

## C H A P T E R

## 2

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# Preparing the Patient for Surgery

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**LEARNER OBJECTIVES**

1. Identify desired patient outcomes related to the preoperative phase.
2. Describe the critical factors included in a preoperative patient assessment.
3. Recognize nursing diagnoses common to the surgical patient in the preoperative phase.
4. Describe interventions in the preoperative phase to achieve desired patient outcomes.
5. Identify at least eight factors that may contribute to wrong-site surgery.
6. Describe the three components of the Joint Commission protocol to prevent wrong-site surgery.
7. Discuss the content of preoperative patient teaching.


**LESSON OUTLINE**

- I. Nursing Diagnoses
- II. Desired Patient Outcomes
- III. Preoperative Preparation
- IV. Preoperative Assessment and Interventions
  - A. Overview
  - B. Sources of Patient Information
  - C. Assessment Parameters
    1. Physiologic
    2. Psychosocial
- V. Nursing Diagnoses and Interventions
  - A. Preoperative Period
  - B. Intraoperative Period
- VI. Prevention of Wrong-Site Surgery
- VII. Patient/Family Teaching
- VIII. Communication of Relevant Patient Data

**Nursing Diagnoses**

1. The perioperative nurse combines unique knowledge of the surgical procedure with patient assessment data and formulates nursing diagnoses that serve as the basis for the patient's plan of care.
2. The *Perioperative Nursing Data Set* (PNDS) developed by the Association of periOperative Registered Nurses (AORN) identifies 93 nursing diagnoses and 151 interventions relative to the patient undergoing a surgical or invasive procedure and 40 nurse-sensitive patient outcomes (AORN, 2011).
3. More than 70 nursing diagnoses and hundreds of nursing interventions have been identified through the North American Nursing Diagnosis Association (NANDA, 2012). These diagnoses and interventions are not mutually exclusive, and any one or more might be appropriate for an individual patient.

4. The plan of care is developed as the perioperative nurse identifies nursing interventions based on the patient's nursing diagnoses. Some nursing diagnoses will require interventions in all three phases of the surgical experience. For other nursing diagnoses, the interventions will be confined to a single period or after the patient has left the operating and recovery rooms.
5. Each plan of care must be customized based on specific individual patient needs. Nevertheless, several nursing diagnoses, desired outcomes, and interventions are common to all surgical patients.

### Desired Patient Outcomes

6. A well-prepared patient will have an understanding of the events that can be anticipated in the preoperative and immediate postoperative periods. For example, one AORN expected patient outcome states, "The patient or designated support person demonstrates knowledge of the expected responses to the operative invasive procedure" (AORN, 2011, p. 114). This outcome includes knowledge of the procedure to be performed and an understanding of the risks delineated on the consent form.
7. The patient should also be prepared for discharge and should demonstrate understanding of the expectations of his or her participation in recovery and rehabilitation.
8. The patient should feel supported in the preoperative period and should be encouraged to express his or her feelings about the surgical experience.
9. The patient's level of anxiety or fear should be reduced to a minimum.

### Preoperative Preparation

10. The patient is prepared psychologically and physiologically for surgery during the preoperative period. Interventions are directed toward treating or minimizing preexisting medical conditions, and providing information and support for the patient through the surgical experience.
11. Nursing activities are planned to achieve positive patient outcomes. Planning for the achievement

of the desired patient outcomes begins with a patient assessment. The patient and family are included in these activities as much as possible. Assessing the patient's unique learning needs ensures that patient teaching will be relevant and delivered in a manner appropriate for the patient.

12. Providing appropriate information and support during the preoperative period addresses the desired outcome that the patient demonstrate knowledge of expected responses to the operative or invasive procedure.
13. Preoperative preparations focus on a variety of nursing activities, including data collection through patient assessment, patient/family teaching, emotional support, planning of care for the intraoperative and postoperative periods, and communication of patient information to healthcare team members.
14. The preoperative assessment provides information to address desired patient outcomes: freedom from infection, freedom from injury, skin integrity, electrolyte balance, and patient participation in the rehabilitation process. For example, assessment data that reveal limited range of motion in a shoulder would be used to plan positioning interventions to prevent further shoulder injury.
15. The body's defense against pathogens is directly related to tissue perfusion and oxygenation. Obese patients have decreased levels of tissue oxygen, which increases their risk for surgical-site infection (SSI) (Chopra et al., 2010). In addition, obese patients have an increased frequency of comorbid conditions, such as diabetes mellitus, that may increase their risk for SSIs.
16. The perioperative nurse may be responsible for administering antibiotics prior to surgery. Administration of antibiotics prior to the incision in certain types of surgery has been shown to significantly reduce the rate of surgical infection and has been incorporated into the Surgical Care Improvement Project (SCIP) sponsored by the Centers for Medicare & Medicaid Services (CMS) in collaboration with a number of other national partners, including the American Hospital Association (AHA), Centers for Disease Control and Prevention (CDC), Institute for Healthcare Improvement (IHI), and The Joint Commission (TJC).

17. Prophylactic antibiotics should be given far enough in advance of the start of surgery so that the level of antibiotic in the patient's serum and tissue is sufficient to destroy microorganisms that might be encountered during surgery. The ideal time frame is usually within 1 hour prior to incision (Alexander et al., 2011).
18. Until recently, prophylactic antibiotics were given just prior to the patient's transport to the operating room. However, delays in transport and preparations for surgery often result in delay of the surgical incision by more than 1 hour, in which case the antibiotics are not effective.
19. Most healthcare facilities have preoperative prophylactic antibiotic protocols that identify the type of surgery, the type of antibiotic, and the time frame in which the antibiotic should be given. Many facilities have determined that compliance with the 60-minute time frame is best achieved when the perioperative nurse assumes responsibility for antibiotic administration.
20. Body mass index (BMI), or percent body fat, has emerged as a major risk factor for postoperative SSIs on virtually all surgical services. Obese patients (BMI > 30 g/m<sup>2</sup>) require a larger loading dose of antibiotic to provide consistent tissue concentrations over the duration of the surgical procedure. Prophylactic antibiotic protocols for morbidly obese patients often recommend twice the normal dose (Edmiston et al., 2011).

## Preoperative Assessment and Interventions

### Overview

21. The perioperative nurse is the patient's advocate during surgery. The patient, whose protective reflexes are compromised, is dependent on members of the healthcare team to advocate for his or her safety. Knowledge of the patient gained through assessment in the preoperative period provides the information that is necessary for advocacy responsibilities.
22. Typically, during the preoperative period the patient will interact with nurses other than the perioperative nurse. Only in small surgical centers where nurses practice in all three areas is it likely that the perioperative nurse will have the opportunity to perform a complete and thorough assessment of the patient a day or more prior to surgery. More commonly, preoperative testing is accomplished at another site, and the initial assessment is made by someone other than the nurse who will actually provide the intraoperative care.

### Sources of Patient Information

23. The perioperative nurse most often encounters the patient for the first time in the holding area immediately prior to surgery. During this encounter, there is usually not enough time to carry out a comprehensive history and assessment. The perioperative nurse must, therefore, rely on the information gathered by others.
24. The nurse gathers assessment data from a combination of chart review, patient/family questionnaire and interview, patient observation, and communication with other healthcare providers. The patient's chart may include an assessment and preoperative checklist that was completed prior to transport to the holding area (Figures 2-1 and 2-2).
25. Transfer of care is an essential component of patient safety. Standardization in hand-off protocols is another effective way to promote patient safety (AORN, 2012, p. 467).
26. Several transfer protocols have been used successfully to share information comprehensively and concisely:
  - The SBAR (Situation, Background, Assessment, and Recommendation) technique is an example of a process that can be used for prompt and appropriate communication throughout the perioperative period, including during preoperative assessment, intraoperatively among caregivers, and during hand-off to the PACU. SBAR is modeled on naval military protocol and was adapted for use in health care by Kaiser Permanente (Figure 2-3).
  - I PASS the BATON (Introduction, Patient, Assessment, Situation, Safety concerns, Background, Actions, Timing, Ownership, Next) is a technique used in the Department of Defense's Patient Safety Program to provide a structure that improves communication during transitions in care. It should include opportunities to confirm receipt, ask questions, clarify information, and verify that the information is understood (Figure 2-4).

<b>OR #:</b> _____					<b>PRE-OP VISIT</b>	
PERSONAL PHYSICIAN	SURGEON	ANESTHESIOLOGIST	SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE		
DATE	TIME	PROCEDURE			NICKNAME	
ALLERGIES				ISOLATION PRECAUTIONS <input type="checkbox"/> TB <input type="checkbox"/> Other		
MEDICAL & SURGICAL HISTORY:						
_____						
_____						
_____						
_____						
_____						
_____						
	<b>SKIN ASSESSMENT</b>	<b>MENTAL/ EMOTIONAL</b>	<b>VISION</b>	<b>PRE-OP TUBES</b>	LABORATORY INFORMATION	PRE-OP:
HT:	COLOR:	<input type="checkbox"/> Oriented	<input type="checkbox"/> Adequate	<input type="checkbox"/> Foley		_____
WT:	<input type="checkbox"/> Pale	<input type="checkbox"/> Disoriented To:	<input type="checkbox"/> Decreased	<input type="checkbox"/> NG		TIME:
T:	<input type="checkbox"/> Flushed	<input type="checkbox"/> Time	<input type="checkbox"/> Blind	<input type="checkbox"/> Other:		_____
P:	<input type="checkbox"/> Dusky	<input type="checkbox"/> Place	<input type="checkbox"/> Rt <input type="checkbox"/> Lt	<b>CHART REQUIREMENTS</b>		ROUTINE MEDS:
R:	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Person	<input type="checkbox"/> Glasses	<input type="checkbox"/> Permit		_____
BP RANGE:	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Contacts	<input type="checkbox"/> H & P		_____
	<input type="checkbox"/> Normal	<input type="checkbox"/> Comatose	<b>HEARING</b>	<b>DENTURES</b>		_____
	<input type="checkbox"/> Other:	<input type="checkbox"/> Dementia/Alzheimers	<input type="checkbox"/> Adequate	<input type="checkbox"/> Upper		_____
PERIPHERAL PERFUSION:	CONDITION:	<input type="checkbox"/> Protective Devices	<input type="checkbox"/> Decreased	<input type="checkbox"/> Lower		_____
	<input type="checkbox"/> No Problem	<input type="checkbox"/> Calm	<input type="checkbox"/> Deaf	<input type="checkbox"/> Partial		_____
	<input type="checkbox"/> Rash	<input type="checkbox"/> Apprehensive	<input type="checkbox"/> Rt <input type="checkbox"/> Lt	SHA / OR / PACU INSTRUCTIONS:		
RR:	<input type="checkbox"/> Boney Area	<input type="checkbox"/> Emotional Disorders	COMMUNICATION BARRIERS:		X-RAYS:	
LR:	<input type="checkbox"/> Redness				_____	
RP:	<input type="checkbox"/> Decubiti	UNITS OF BLOOD:	CONSULTING PHYSICIANS/SPECIALTY:		SCANS:	
LP:	<input type="checkbox"/> Contusions/Abrasions	<input type="checkbox"/> T & C			_____	
SMOKES:	<input type="checkbox"/> Edema	Number of Units on Hand:			EKG:	
<input type="checkbox"/> Yes	<input type="checkbox"/> Other:				_____	
<input type="checkbox"/> No						
<input type="checkbox"/> PPD _____						
<input type="checkbox"/> Quit _____						
COMMENTS:						
_____						
_____						
_____						
_____						
IVs: <input type="checkbox"/> Central <input type="checkbox"/> Peripheral DATE OF INSERTION: _____			Fluids: _____ Support Meds: Type _____ Rate _____ TPN & Rate: _____		<input type="checkbox"/> OR RN <input type="checkbox"/> PACU RN Signature: _____	

**Figure 2-1** Preoperative Visit Assessment

Source: Pilot Draft form courtesy of St. Luke's Medical Center, Milwaukee, Wisconsin.

Operative Permit Complete <input type="checkbox"/> Yes <input type="checkbox"/> No	ID Bracelet <input type="checkbox"/> Yes <input type="checkbox"/> No	Glasses/Contact Lenses <input type="checkbox"/> Yes <input type="checkbox"/> No	Dentures <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Aid <input type="checkbox"/> Yes <input type="checkbox"/> No
Chest X-ray on Chart <input type="checkbox"/> Yes <input type="checkbox"/> No	Allergy Bracelet <input type="checkbox"/> Yes <input type="checkbox"/> No	Blood Bracelet <input type="checkbox"/> Yes <input type="checkbox"/> No No. of Units _____	Preop Bath/Shower <input type="checkbox"/> Yes <input type="checkbox"/> No	
ECG on Chart <input type="checkbox"/> Yes <input type="checkbox"/> No	History and Physical <input type="checkbox"/> Yes <input type="checkbox"/> No	List any abnormalities, blindness, deafness, prosthesis, amputation, paralysis, etc. _____		
Ordered Lab Work on Chart <input type="checkbox"/> Yes <input type="checkbox"/> No Abnormal Called to: _____		Isolation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____		
General Appearance: Flushed <input type="checkbox"/> Yes <input type="checkbox"/> No Diaphoretic <input type="checkbox"/> Yes <input type="checkbox"/> No Pale <input type="checkbox"/> Yes <input type="checkbox"/> No Skin Intact <input type="checkbox"/> Yes <input type="checkbox"/> No Cyanotic <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____ Jaundice <input type="checkbox"/> Yes <input type="checkbox"/> No		Jewelry Removed <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rings Tape <input type="checkbox"/> Given to Family, Who? _____ Hospital Gown <input type="checkbox"/> Yes <input type="checkbox"/> No Voided/Foley <input type="checkbox"/> Yes <input type="checkbox"/> No Time _____	Level of Consciousness: <input type="checkbox"/> Alert <input type="checkbox"/> Oriented x3 <input type="checkbox"/> Drowsy <input type="checkbox"/> Other _____ Patient's Emotional Status <input type="checkbox"/> Accepting <input type="checkbox"/> Apprehensive	

## NURSING INTERVENTION

<b>For SAU Nurse Only</b>		Patient Sent on O <sub>2</sub> <input type="checkbox"/> Patient ECG Monitored <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Blood Pressure Cuff On	Antibiotic Hanging <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes L/m _____ <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Mask <input type="checkbox"/> Ambu Bag	
Preop Medication/Dosage	Time	Int.	Time Int. Transporter's Initial:
1.			4.
2.			5.
3.			6.
Beta Blocker Given: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Reason held _____			
Sending RN		Initial	Receiving RN verifies above information Initial

## MARKING OF OPERATIVE SITE

<b>OR SAU</b> <input type="checkbox"/> <input type="checkbox"/> Patient identified using 2 indicators—Name, DOB <input type="checkbox"/> <input type="checkbox"/> Correct site verified w/OR schedule, H&P, patient & physician order		<b>OR SAU</b> <input type="checkbox"/> <input type="checkbox"/> Operative site marked "Yes"—Laterality identified <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Site marked by <input type="checkbox"/> Patient <input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Diagnostics available in OR suite for site verification	
<b>PATIENT ASSESSMENT BY OPERATING NURSE</b>		<b>Antibiotic Administration</b>	<b>Time Int.</b>
<input type="checkbox"/> Lab Values Reviewed <input type="checkbox"/> Chart Reviewed		<input type="checkbox"/> Ancef 1 gm IVPB	
Allergies: _____		<input type="checkbox"/> Zinacef 1.5 gms	
Condition of skin: _____		<input type="checkbox"/> Vancomycin 1 gm IVPB	
Motor/Sensory impairment		<input type="checkbox"/> Cefotan 2 gms IVPB	
Abnormalities		<input type="checkbox"/> Ciproflaxin 400 mg IVPB	
Operative/Procedure confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Claforan 2 gms IVPB	
Cardiovascular		<input type="checkbox"/> Clindamycin 600 mg IVPB	
Respiratory		<input type="checkbox"/> Flagyl 500 mg IVPB	
Additional Findings		<input type="checkbox"/> Unasyn 3 gms IVPB	
		<input type="checkbox"/> Mefoxin 2 gms IVPB	
		<input type="checkbox"/> Other	
<b>PATIENT/FAMILY EDUCATION</b>			
Relevant information on surgical procedure given to patient. <input type="checkbox"/> Yes <input type="checkbox"/> No Family Present <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____			
NURSING COMMENTS _____			

RN \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Operating Room Nurse Signature

**INTEGRIS BAPTIST MEDICAL CENTER  
PREOPERATIVE FLOWSHEET**

**Figure 2-2** Preoperative Flowsheet

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## SBAR Communication Technique

The SBAR communication technique can be adapted to hand-off documentation for patient transfer at any stage in the continuum of care. Specific content in each section should be customized for each facility.

### Situation *(Why are we here?)*

- Introduce yourself
- Confirm correct
  - patient
  - surgeon
  - procedure
  - side
  - level

### Background *(What brought us to this point?)*

- Pertinent medical information
  - primary diagnosis
  - age (if it is significant)
  - allergies
  - results of diagnostic testing available
  - comorbidities
  - X rays (if needed)

### Assessment *(What issues have I identified that might alter the patient's plan of care?)*

- Current lab values outside of normal limits
- Allergies
- Medical/surgical history relevant to current procedure
- Where can patient's family be reached?
- Prosthetics (lenses/glasses/hearing aid/dentures/other)
- Missing information or documentation
- Comorbidities requiring attention

### Recommendations *(How can we appropriately respond to the issues?)*

- Alert team to lab values outside normal limits
- Prevent allergic reaction
  - medication
  - latex
  - history suggesting at risk for malignant hyperthermia
- Disposition of personal items
- Positioning needs

*This SBAR tool was developed by Kaiser Permanente. Please feel free to use and reproduce these materials in the spirit of patient safety, and please retain this footer in the spirit of appropriate recognition.*

**Figure 2-3** SBAR

Source: Kaiser Permanente.





# **“I PASS THE BATON”**



## **Handoffs and Healthcare Transitions with opportunities to ask QUESTIONS, CLARIFY and CONFIRM**

<b>I</b>	<b>Introduction</b>	Introduce yourself and your role/job (include patient)
<b>P</b>	<b>Patient</b>	Name, identifiers, age, sex, location
<b>A</b>	<b>Assessment</b>	Presenting chief complaint, vital signs and symptoms and diagnosis
<b>S</b>	<b>Situation</b>	Current status, medications, circumstances, including code status, level of (un)certainly, recent changes, response to treatment
<b>S</b>	<b>SAFETY Concerns</b>	Critical lab values/reports, socio-economic factors, allergies, alerts (falls, isolation, etc.)
THE		
<b>B</b>	<b>Background</b>	Co-morbidities, previous episodes, past/home medications, family history
<b>A</b>	<b>Actions</b>	What actions were taken or are required AND provide brief rationale
<b>T</b>	<b>Timing</b>	Level of urgency and explicit timing, prioritization of actions
<b>O</b>	<b>Ownership</b>	Who is responsible (nurse/doctor/team) including patient/family responsibilities
<b>N</b>	<b>Next</b>	What will happen next? Anticipated changes? What is the <u>PLAN</u> ? Contingency plans?

**Figure 2-4** I PASS THE BATON

Source: Courtesy of Department of Defense Patient Safety Program. Used with permission.

**Assessment Parameters****Physiologic**

27. Critical physiological assessment data include the following:
- Medical diagnosis, chronic diseases, and treatment
  - Medications, especially antibiotics; herbal medications; anticoagulants, including aspirin; diuretics that deplete potassium; over-the-counter medications; history of chemotherapy
  - Surgery to be performed and verification of the surgical site
  - Previous surgeries and any complications, including anesthesia complications
  - Vital signs, diagnostic data, and laboratory data as ordered—abnormalities
    - \* Hemoglobin and hematocrit
    - \* White blood count
    - \* Platelet count
    - \* Serum electrolytes
    - \* Urinalysis
    - \* Chest X ray
    - \* Diagnostic X rays pertinent to the surgical procedure
  - \* Electrocardiogram
  - \* Blood type and cross-match information and availability of replacement blood
  - \* Results of specific tests or studies specific to the planned procedure
  - Age—very young or very old
  - Substance abuse—smoking, alcohol, drugs
  - Skin condition—color, rashes, lesions
  - Allergies—medication and latex allergies are critical (Exhibit 2-1)
  - Nutrition and nothing-by-mouth (NPO) status
  - Sensory impairments—presence of lenses, hearing aids, dentures
  - Mobility impairments
  - Presence of prosthetic devices—orthopedic implants, pacemaker, vascular prosthesis
  - Weight/height/BMI—extreme underweight and overweight; height greater than length of the operating room table; implications for medication dosage
  - Preoperative medication as ordered has been given; timing of prophylactic antibiotics

**Exhibit 2-1** Parma Community General Hospital Latex Allergy Patient Questionnaire

NOTE: These questions are not intended to be all-inclusive. Individuals who are potentially latex allergic should seek additional testing through their primary care physician. This questionnaire is merely a collection of relevant data to be passed onto your physician for further evaluation/testing for confirmation of allergy.

- |   |                          |                |                          |                       |                          |               |                          |
|---|--------------------------|----------------|--------------------------|-----------------------|--------------------------|---------------|--------------------------|
| 1. Have you ever been told that you have a latex allergy?                   | <b>Yes</b>               | <b>No</b>      |                          |                       |                          |               |                          |
| If so, do you have documented laboratory tests to confirm this?             | <b>Yes</b>               | <b>No</b>      |                          |                       |                          |               |                          |
| 2. What specifically are you allergic to that contains latex?               |                          |                |                          |                       |                          |               |                          |
| _____   |                          |                |                          |                       |                          |               |                          |
| 3. Have you ever had any reaction to any of the following sources of latex? |                          |                |                          |                       |                          |               |                          |
| Balloons  | <input type="checkbox"/> | Rubber gloves  | <input type="checkbox"/> | Rubber balls          | <input type="checkbox"/> | Rubber bands  | <input type="checkbox"/> |
| Adhesive tape   | <input type="checkbox"/> | Ace bandages   | <input type="checkbox"/> | Dental bite blocks    | <input type="checkbox"/> | Belts         | <input type="checkbox"/> |
| Brassieres  | <input type="checkbox"/> | Carpet backing | <input type="checkbox"/> | Clothing with elastic | <input type="checkbox"/> | Rubber cement | <input type="checkbox"/> |
| Suspenders  | <input type="checkbox"/> | Teething rings | <input type="checkbox"/> | Condoms               | <input type="checkbox"/> | Corsets       | <input type="checkbox"/> |
| Erasers   | <input type="checkbox"/> | Face masks     | <input type="checkbox"/> | Foam pillows          | <input type="checkbox"/> | Garden hoses  | <input type="checkbox"/> |
| Latex cuffs   | <input type="checkbox"/> | Ostomy bags    | <input type="checkbox"/> | Milking machines      | <input type="checkbox"/> | Tennis grips  | <input type="checkbox"/> |
| Dental masks  | <input type="checkbox"/> | Pacifiers      | <input type="checkbox"/> | Weather stripping     | <input type="checkbox"/> | IV tubing     | <input type="checkbox"/> |
| Golf grips  | <input type="checkbox"/> | Poinsettias    | <input type="checkbox"/> | Elastic bandages      | <input type="checkbox"/> | Other         | <input type="checkbox"/> |



**Exhibit 2-1** Parma Community General Hospital Latex Allergy Patient Questionnaire (continued)

4. Do you have a history of any symptoms as stated below, following the use of latex products as stated above?
- |  |            |           |
|--|------------|-----------|
| “Contact dermatitis” (redness, itching, cracked skin)                      | <b>Yes</b> | <b>No</b> |
| Rhinitis/allergic rhinitis (nasal congestion, sneezing, runny nose)        | <b>Yes</b> | <b>No</b> |
| Conjunctivitis (red swollen itchy/sore eyes)                               | <b>Yes</b> | <b>No</b> |
| Hay fever (sneezing)   | <b>Yes</b> | <b>No</b> |
| Eczema (flaky, itchy, red skin)  | <b>Yes</b> | <b>No</b> |
| Auto-immune disease  | <b>Yes</b> | <b>No</b> |
| Asthma (wheezing-type breathing, difficulty with breathing)                | <b>Yes</b> | <b>No</b> |
| Fatigue/drowsiness   | <b>Yes</b> | <b>No</b> |
| Facial swelling/redness  | <b>Yes</b> | <b>No</b> |
| Reactions to bandages/tape   | <b>Yes</b> | <b>No</b> |
| Hives/unexplained rash   | <b>Yes</b> | <b>No</b> |
| Sudden onset of bronchitis/sinusitis following contact with above products | <b>Yes</b> | <b>No</b> |

**Please describe**


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5. Do you have any food allergies? **Yes** **No**

List: \_\_\_\_\_

Are you allergic to any of the following?

Banana	Avocado	Potato	Milk	Kiwi	Chestnuts	Peaches
Tomato	Papaya	Passion fruit	Other tropical fruit			

Describe your allergic reaction: \_\_\_\_\_

6. After handling any latex products have you experienced any of the following:
- |                                    |            |           |         |            |           |
|------------------------------------|------------|-----------|---------|------------|-----------|
| Chapping/cracking of skin on hands | <b>Yes</b> | <b>No</b> | Redness | <b>Yes</b> | <b>No</b> |
| Swelling                           | <b>Yes</b> | <b>No</b> | Hives   | <b>Yes</b> | <b>No</b> |
| Runny nose or nasal congestion     | <b>Yes</b> | <b>No</b> | Itching | <b>Yes</b> | <b>No</b> |

7. Have you ever had previous surgery? **Yes** **No**

If so how many surgical procedures: \_\_\_\_\_

Types: \_\_\_\_\_

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8. Do you suffer from any congenital abnormalities (e.g., spina bifida)? **Yes** **No**

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

9. Does your occupation require you to have frequent contact with latex products? **Yes** **No**

List: \_\_\_\_\_

10. Have you ever had an anaphylactic reaction to latex or latex-containing products? **Yes** **No**

Explain/describe the circumstances:

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Source: Questionnaire developed and provided by: Ruth Bakst RN CNOR RNFA. Perioperative and Emergency Room Clinical Instructor. Parma Community General Hospital. Parma, Ohio.

**Psychosocial**

28. Critical psychosocial assessment data include the following:
- Understanding and perception of the procedure to be performed
  - Coping ability/support system
  - Ability to comprehend
  - Readiness to learn
  - Anxiety related to the surgical intervention or surgical outcome
  - Knowledge of perioperative routines
  - Cultural or spiritual beliefs relevant to the surgical intervention

**Section Questions**

1. What information can be found in the *Perioperative Nursing Data Set*? [Ref 2]
2. How does the perioperative nurse develop the patient's plan of care? [Ref 4]
3. Describe four desired outcomes that apply to all surgical patients. [Refs 6–9]
4. What is the first step in planning to achieve positive patient outcomes? [Ref 11]
5. In which ways does the perioperative nurse collect necessary data? [Ref 13]
6. Identify five desired postoperative outcomes that the perioperative nurse develops a plan to achieve. [Ref 14]
7. How does obesity affect the risk of adverse outcomes of surgery? [Ref 15]
8. What is the ideal time frame in which to provide most prophylactic antibiotics to ensure that the tissue and serum levels of the antibiotic are sufficient? [Ref 17]
9. Which steps have healthcare facilities taken to ensure that antibiotics are, in fact, administered within the appropriate time frame? [Refs 18–19]
10. How does obesity influence the effects of prophylactic antibiotics? [Ref 20]
11. Describe the impact on patient information of the perioperative nurse's role as patient advocate. [Refs 21–23]
12. From which sources does the perioperative nurse gather essential information about the patient? [Ref 24]
13. Describe two hand-off protocols that have been used successfully in the healthcare environment. [Ref 26]
14. Describe critical components of the perioperative nurse's physiologic assessment of the patient that have implications for tailoring the plan of care to the individual patient. [Ref 27]
15. Describe critical components of the psychosocial assessment that will help the perioperative nurse address the specific needs of the patient. [Ref 28]

**Nursing Diagnoses and Interventions****Preoperative Period**

29. The most common nursing diagnoses in the preoperative period are knowledge deficit and anxiety.
30. Knowledge deficit may be related to perioperative routines, surgical interventions, or outcome expectations.
31. Knowledge deficit may be the result of impaired communication ability, a language barrier, a patient's insufficient mental capacity, or a lack of information regarding the surgical procedure. Nursing interventions must be appropriate to the etiology of the patient's knowledge deficit and to the patient's learning needs.
32. Anxiety can range from mild to severe and may have a variety of etiologies. Some patients experience the greatest anxiety just prior to surgery. For others, anxiety is most acute at the time the decision to have surgery is made.
33. An increased heart and respiratory rate and an elevated blood pressure can be signs of anxiety. The patient may feel nervous or tense and may not be able to concentrate or retain information. Patients who are anxious, uneasy, or nervous cannot always identify the exact cause of their anxiety.

34. Anxiety is different from fear. Fear is marked by apprehension and dread of something specific; the fearful patient can identify the focus of his or her fear. Fear may be related to the surgical intervention, surgical outcome, anesthesia, impact of surgery on lifestyle, loss of control, pain, or death, among other things. It is more common for patients to be anxious than fearful.
35. The desired outcome related to anxiety is that anxiety and fear will be lessened through increased knowledge and the ability to express feelings about the surgical intervention. It is important to assess readiness to learn, because providing more information than the patient desires or can handle can exacerbate anxiety.
36. The following nursing interventions are ways to address anxiety and fear:
- Attentive listening
  - Provision of information as needed and desired (Providing information that the patient does not wish can increase the patient's anxiety.)
  - Solicitation of the patient's expression of anxiety or fear
  - Provision of emotional support and reassurance
37. The desired outcome related to a knowledge deficit is that the patient will demonstrate knowledge of the physiological and psychological responses to surgery.
38. The following nursing interventions are ways to assess knowledge and address any knowledge deficits:
- Confirmation of the patient's identity
  - Verification of the surgical site and procedure
  - Verification of consent
  - Solicitation of the patient's perception of planned surgery
  - Solicitation of questions related to surgery
  - Identification of teaching needs, readiness, and ability to learn
  - Explanation of surgical routines
  - Explanation of procedures that need to be followed postoperatively upon discharge (especially critical for patients who will be discharged on the day of their surgery, which limits the time available for teaching)
  - Provision of appropriate information with consideration for the patient's level of understanding, ability to comprehend, desired information, culture, and religious beliefs, as well as medical concerns referred to the surgeon
  - Solicitation of feedback regarding perioperative procedures
39. Criteria that can be used to evaluate the achievement of these outcomes include that the patient will (1) confirm the consent, (2) describe the expected sequence of events, (3) express feelings about the surgical experience, (4) indicate knowledge of expected surgical outcomes, and (5) confirm procedures to be followed upon discharge.
40. Another preoperative nursing diagnosis is anticipatory grieving related to possible changes in body image.

### Section Questions



1. What are the two most common nursing diagnoses in the preoperative period? [Ref 29]
2. Describe the type of information that the perioperative nurse might share with the patient to address a knowledge deficit. [Ref 30]
3. Which factors might be involved in a patient's knowledge deficit that the perioperative nurse must assess and address? [Ref 31]
4. What are some signs that might suggest a patient is anxious? [Refs 32–33]
5. Contrast anxiety with fear. [Ref 34]
6. What impact should the patient's readiness to learn have when the perioperative nurse addresses the patient's knowledge deficit? [Ref 35]

(continues)

**Section Questions (continued)**

7. Describe some interventions for addressing the patient's anxiety or fear. [Ref 36]
8. Identify the desired outcome related to a knowledge deficit. [Ref 37]
9. Describe perioperative nursing interventions that assess knowledge and address any knowledge deficits. [Ref 38]
10. What is anticipatory grieving? [Ref 40]

41. Each patient is unique, and some nursing diagnoses will apply to some patients but not to others. Nursing diagnoses must be identified through individual patient assessment, and interventions must be individualized for each patient.

**Intraoperative Period**

42. The intraoperative period begins when the patient enters the actual operating room.
43. During the intraoperative period, the patient is at high risk for injury related to the following factors:
- Transport and transfer
  - Positioning
  - Equipment such as electrosurgery devices or a tourniquet
  - Chemical agents such as skin prep solutions
  - Use of X ray or laser
  - Fluid deficit
  - Impaired gas exchange related to general anesthesia
  - Retained objects such as a sponge inadvertently left in the wound
- Nursing interventions to prevent these injuries are presented in subsequent chapters.
44. The patient is also at high risk for infection as a result of surgical intervention.

**Prevention of Wrong-Site Surgery**

45. In 1999, the Institute of Medicine (IOM) issued a report, *To Err Is Human: Building a Safer Health System*, which reported that as many as 98,000 patients die in hospitals each year as a result of errors (IOM, 2000, p. 1). In response, healthcare facilities, professional

organizations, the Centers for Medicare & Medicaid Services, the Centers for Disease Control and Prevention, and The Joint Commission have focused intently on initiatives to improve patient safety.

46. Wrong-site surgery, identified by TJC as a “never event,” includes surgery on the wrong patient, body part, side, level, or site, or it may be the wrong surgical procedure altogether.
47. The following factors contribute to wrong-site surgery (Center for Transforming Healthcare [CTH], 2011):
- Unapproved abbreviations, cross-outs, and illegible handwriting
  - Missing consent, history, and physical examination, or surgeon's operative orders
  - Inconsistent use of site-marking protocol
  - Inconsistent or absent time-out process
  - Rushing during patient verification
  - Change of patient position
  - Inadequate patient verification by surgical team
  - Lack of intraoperative site verification when multiple procedures are performed by the same surgeon
  - Ineffective hand-off communication or briefing process
  - Site markings removed during prep or draping
  - Distractions and rushing during the time-out process
  - Time-out occurs before all staff are ready or before prep and drape
  - Time-out performed without full participation
  - Time-outs do not occur when there are multiple procedures performed by multiple surgeons in a single operative case

- Inconsistent organizational focus on patient safety
  - Staff members are passive or not empowered to speak up
  - Marketplace competition and pressure to increase surgical volume leading to shortcuts and variation in practice
48. Between 2004 and 2011, 782 cases of wrong-site surgery were submitted to the Joint Commission's Sentinel Event database. Reporting is voluntary, so actual numbers could be much higher (TJC, 2011).
  49. The Joint Commission's 2012 National Patient Safety Goals include three protocols for preventing wrong-site, wrong-procedure, wrong-person surgery in a continuing effort to improve patient safety (TJC, 2012a):
    - Preprocedure verification
    - Mark the site
    - Time-out
  50. In the preoperative period, the nurse performing the patient assessment should verify the patient's identity and the procedure. This should be done verbally with the patient and by checking the patient's name band.
  51. Chart review should begin by ascertaining that the patient, the chart, and the name band refer to the same person. If the patient is unable to communicate, verification should be made with the family or authorized representative and through chart review.
  52. Verification of the patient's identity and surgical procedure must be a priority for the perioperative nurse. A patient should never be transferred into the operating room suite without an identification band that has been verified for accuracy.
  53. While the surgeon is responsible for determining the patient's need for surgery, identifying the procedure, and delineating the surgical site, verifying the patient's identity and verifying the correct surgical site are the responsibilities of all team members.
  54. Most healthcare facilities have policies that identify how verification should occur, who is responsible for verification, and which documentation must be completed. Typically, the surgeon, the anesthesiologist, and the circulating nurse must all participate in verification.
  55. TJC, AORN, and the American College of Surgeons (ACS) are among the organizations that have published guidelines regarding marking the surgical site. These guidelines specify what is marked, how it is marked, and by whom. They also provide guidelines for verifying the surgical site (ACS, 2002; AORN, 2010; CTH, 2011).
  56. Individual institutional policies and procedures may vary; however, since July 2004, health-care organizations must comply with the Joint Commission's universal protocol for preventing wrong-site surgery (TJC, 2012b). This protocol includes the following steps:
    - *Conduct a preprocedure verification process.* All documents and studies available prior to the procedure should be reviewed, and should consistent with each other, with the patient's expectations, and with the team's understanding of the intended patient, procedure, site, and, as applicable, any implants. Missing information or discrepancies must be addressed before starting the procedure.
    - *Mark the procedure site.* Unambiguously identify the intended site of incision or insertion (for all procedures involving right/left distinction or multiple structures such as fingers and multiple levels such as the spine).
    - *Perform a time-out.* The procedure is not started until all questions or concerns are resolved. During the time-out, all team members should verify the name of the patient, the procedure, and the site and should validate that the site is marked. Documentation should indicate that a time-out was performed in accordance with the healthcare facility's policy, and identify what was verified and who participated in the time-out.
  57. Many facilities have developed forms to ensure that all steps are followed and to streamline documentation requirements (Figure 2-5). Facilities may also develop tools to collect data that will help them assess practices that promote safe and effective patient care (Figure 2-6).

### Patient/Family Teaching

58. Patient/family teaching is especially critical in today's healthcare environment, where patients

**Section Questions**

1. Identify potential patient injuries during the intraoperative period. [Refs 43–44]
2. Which event triggered the current focus by healthcare facilities, government, and regulatory organizations on patient safety? [Ref 45]
3. Describe wrong-site surgery as defined by TJC. [Ref 46]
4. Identify factors that contribute to wrong-site surgery. [Ref 47]
5. What are the three protocols identified in the Joint Commission's National Patient Safety Goals for preventing wrong-site surgery? [Ref 49]
6. How does the perioperative nurse verify the patient's identity and surgical procedure? [Ref 50]
7. If the patient is unable to communicate, how can verification of identity be made? [Ref 51]
8. Who is responsible for verifying the patient's identity and correct surgical site? [Refs 53–54]
9. Which factors are included in guidelines regarding marking of surgical sites? [Ref 55]
10. Describe the three components of TJC's universal protocol for preventing wrong-site surgery. [Ref 56]

are often discharged shortly after surgery. Optimal surgical outcomes often depend on how completely the patient understands and complies with instructions for care in the postoperative period.

59. Often patient teaching begins where the prospect of surgery is first discussed—the physician's office or clinic. Whenever possible, the patient's family or support persons should be included in the teaching process.
60. Readiness to learn can be diminished in times of stress. When the patient first learns of the need for a surgical procedure, he or she might not assimilate information as readily as under normal circumstances. Important information may need to be repeated, and information pertaining to discharge and expected recovery should be reinforced with both the patient and the family in the postoperative period.
61. In addition to providing information to the patient, the perioperative nurse offers emotional support and reassurance. The perioperative nurse should encourage the patient to express feelings and concerns regarding the surgery.
62. Attentive listening, reassurance, and information delivered calmly and candidly can alleviate anxiety and fear. An attentive, caring attitude, accompanied by appropriate, reassuring touch, can comfort the patient. Reducing anxiety and fear is a first step in preparing the patient for teaching.
63. Patient teaching must be tailored to the patient's age, learning level, culture, and readiness to learn.
64. Elderly patients' short-term memory may be diminished, such that additional time and reinforcement may be necessary for them to comprehend and retain information. Additional time should be planned for instruction of these patients. Instructional materials and voice level should take possible sight and hearing deficits into consideration.
65. Written instructions, pamphlets, and videos related to preparation for surgery and rehabilitation can be good teaching tools. Teaching materials, however, need to meet the needs of the learner.
66. Printed instructional materials should take into account the patient's level of literacy as well as the patient's level of health literacy. Health literacy is defined as follows: "The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (National Network of Libraries of Medicine [NN/LM], 2012).
67. It is critical for the nurse to review printed material with the patient, to solicit feedback to determine whether the patient understands the material, and to provide further instructions as appropriate.
68. Patients who might require additional resources for learning include the elderly as



<p><b>PREPROCEDURE:</b> In Holding Area</p>	<p><b>SIGN-IN:</b> Before Induction of Anesthesia</p>	<p><b>TIME-OUT:</b> Before Skin Incision</p>	<p><b>SIGN-OUT:</b> Before the patient leaves the O.R.</p>
<p><b>Patient Actively Confirms with Registered Nurse (RN):</b></p> <p><input type="checkbox"/> Patient Identity (Name)</p> <p><input type="checkbox"/> Birth Date</p> <p><input type="checkbox"/> Check Arm Band (Chart, Sticker)</p> <p><input type="checkbox"/> Allergies</p> <p><input type="checkbox"/> NPO Status</p> <p><input type="checkbox"/> Teeth, Loose, Dentures, Caps</p> <p><input type="checkbox"/> Verified with patient: Clothes, Jewelry/Body piercings, Metal inside (pacemaker, AICD, implants)</p> <p>Procedure:</p> <p><input type="checkbox"/> Correct Site <input type="checkbox"/></p> <p><input type="checkbox"/> Site Marked <input type="checkbox"/></p> <p><input type="checkbox"/> History and Physical</p> <p><input type="checkbox"/> Preanesthesia Assessment</p> <p><input type="checkbox"/> Pre-Moderate Sedation Assessment</p> <p>Consents:</p> <p><input type="checkbox"/> Surgical</p> <p><input type="checkbox"/> Anesthesia</p> <p>Pregnancy Test <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Diagnostic Tests <input type="checkbox"/> X-rays <input type="checkbox"/></p> <p>Blood Products Yes <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p><b>RN and Anesthesia Care Provider Confirm:</b></p> <p><input type="checkbox"/> Procedure</p> <p><input type="checkbox"/> Procedure site and consents</p> <p>Site Marked <input type="checkbox"/> Yes <input type="checkbox"/> N/A by person performing the procedure</p> <p>Patient Allergies <input type="checkbox"/> Yes <input type="checkbox"/> NKA</p> <p>Difficult Airway or Aspiration Risk <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (preparation confirmed)</p> <p>SCD Hose or Sequentials Applied <input type="checkbox"/> DVT Protocol</p> <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Warm Blankets Applied</p> <p><b>Briefing:</b></p> <p>All members of the team have discussed care plan and addressed concerns <input type="checkbox"/> Yes</p>	<p><b>Initiated by designated team member</b></p> <p>All other activities to be suspended (unless a life-threatening emergency)</p> <p>Introduction of team members <input type="checkbox"/> Yes</p> <p><b>All:</b></p> <p>Confirmation of the following:</p> <p>Identity, procedure, incision site, consent(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Site marked and visible <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Any equipment concerns: _____</p> <p>_____</p> <p>_____</p> <p><b>Anesthesia Provider:</b></p> <p>Antibiotic prophylaxis within 1 hour before incision <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p><b>Scrub and circulating nurse:</b></p> <p>Sterilization indicators have been confirmed <input type="checkbox"/></p> <p>Additional concerns: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>RN Confirms Name of Operative Procedure</b></p> <p><input type="checkbox"/></p> <p>Completion of sponge, sharp, and instrument counts <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Specimens identified, numbered, and labeled <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p><b>All Team Members:</b> Key concerns for recovery and management of the patient</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Figure 2-5 Comprehensive Surgical Checklist

<p>Include in Preprocedural check-in as per institutional custom: Beta blocker medication given (SCIP) <input type="checkbox"/> Yes <input type="checkbox"/> N/A Venous thromboembolism prophylaxis ordered (SCIP) <input type="checkbox"/> Yes <input type="checkbox"/> N/A Normothermia measures (SCIP) <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p><b>Definitions</b></p> <p><b>Oxygen delivery</b></p> <p><b>Open</b> = Patient receiving oxygen via nasal cannula, face mask, or uncuffed endotracheal tube</p> <p><b>Closed</b> = Patient is intubated</p>	<p><b>Fire Risk 0-1</b></p> <p><b>Standard Guidelines:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sterile water or saline on field</li> <li><input type="checkbox"/> Alcohol base prep dried (at least 3 minutes)</li> <li><input type="checkbox"/> No pooling of prep solution</li> <li><input type="checkbox"/> ESU holstered when not in use</li> <li><input type="checkbox"/> Laser safety precautions</li> <li><input type="checkbox"/> Fiberoptic light cable safety</li> <li><input type="checkbox"/> NS used when using burrs and/or saw blade</li> </ul>	<p><b>Fire Risk - 2</b></p> <p><b>Head, Neck, and Chest Guidelines</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A</li> <li><input type="checkbox"/> Verbal communication among team about fire risk in time-out</li> <li><input type="checkbox"/> Use closed oxygen circuit when possible</li> <li><input type="checkbox"/> Verbal communication of oxygen percentage</li> <li><input type="checkbox"/> Oxygen concentration lowered to 30%</li> <li><input type="checkbox"/> Barrier placed between ignition source and oxygen</li> <li><input type="checkbox"/> Water soluble eye lubricant</li> <li><input type="checkbox"/> Use FDA laser safe ET Tube for airway surgery</li> <li><input type="checkbox"/> Water or N/S on anesthesia machine</li> <li><input type="checkbox"/> Suction to anesthesia to dissipate gasses</li> <li><input type="checkbox"/> Coat facial hair with water soluble jelly.</li> <li><input type="checkbox"/> Keep ESU settings as low as possible</li> <li><input type="checkbox"/> Use wet sponges when in contact with ignition source (Airway fire)</li> </ul>
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**Figure 2-5** Comprehensive Surgical Checklist (continued)

Source: Adapted from Spivey Station Surgery Center, Jonesboro, GA (with permission).

<b>Determine if the patient is eligible for the measure by answering the question below.</b>		
Did the patient complete the registration process upon entry into the facility?	YES	NO
If <b>YES</b> , proceed to the next step.		
<b>Determine if the patient experienced the outcome described by this measure by answering the questions below.</b>		
<b>Patient Burns:</b>		
Did the patient experience a burn prior to discharge?	YES	NO
If <b>YES</b> , the outcome should be reported.		
<b>Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant:</b>		
Did the patient experience the wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event?	YES	NO
<b>Prophylactic IV Antibiotic Timing:</b>		
Did the patient have a preoperative order for a prophylactic IV antibiotic?	YES	NO
Was the ordered IV antibiotic one of those listed below?	YES	NO
Ampicillin/Sulbactam, Aztreonam, Cefazolin, Cefmetazole, Cefotetan, Cefoxitin, Cefuroxime, Ciprofloxacin, Clindamycin, Ertapenem, Erythromycin, Gatifloxacin, Gentamicin, Levofloxacin, Metronidazole, Moxifloxacin, Meomycin, Vancomycin		
Was the antibiotic <i>initiated</i> within 1 hour prior to the initial surgical incision or the beginning of the procedure (e.g., introduction of endoscope, insertion of needle, and inflation of tourniquet)? Or 2 hours prior if vancomycin or fluoroquinolones (ciprofloxacin, gatifloxacin, levofloxacin, moxifloxacin) was ordered?	YES	NO
Antibiotic Infusion Start Time: _____	Procedure Start Time: _____	
Did the patient receive the antibiotic within the indicated time?	YES	NO
<b>Appropriate Surgical Site Hair Removal:</b>		
Did the patient perform his/her own hair removal at the surgical site?	YES	NO
Did the patient use depilatory cream?	YES	NO
Did the patient use a razor?	YES	NO
Was hair removed at the surgical site performed with clippers in preop?	YES	NO
<b>Hospital Transfer/Admission:</b>		
Was the patient directly transferred or admitted to a hospital or hospital emergency department on discharge from the facility?	YES	NO

**Figure 2-6** Core Measure Data Collection

Source: Courtesy of Spivey Station Surgery Center, Jonesboro, GA.

well as patients who have low educational skill, low socioeconomic status, cultural barriers to health care, or limited proficiency in English.

69. Pediatric patients have special needs.
- Toddlers are just beginning to gain autonomy, are active, and have short attention spans.

## 30 CHAPTER 2 Preparing the Patient for Surgery

- Preschoolers are inquisitive and have active imaginations. They may feel that surgery is punishment for bad behavior.
  - School-age children are capable of logic and reasoning and can benefit from learning the steps involved in the surgical process.
70. Patient teaching for pediatric patients may include an opportunity for them to handle simple items that they will encounter during surgery. The ability to touch and manipulate an anesthesia mask, for example, can provide the child with a feeling of control.
71. Patient teaching during a preadmission workup will be more extensive than teaching in the holding area just prior to surgery. Teaching should be directed toward preparation for surgery and participation in the postoperative rehabilitation process—for example, instruction on bowel cleansing in preparation for bowel surgery; teaching crutch-walking for the patient whose surgical outcome will be influenced by participation in postoperative rehabilitation.
72. Preoperative teaching content should include the following issues:
- The procedure, anticipated duration, and expected outcome
  - Specific instructions such as whether to bathe or shower, whether to hold or take medications, and whether to maintain NPO status from a designated time onward
  - An explanation of preoperative events such as diagnostic tests, skin preparation, intravenous (IV) line insertion, sedation, and transfer to holding area
  - An explanation of intraoperative events such as function of the circulating nurse or case manager, application of monitoring equipment, administration of anesthesia, maintenance of privacy and dignity, staff communication with family members during the procedure, and transport to the PACU
  - An explanation of postoperative events such as expected length of stay; coughing and deep breathing expectations; turning; presence of lines, drains, and indwelling catheters; pain control; and discharge to a step-down or other unit or to home
73. Teaching in the preoperative holding area will be abbreviated and will reinforce previous teaching. Teaching directed toward discharge will be reinforced in the postoperative period prior to discharge.

### Communication of Relevant Patient Data

74. Assessment information with relevance to intraoperative and postoperative care must be communicated to other members of the health-care team. Continuity of care and planning for appropriate therapeutic interventions depend on clear, concise, and complete communication of information.
75. Communication with other healthcare providers is critical. Written documentation and verbal communication of patient data and responses to interventions are essential components of safe and effective patient care.
76. Because a significant number of patient injuries are caused by poor communication or the absence of communication among caregivers, TJC made implementation of a standardized approach to hand-off communications, including the opportunity to ask and respond to questions, a standard in 2010 (TJC, 2012). The nurse providing care to the patient in the preoperative period must provide appropriate hand-off information to the nurse caring for the patient during the intraoperative period. (See Figures 2-3 and 2-4.)
77. Forms for documenting patient assessment and care in the preoperative period may be stand-alone forms or may be part of an integrated form that includes the assessment and patient care throughout the preoperative, intraoperative, and postoperative periods.

#### Section Questions

1. Describe the impact that a patient's knowledge and understanding can have on surgical outcomes. [Ref 58]
2. When does patient teaching begin? [Ref 59]



(continues)

### Section Questions (continued)

3. Explain how teaching needs to be modified when readiness to learn is diminished by stress. [Ref 60]
4. How can the perioperative nurse address the patient's emotional concerns? [Refs 61–62]
5. Which factors may affect the perioperative nurse's approach to teaching? [Ref 63]
6. Which adjustments might be made when instructing an elderly patient? [Ref 64]
7. Explain some precautions related to printed materials and instruction sheets. [Refs 65–67]
8. Define "health literacy." [Ref 66]
9. Which patients might require additional resources for learning? [Ref 68]
10. Describe the learning characteristics of three groups of pediatric patients. [Ref 69]
11. What is the benefit of providing hands-on experience for pediatric patients? [Ref 70]
12. What are essential components of patient teaching that the perioperative nurse would address in the preoperative period? [Ref 72]
13. Describe the qualities of communication required for planning appropriate therapeutic interventions. [Ref 74]
14. Explain the importance of sharing information with other healthcare providers. [Refs 74–76]
15. What does TJC require in its standardized approach to hand-off communication? [Ref 76]

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## Post-Test



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

1. What is the purpose of the nursing diagnoses identified by the PNDS?
  - a. to serve as the basis for the plan of care developed by the perioperative nurse
  - b. to increase NANDA's database of nursing diagnoses
  - c. to eliminate the need for the perioperative nurse to develop an individualized plan of care
  - d. to increase awareness of perioperative nursing
2. Preoperative preparation of the patient *does not* include
  - a. clarifying expectations of the patient's participation in recovery and rehabilitation.
  - b. reinforcing the patient's understanding of the risks delineated on the consent form.
  - c. eliminating the patient's anxiety and fear.
  - d. clarifying the events anticipated in the preoperative and immediate postoperative periods.
3. Preparing effectively for obese patients presents an additional challenge because they
  - a. often have comorbid conditions.
  - b. are at higher risk for surgical-site infection.
  - d. do not respond well to antibiotics.
  - d. are more fearful of surgery than nonobese patients.
4. The dose and timing of prophylactic antibiotic administration is determined by
  - a. protocol, which states the dosage and specifies that it be given 1 hour before surgery.
  - b. the attending surgeon.
  - c. the anesthesia provider.
  - d. the optimal level of antibiotic in the patient's serum and tissue at the time of surgery.
5. Communication protocols such as SBAR and I PASS THE BATON are important because they
  - a. determine which information must be communicated.
  - b. provide a framework for comprehensive and concise communication.
  - c. are mandated by TJC's National Patient Safety Goals.
  - d. become part of the patient's record.
6. The most common nursing diagnoses in the preoperative period are
  - a. knowledge deficit and risk of injury.
  - b. risk of injury and risk of infection.
  - c. risk of infection and anxiety.
  - d. knowledge deficit and anxiety.
7. Which of the following statements about anxiety and fear is true?
  - a. The focus of fear is specific.
  - b. The focus of anxiety is specific.
  - c. It is more common for a patient to be fearful than anxious.
  - d. It is more difficult to allay anxiety than fear.



8. Which of the following measures is effective in addressing the patient's anxiety?
  - a. providing all of the information the patient should know
  - b. reassuring the patient that there is nothing to worry about
  - c. listening attentively and providing emotional support
  - d. promising the patient that everything will go well
9. Which of the following is *not* a criterion for determining that the patient's knowledge deficit has been addressed ?
  - a. The patient confirms the consent.
  - b. The patient describes the expected sequence of events.
  - c. The patient denies anxiety or fear.
  - d. The patient confirms procedures to be followed upon discharge.
10. Anticipatory grieving is most frequently related to
  - a. not waking up from anesthesia.
  - b. waking up during the procedure.
  - c. postoperative pain.
  - d. possible changes in body image.
11. The intraoperative period begins when the patient
  - a. leaves the preoperative holding area.
  - b. enters the actual operating room.
  - c. is transferred to the operating room table.
  - d. is induced by the anesthesia provider.
12. Wrong-site surgery as defined by TJC includes surgery on the wrong
  - a. side or wrong level.
  - b. patient.
  - c. procedure.
  - d. patient, body part, side, level, or procedure.
13. Three protocols that TJC implements in an effort to prevent wrong-site surgery are
  - a. site marking, time-out, and better documentation.
  - b. time-out, better documentation, and consent form.
  - c. preprocedure verification, site marking, and time-out.
  - d. site marking, consent form, and time-out.
14. A priority for the perioperative nurse before bringing the patient into the operating room is
  - a. verification of the patient's identity and surgical procedure.
  - b. ensuring that the surgeon is in the room.
  - c. ensuring the scrub person has completed setting up the sterile field.
  - d. ensuring that family members are present in the waiting area.
15. Which techniques can the nurse use to alleviate anxiety and fear?
  - a. telling the patient everything he or she needs to know
  - b. attentive listening and reassuring touch
  - c. giving information to the family instead of the patient
  - d. postponing patient teaching until after the procedure

**34**      **CHAPTER 2** Preparing the Patient for Surgery

16. Which factors interfere with learning in the elderly?
- Elderly patients are more often frightened than anxious.
  - They have difficulty with written materials.
  - They do not need as much instruction because others will be caring for them.
  - Their short-term memory may be impaired.
17. Which of the following statements is *true*?
- Toddlers may feel that surgery is punishment for bad behavior.
  - School-age children have a short attention span.
  - Becoming familiar with items they will encounter in surgery gives pediatric patients a sense of control.
  - Preschoolers will benefit from discussing the steps involved in the procedure.
18. Which of the following statements is *false*?
- Adults learn best from printed materials.
  - Printed materials must be tailored to the needs of the learner.
  - The patient's literacy level and health literacy influence the value of printed teaching materials.
  - The nurse should solicit feedback to determine the degree the patient's level of understanding of the printed material.
19. Health literacy is the patient's
- level of health and well-being.
  - highest level of education.
  - ability to assimilate information from printed literature.
  - capacity to obtain, process, and understand health information.
20. TJC requires which of the following because patient injuries can result from poor communication among caregivers?
- written communication using the SBAR or I PASS THE BATON format
  - a standardized hand-off protocol that includes the opportunity to ask and respond to questions
  - a communication competency checklist to be completed by all healthcare providers
  - the surgeon, perioperative nurse, and anesthesia provider to all be in the operating room before the patient can be brought in



# Competency Checklist: Preparing the Patient for Surgery



Under “Observer’s Initials,” enter initials upon successful achievement of competency. Enter N/A if competency is not appropriate for institution.

Name \_\_\_\_\_

	Observer’s Initials	Date
1. Patient is identified.	_____	_____
2. Surgical procedure and operative site are verified with the patient.	_____	_____
3. Operative consent is verified with the patient.	_____	_____
4. Patient is assessed (or chart reviewed) for:		
a. Medical diagnosis	_____	_____
b. Medications (prescription, over-the-counter, herbal, prophylactic antibiotic)	_____	_____
c. Lab data (tests ordered, lab results, blood type and cross-match)	_____	_____
d. Previous surgeries	_____	_____
e. Anesthesia complications	_____	_____
f. Substance abuse	_____	_____
g. Skin condition	_____	_____
h. Allergies	_____	_____
i. Nutritional and NPO status	_____	_____
j. Sensory impairments	_____	_____
k. Dentures	_____	_____
l. Mobility impairments	_____	_____
m. Presence of prosthesis	_____	_____
n. Weight and height	_____	_____
o. Vital signs	_____	_____
p. Age	_____	_____
5. Patient is assessed for:		
a. Level of understanding	_____	_____
b. Ability to comprehend	_____	_____
c. Information desired	_____	_____
d. Cultural and religious beliefs	_____	_____
6. Patient is asked to verbalize understanding of the surgical experience.	_____	_____
7. Patient is encouraged to ask questions regarding the surgical procedure.	_____	_____
8. Patient is encouraged to verbalize concerns about the surgical experience.	_____	_____
9. Intraoperative routines that the patient should expect are explained.	_____	_____
10. Patient teaching takes patient’s age and level of understanding into consideration.	_____	_____
11. Joint Commission universal protocol to prevent wrong-site surgery is implemented.	_____	_____
12. Chart is reviewed for preoperative antibiotic order and action taken as necessary.	_____	_____
13. Postoperative routines are explained to the patient.	_____	_____
14. The above information is communicated to the surgical team.	_____	_____

Observer’s Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_



Orientee’s Signature \_\_\_\_\_



