

## C H A P T E R

## 1

# Introduction to Perioperative Nursing

## LEARNER OBJECTIVES

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


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## 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. Patient Outcomes: Standards of Perioperative Care
- V. Roles of the Perioperative Nurse
- VI. Expanded and Advanced Practice Roles
- VII. Practice Settings
- VIII. 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, and continues until the patient resumes his or her usual activities. The surgical experience can be segregated into three phases: (1) preoperative, (2) intraoperative, and (3) postoperative. The word “perioperative” is used to encompass all three phases. The perioperative nurse provides nursing care during all three phases.

### Preoperative

2. 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 ends when the patient is transferred to the operating room bed.
3. The preoperative phase is the period that is used to physically and psychologically prepare

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the patient 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; the patient may have no awareness of this period.

4. Diagnostic studies and medical regimens are initiated in the preoperative period. Information obtained from preoperative assessment and interview is used to prepare a plan of care for the patient.
5. Nursing activities in the preoperative phase are directed toward patient support, teaching, and preparation for the procedure.

### Intraoperative

6. 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 another area where immediate postsurgical recovery care is given.
7. During the intraoperative period, the patient is monitored, anesthetized, prepped, and draped, and the procedure is performed.
8. Nursing activities in the intraoperative period center on patient safety, facilitation of the procedure, prevention of infection, and satisfactory physiologic response to anesthesia and surgical intervention.

### Postoperative

9. The postoperative phase begins with the patient's transfer to the recovery unit and ends with the resolution of surgical sequelae. The postoperative period may be either brief or extensive, and most commonly ends outside the facility where the surgery was performed.
10. For patients who will remain in the hospital for an extended stay, the perioperative nurse may not provide care beyond patient transfer to the PACU, where postanesthesia care nurses assume responsibility for the patient. In an effort to better utilize nursing resources, many perioperative nurses, particularly in smaller hospitals, have been trained in postanesthesia care and are assuming responsibility for providing care in both the operating room and PACU. Care at home, if required, is delivered by home healthcare nurses.
11. The majority of operative procedures performed today are done on an outpatient basis.

For patients who undergo surgery in ambulatory surgery facilities, day surgery centers, or office-based surgical settings where the expectation is that they will return home on the same day they have surgery, it is not uncommon for the perioperative nurse to provide care for the patient during all three phases.

12. 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

13. The words "perioperative" and "perioperative nursing" are accepted and utilized in nursing and medical literature. 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).
14. The perioperative nurse is a nurse who specializes in perioperative practice and who provides nursing care to 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 areas of concern for the perioperative nurse.
15. 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.
16. 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 so as to achieve desirable patient outcomes (AORN, 2012a, pp. 3–4).

17. 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 physiological, psychological, sociocultural, and spiritual aspects of care.
18. Much of perioperative nursing involves technical expertise, including responsibility for equipment, instrumentation, and surgical techniques. Technical skills and responsibilities are purposeful within the nursing process during the implementation phase; however, the patient remains the focus of the perioperative nurse's activities.
19. 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.
20. 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. Three major activities of perioperative nurses are providing direct care, coordinating comprehensive care, and educating patients and their families.

### Assessment

21. Nursing assessment of the patient may take place in a number of settings and time frames. 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.
22. 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. It is more likely that the perioperative nurse's assessment of the patient will take place just prior to the patient's entry 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

23. 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.

### Planning

24. 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.
25. The perioperative nurse begins care planning before the patient is seen, based on knowledge of the planned procedure, the resources required, and the common nursing diagnoses related to surgical intervention. 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

26. 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 standards and recommended clinical practices (AORN, 2012).

### Evaluation

27. 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 in the preoperative phase of the perioperative experience. [Refs 2–5]
3. Identify the primary nursing focus in the intraoperative phase of the perioperative experience. [Refs 6–8]
4. Identify the primary nursing focus in the postoperative phase of the perioperative experience. [Refs 9–12]
5. Discuss the significance of the term “perioperative.” [Ref 13]
6. Identify the four domains of the AORN Perioperative Patient-Focused Model. [Ref 14]
7. Identify four aspects of patient care addressed in the plan for each patient. [Ref 17]
8. In which settings is perioperative nursing provided? [Ref 20]
9. Where and when does the assessment of the surgical patient take place? [Ref 21]
10. When does planning for the surgical patient begin? [Ref 25]

**Perioperative Nursing Data Set**

28. In 2000, AORN published the first Perioperative Nursing Data Set (PNDS) (AORN, 2011). The PNDS is a controlled, structured nursing vocabulary that can be used to describe perioperative nursing practice. Following revisions, the PNDS, Third Edition, includes 40 nurse-sensitive patient outcomes, 44 nursing diagnoses, and 53 interventions. 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.
  - Assist in the measurement and evaluation of patient care outcomes.
  - Provide a foundation for perioperative nursing research and evaluation of patient outcomes.
29. A primary benefit in day-to-day practice is the use of a universal language for nursing diagnoses, interventions, and expected outcomes.
30. In some facilities, the PNDS has been entered into the documentation database, allowing nurses to access the common language via computer. Even when the documentation is not computerized, the perioperative nurse should refer to the PNDS when planning patient care. The PNDS is available through AORN.

31. Examples of nursing diagnoses using the PNDS include the following:
- Risk of infection
  - Impaired transfer ability
  - Imbalanced nutrition: more than body requirement
32. 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.
33. 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

**Patient Outcomes: Standards of Perioperative Care**

34. Perioperative nursing is patient oriented, not task oriented. Perioperative nurses focus on

preventive practice rather than on the identification of problems (AORN, 2011, p. 4). They must use knowledge, judgment, and skill based on the principles of biological, physiological, behavioral, social, and nursing sciences to plan and implement care to achieve desired patient outcomes. AORN has identified patient outcomes that describe the results a patient can expect to achieve during surgical interventions. These standards reflect the responsibilities of the perioperative nurse and may serve as a framework with which to evaluate patient response to perioperative nursing interventions.

35. The PNDS describes 40 outcome relationships (AORN, 2011, pp. 139–391):

- The patient is free from signs and symptoms of injury related to thermal sources.
- The patient is free from unintended retained foreign objects.
- The patient's surgery is performed on the correct site, side, and level.
- The patient is free from signs and symptoms of injury caused by extraneous objects.
- The patient's specimen(s) is (are) managed in the appropriate manner.
- The patient's status is communicated throughout the continuum of care.
- The patient is free from signs and symptoms of electrical injury.
- The patient is free of 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 related to transfer/transport.
- The patient receives appropriately administered medication(s).
- 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.



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- 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.
36. 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

37. 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 physiological and psychological status
  - Supervision of ancillary personnel
38. 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
  - Participation in continuing education programs to enhance personal knowledge and to promote the profession of perioperative nursing
  - Functioning as a role model for nursing students and perioperative nursing colleagues
  - Mentoring, precepting, and instructing other perioperative nurses

### Expanded and Advanced Practice Roles

39. 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, 2012b).
40. The perioperative nurse with a graduate degree may function in an advanced role. Examples of advanced practice roles include the clinical nurse specialist and nurse practitioner. Responsibilities and job descriptions may vary with employment settings and individual states' legislation.

### Section Questions

1. Describe the purpose of the PNDS. [Ref 28]
2. What is the purpose of the outcome statements described in the PNDS? [Ref 34]



(continues)

### Section Questions (continued)

3. How are the outcome statements developed? [Ref 36]
4. Which activities promote personal and professional growth and development as a nurse? [Ref 38]
5. What distinguishes an expanded role in nursing from an advanced practice role? [Refs 39–40]

### Practice Settings

41. Technological advances have resulted in dramatic changes in surgical technique. 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.
42. Minimally invasive surgical techniques encompass surgery performed through small puncture holes with specialized instruments and equipment. This surgical approach facilitates rapid recovery and same-day discharge. Innovations in technology are making this approach 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.
43. Many complex procedures are performed in freestanding surgical centers, satellite surgery facilities, mobile surgical units, surgeons' office-based operating rooms, and clinics. In addition, some procedures once performed exclusively in the operating room are now performed in the radiology unit using interventional techniques rather than open surgery. 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 the physician's offices will continue to increase.
44. 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

45. 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.
46. Team members may be 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.
47. 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.
48. 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.
49. The primary surgeon is responsible for the pre-operative diagnosis, selection of the procedure to be performed, and the actual performance of surgery.
50. The 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.

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51. 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
52. 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.
53. The anesthesiologist is responsible for assessing the patient prior to surgery and for administering anesthetic agents to facilitate surgery and provide pain relief. The anesthesia assistant administers anesthesia under the direct supervision of the anesthesiologist or, in some cases, the surgeon. In some cases, the certified registered nurse anesthetist (CRNA) also administers anesthesia under the direct supervision of the anesthesiologist or the surgeon.
54. Effective November 13, 2001, the Centers for Medicare and Medicaid Services (CMS) established an exemption for CRNAs from the physician supervision requirement. This exemption recognizes a governor's written request to CMS attesting that he or she is aware of the state's right to an exemption of the requirement and that it is in the best interests of the state's citizens to exercise this exemption.
55. As of October 2012 16 states had chosen to opt out of the CRNA physician supervision regulation: Alaska, California, Colorado, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, New Hampshire, New Mexico, North Dakota, Oregon, South Dakota, Washington, and Wisconsin (about.com Health Careers, 2012).
56. 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 assuring patient safety and achieving desired patient outcomes. The nursing process is used as a framework for these activities. 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 drugs
  - 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
57. 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.
58. 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. 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, and promoting or providing education.

59. Scheduling coordinators may or may not be perioperative nurses. They “run the desk,” 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. The scheduling coordinator must have knowledge of patient acuity and the skill level of the staff, and be able to utilize resources appropriately.

60. Perfusionists, radiology and laboratory technicians, perioperative educators, pathologists, nurse’s aides, clerks, and personnel from materials management, environmental services, and central service are among the nonsterile 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. Which factors have spurred the transition from inpatient surgery to same-day, outpatient, and ambulatory surgery? [Refs 41–42]
2. Describe the term “minimally invasive surgical techniques.” [Ref 42]
3. Where, besides operating rooms, are invasive procedures performed? [Ref 43]
4. Identify members of the sterile and nonsterile components of the surgical team. [Refs 46–48]
5. What determines who may function as an assistant to the surgeon? [Ref 50]
6. Describe the responsibilities of the scrub person. [Ref 51]
7. Discuss the role of the circulating nurse. [Ref 56]
8. Describe the responsibilities of the circulating nurse. [Ref 56]
9. Which other roles do registered nurses fill in the perioperative setting? [Refs 57–58]
10. What are some of the positions of the nonsterile personnel who function within the operating room? [Ref 60]

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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 with the patient's return to his or her usual activities.
2. Which of the following is *not* a nursing focus during the preoperative period?
  - a. patient teaching
  - b. patient and family support
  - c. diagnostic testing
  - d. preparation for discharge
3. Intraoperative phase begins when
  - a. the patient arrives at the hospital for surgery.
  - b. the patient enters the operating room.
  - 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. transferring the patient to the PACU.
  - b. supporting the patient's physiological 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. in collaboration with the surgeon and the anesthesia provider.
  - b. that primarily focuses 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. The perioperative nursing assessment of the patient
  - a. takes place in a number of settings and time frames.
  - b. begins with a telephone call to the patient prior to surgery for teaching, support, and data gathering.
  - c. is based on data collected by other healthcare professionals.
  - d. usually takes place just prior to surgery and includes an interview, chart review, and physical inspection.
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 nurses 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 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. identified 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, using 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.

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- 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. all of the above
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 surgical technique.
  - c. patient preference.
  - d. the nursing shortage.
19. Who may function in the scrub role? [Select *all* correct responses.]
- a. perioperative registered nurse
  - b. licensed vocational or licensed practice nurse
  - c. surgical technologist
  - d. RNFA
20. Who or what determines who may function as an assistant to the surgeon during the procedure? [Select *all* correct responses.]
- 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