instrumentation and procedures continue to emerge, the number and type of surgeries performed in physicians’ offices will also continue to increase.

- 53. The needs of the patient undergoing surgery transcend the setting in which the surgery takes place. In every setting, the perioperative nurse brings specialized skills, technical competence, knowledge, and caring that are essential to a successful surgical experience.

Members and Responsibilities of the Surgical Team

- 54. Safe and effective care of the surgical patient requires a team effort. Desired patient outcomes depend on the effective coordination of the unique skills of each member of the surgical team.
- 55. Team members are categorized based on their responsibilities during the procedure. Sterile team members are those who scrub their hands and arms, don sterile attire, contact sterile instruments and supplies, and work within the sterile field (i.e., the area immediately surrounding the surgical site). They are referred to as the “scrubbed” members of the team.
- 56. Members of the sterile surgical team include the primary surgeon, assistants to the surgeon (i.e., other surgeons, residents, physician assistants, and RNFAs), and the scrub person who may be a registered nurse, a licensed practical nurse, or a surgical technologist. Often, more than one scrub person is required in order to hold the camera for laparoscopic surgical procedures, or to hold retractors.
- 57. Members of the nonsterile surgical team carry out their responsibilities outside the sterile field and do not wear sterile attire. Members of the nonsterile surgical team include the anesthesiologist, the nurse anesthetist, the anesthesia assistant, the circulating nurse, and others such as the perfusionist and the radiology technician.
- 58. The primary surgeon is responsible for the preoperative diagnosis, selection of the procedure to be performed, and the actual performance of surgery.
- 59. Surgical assistants work under the direction of the primary surgeon and are responsible for providing assistance during surgery, such as exposing the site, suctioning, handling tissue, and suturing. The nature of the surgery, the state in which the surgery is

performed, the medical board and the board of nursing, the surgeon’s preference, and hospital policies are factors that determine who may function as an assistant.

- 60. The scrub person works primarily with instruments and equipment. The scrub person has the following responsibilities:
 - Selecting instruments, equipment, and other supplies appropriate for the surgery
 - Preparing the sterile field and setting up the sterile table(s) with instruments and other sterile supplies needed for the procedure
 - Scrubbing, and then donning a gown and gloves
 - Maintaining the integrity and sterility of the sterile field throughout the procedure
 - Having knowledge of the procedure and anticipating the surgeon’s needs throughout the procedure
 - Providing instruments, sutures, and supplies to the surgeon in an appropriate and timely manner
 - Preparing sterile dressings
 - Implementing procedures that contribute to patient safety (e.g., surgical counts for instruments, sponges, and sharps)
 - Cleaning and preparing instruments for terminal sterilization
- 61. Factors that determine the most appropriate scrub person include the nature of the surgery, the skills required for the procedure, the staffing skill mix, and hospital policy.
- 62. The anesthesia provider is responsible for assessing the patient prior to surgery and for administering anesthetic agents to facilitate surgery and provide pain relief. Anesthesia providers include anesthesiologists, certified registered nurse anesthetists (CRNAs), and anesthesia assistants (American Association of Nurse Anesthetists, 2015). Each state determines which anesthesia providers will be licensed, who can practice independently, and who administers anesthesia under the direct supervision of the anesthesiologist or surgeon. The role of the perioperative registered nurse in monitoring the patient under conscious sedation is discussed in another chapter.
- 63. The perioperative nurse in the circulating role coordinates the care of the patient,

- serves as the patient's advocate throughout the intraoperative experience, and has responsibility for managing and implementing activities outside the sterile field. Activities are directed toward psychological support of the awake patient, assuring patient safety, and achieving desired patient outcomes. The nursing process is used as a framework for these activities.
64. Examples of activities performed by the perioperative nurse in the circulating role include the following:
 - Providing emotional support to the patient prior to the induction of anesthesia
 - Performing ongoing patient assessment
 - Formulating a nursing diagnosis
 - Developing and implementing a plan of care
 - Documenting patient care
 - Evaluating patient outcomes
 - Teaching patient and family
 - Obtaining appropriate surgical supplies and equipment
 - Creating and maintaining a safe environment
 - Administering medications
 - Implementing and enforcing policies and procedures that contribute to patient safety, such as surgical checklists, "time-out" protocols, surgical counts for instruments, sponges, and sharps, as well as performing equipment checks
 - Preparing and disposing of specimens
 - Communicating relevant information to other team members and to the patient's family
 65. All members of the surgical team present at the beginning of the procedure participate in the surgical time-out protocol.
 66. Perioperative nurse managers assume a variety of roles. In a very small facility, the perioperative nurse may serve as manager and also scrub or circulate on cases as needed. In very large facilities, it is common to have several clinical and administrative managers. Budgets for surgical care in excess of \$20 million are not uncommon and are often administered by a dedicated business financial manager. Surgery is often the largest revenue-producing department in a healthcare facility.
 67. In addition to administrative department managers, other leadership/management positions include team leaders and managers or coordinators who assume responsibility for a particular surgical specialty. Such responsibilities may include:
 - Assigning staff
 - Managing and ensuring adequate inventory of specialty supplies
 - Ensuring availability of supplies and equipment needed for scheduled surgeries
 - Maintaining and updating preference cards that identify specific supplies and instruments needed by each surgeon for each procedure
 - Creating preference cards for surgeons new to the service
 - Periodically reviewing the contents of instrument trays for appropriateness
 - Standardizing supplies and trays whenever possible
 - Promoting or providing education
 68. The operating room manager, team leader, or charge nurse "runs the desk" or "runs the board," which typically involves assigning surgeries to rooms, assigning staff to procedures, and making adjustments to keep the schedule moving throughout the day. An unanticipated emergency often requires quickly altering the daily schedule.
 69. The scheduling coordinator, the person who places a procedure on the operating room schedule, must have knowledge of patient acuity and the resources required for the procedure. When a procedure requires staffing with a specific set of skills and/or unique equipment, it is essential to choose a time and place to ensure their availability.
 70. Perfusionists; radiology and laboratory technicians; perioperative educators; pathologists; nurses' aides; clerks; and personnel from materials management, environmental services, and central service are among the personnel necessary to ensure safe patient care and achieve desired patient outcomes. It is the perioperative nurse who coordinates the contributions of each of these team members.

Section Questions

1. What factors have spurred the transition from inpatient surgery to same-day, outpatient, and ambulatory surgery? [Ref 47]
2. Describe the term “minimally invasive surgical techniques.” [Ref 48]
3. Where, besides operating rooms, are invasive procedures performed? [Ref 52]
4. Identify members of the sterile and nonsterile components of the surgical team. [Refs 56–57]
5. What determines who may function as an assistant to the surgeon? [Ref 59]
6. Describe the responsibilities of the scrub person. [Ref 60]
7. Discuss the role of the circulating nurse. [Ref 63]
8. Describe the responsibilities of the circulating nurse. [Ref 64]
9. Who participates in the surgical time-out protocol? [Ref 65]
10. Which other activities can be performed by registered nurses in the perioperative setting? [Refs 67–69]

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Post-Test

Read each question carefully. Each question may have more than one correct answer.

1. The perioperative period begins when the patient
 - a. arrives in the holding area and ends in PACU.
 - b. arrives in the hospital and ends with discharge.
 - c. is informed of the need for surgery and ends with discharge from the hospital.
 - d. is informed of the need for surgery and ends when the patient achieves an optimal level of postsurgical function.
2. Which of the following is *not* a nursing focus during the preoperative period?
 - a. Patient teaching
 - b. Patient and family support
 - c. Getting informed consent from the patient
 - d. Preparation for the procedure
3. Intraoperative phase begins when
 - a. the patient arrives at the hospital for surgery.
 - b. the patient is transferred to the operating room bed.
 - c. the anesthesia provider induces the patient.
 - d. the surgeon makes the initial incision.
4. *Initial* nursing focus in the postoperative period focuses on
 - a. controlling postoperative pain.
 - b. supporting the patient's physiologic systems.
 - c. preparing the patient for discharge.
 - d. making arrangements for the patient to return to normal activity.
5. Why was the term "operating room nurse" changed to "perioperative nurse"?
 - a. AORN decided it sounded more contemporary.
 - b. To eliminate the "OR mystique" and encourage more nurses to join the specialty.
 - c. The responsibilities of nurses in this specialty have expanded to support and care for the surgical patient through the continuum of care.
 - d. Because PACU nurses wanted to be included.
6. AORN's Patient-Focused Model includes which of the following domains?
 - a. Patient safety, physiologic response, behavioral responses, the health system
 - b. Patient teaching, patient safety, behavioral responses, discharge planning
 - c. Patient safety, patient assessment, discharge planning, the health system
 - d. Patient assessment, plan of care, discharge planning, the health system
7. Perioperative nurses provide patient care
 - a. to assist the surgeon and the anesthesia provider.
 - b. that focuses primarily on patient and family education and support.
 - c. within the framework of the nursing process: assessment, planning, intervention, and evaluation of patient outcomes.
 - d. that is focused primarily on the patient's surgical diagnosis.

8. Nursing assessment of the surgical patient
 - a. may take place in a number of settings and timeframes.
 - b. may include a telephone call to the patient prior to surgery for teaching, support, and data gathering.
 - c. is usually initiated by someone other than the perioperative nurse.
 - d. takes place just prior to surgery and includes an interview, chart review, and a quick physical inspection of the patient.
9. Typical nursing diagnoses for the surgical patient include
 - a. knowledge deficit and high risk for infection.
 - b. prevention of adverse outcomes and patient teaching.
 - c. high risk for infection and support of patient and family.
 - d. maintenance of normothermia and anatomical body alignment.
10. The perioperative nurse begins the patient's care plan
 - a. prior to the procedure, based on information about the patient from the surgeon and other healthcare providers.
 - b. in the holding area based on interview and assessment data.
 - c. prior to the procedure based on knowledge of the planned procedure, typical related nursing diagnoses, and resources required.
 - d. when the patient enters the operating room and all attention is focused on supporting the patient.
11. The framework for the intervention stage of perioperative patient care is based on
 - a. the surgeon's preferences related to the surgical procedure.
 - b. the patient's medical diagnosis and comorbidities.
 - c. the needs of the healthcare team participating in the surgical procedure.
 - d. accepted standards of clinical practice and professional performance.
12. The criteria upon which the final evaluation is made is the extent to which
 - a. the goals of the surgical procedure were met and the patient was transferred to the appropriate recovery area.
 - b. the desired patient outcomes have been achieved.
 - c. hospital policy and professional standards were upheld.
 - d. the patient and family express satisfaction with the entire surgical experience.
13. The *Perioperative Nursing Data Set (PNDS)* is
 - a. standardized nursing vocabulary used to describe perioperative nursing practice.
 - b. a collection of recommended practices to guide patient care.
 - c. used by all electronic health record systems to standardize patient records.
 - d. a set of evaluation tools to determine the extent to which patient care has been successful.
14. Perioperative nursing is
 - a. task oriented and designed to care effectively for surgical patients.
 - b. nursing science related to surgical patients.
 - c. patient oriented and focused on prevention, and uses knowledge, judgment, and skill.
 - d. a framework to evaluate patients' responses to surgical and other invasive procedures.
15. Which of the following is not a standard of perioperative care?
 - a. The patient is free from signs and symptoms of electrical injury.
 - b. The patient receives appropriately administered medications.
 - c. The patient's wound perfusion is consistent with or improved from baseline levels.
 - d. The patient's comorbidities are managed effectively during the operative or other invasive procedure.

16. Which of the following facilitate(s) personal and professional growth?
 - a. Participating in research activities
 - b. Participating in professional organization activities
 - c. Mentoring and precepting other perioperative nurses
 - d. Pursuing certification
17. Which of the following is a true statement about the registered nurse first assistant (RNFA)?
 - a. An RNFA is an advanced practice perioperative nurse, regardless of his or her academic level of preparation.
 - b. The RNFA position is an expanded role in perioperative nursing.
 - c. The RNFA practices under the license of the physician.
 - d. The RNFA must have an advanced degree in nursing.
18. The transitioning of complex procedures from the traditional operating room to alternative settings is primarily the result of
 - a. reimbursement guidelines.
 - b. technological advances in anesthesia and surgical technique.
 - c. patient preference.
 - d. the nursing shortage.
19. Who may function in the scrub role?
 - a. Perioperative registered nurse
 - b. Licensed vocational or licensed practice nurse
 - c. Surgical technologist
 - d. CRNA
20. Who or what determines who may function as an assistant to the surgeon during the procedure?
 - a. Surgeon
 - b. Facility policy
 - c. State board of medicine
 - d. State board of nursing
21. What is the *primary* focus of the perioperative nurse?
 - a. Managing the operating room environment
 - b. Patient safety and achieving the desired patient outcomes
 - c. Supervising the scrub person
 - d. Documenting intraoperative patient care
22. Which of the following roles is *not* part of the sterile surgical team?
 - a. Perfusionist
 - b. RNFA
 - c. First assistant
 - d. Surgical technologist

