

SUBJECT: INFORMED CONSENT	REFERENCE #1003
DEPARTMENT: SURGICAL SERVICES	PAGE: 1 OF: 4
APPROVED BY:	EFFECTIVE:
	REVISED:

POLICY:

- It is the policy of _____ Hospital that all inpatient and outpatient medical records must contain a properly executed and completed written informed consent form for all procedures and treatments specified by the hospital's medical staff, and state or federal laws/regulations.
- Informed consent must be obtained from the patient, or the patient's legal guardian, by the anesthesiologist prior to the administration of anesthesia **and** by the performing practitioner prior to the performance of operative and/or invasive procedures, diagnostic or therapeutic procedures, or situations when it is deemed advisable to have formal documentation of the patient's consent for treatment.
- Written verification of the informed consent must be on the patient's medical record prior to initiation of anesthesia or any of the above stated procedures.

PROCEDURE:

- A properly executed informed consent form contains at least the following:
 - Name of the patient and, when appropriate, the patient's legal guardian
 - Name of the hospital
 - Name of the specific procedure
 - Name of the practitioner(s) performing the procedure(s) or important aspects of the procedures, as well as the name(s) and specific significant surgical tasks that will be conducted by practitioners other than the primary surgeon/practitioner
 - Significant surgical tasks include harvesting grafts, dissecting tissue, removing tissue, implanting devices, altering tissues
 - The risks, drawbacks, complications, side effects and expected benefits or effects of anesthesia and/or procedures, treatments and therapies
 - The likelihood of achieving goals
 - Potential problems related to recuperation
 - Alternative choices of and to anesthesia and/or procedures, treatments or therapies including risks, drawbacks, complications, side effects and expected benefits of alternative treatments/therapies

SUBJECT: SURGICAL SITE IDENTIFICATION	REFERENCE #2023
DEPARTMENT: SURGICAL SERVICES	PAGE: 1
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APPROVED BY:	EFFECTIVE:
	REVISED:

POLICY:

To identify unambiguously the intended site of incision or insertion, the surgical procedure and site/side will be verified by the patient and/or family, the Circulating RN, Anesthesia and the surgeon, preoperatively, in the Holding Area and again immediately prior to the initiation of the surgical procedure. Additionally, all relevant documents and studies will be available prior to the start of surgical procedures. These documents and studies must have been reviewed and found to be consistent with each other and with the patient’s expectations and with the team’s understanding of the intended patient, procedure, site and, as applicable, any implants and/or special equipment prior to initiation of the procedure. Missing information or discrepancies will be addressed and resolved before starting the procedure.

PROCEDURE:

- Surgical site marking is required for all cases with right/left distinction; those cases involving multiple structures (i.e., fingers or toes); and cases requiring levels such as surgery on the spine. The surgical procedure and site/side will be verified by the following means:
 - Verbal identification by the patient and/or family
 - Surgical informed consent
 - History and Physical
 - Physician's orders
 - Surgery schedule:
 - Single organ procedures and single site procedures do not require marking due to the obvious nature of those procedures. Examples include:
 - ◆ C-sections
 - ◆ Laparotomy
 - ◆ Laparoscopy
 - The surgical site will be marked for those cases that involve surgery on organs that have laterality, i.e., to mark the correct side
 - ◆ Mid-line sternotomies for open heart surgery
 - ◆ Interventional procedures for which the site of insertion is not predetermined, for example, cardiac catheterization

SUBJECT: MANAGEMENT OF PATIENT WITH MALIGNANT HYPERTHERMIA	REFERENCE #2054
	PAGE: 1 OF: 3
DEPARTMENT: SURGICAL SERVICES	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

To outline the proper procedure for the management of a patient with malignant hyperthermia.

PROCEDURE:

- Patients experiencing malignant hyperthermia may exhibit a number of different symptoms, including, but not limited to, unexplained muscle rigidity, unexplained tachycardia or cardiac dysrhythmia, change in skin color from flush to mottling to cyanosis and tachypnea. A later symptom is fever, with temperatures elevating rapidly, as much as 1.8 degrees F (1 degree C) every three (3) minutes, creating temperatures as high as 114 degrees F (45.5 degrees C). This may constitute an emergent situation.
- Malignant hyperthermia is triggered in susceptible patients by general anesthetics; halothane, enflurane, isoflurane, desflurane, sevoflurane and the muscle relaxant, succinylcholine.
- If malignant hyperthermia is suspected, the following steps are taken:
 - Stop all anesthesia once the diagnosis of malignant hyperthermia is made.
 - The surgeon shall close the surgical wound, if possible. If not, the surgeon should pack the wound with saline-soaked surgical towels or laparotomy sponges. The Circulating RN will document, on the Intraoperative Nurses' Notes, the number of towels/lap sponges used to pack the wound.
 - Change all rubber devices on the anesthesia machine. Anesthetic agents are absorbed into the rubber and will exude these agents, providing a continuous trigger mechanism to compound management difficulties.
 - Hyperventilate with 100% O₂ in an attempt to meet the requirements of the body during the crisis period.
 - Notify the Pharmacy of the clinical diagnosis and picture. Administer Dantrium (dantrolene sodium) IV as soon as possible. The recommended dosage is from 1-10 mg per kg of body weight. As a large quantity may be necessary, a sufficient supply must be available. Vials are available in the Surgical Services Department, extra vials of Dantrium are available in the Pharmacy. Additional vials will be obtained by the Pharmacy from outside sources, if needed.
 - Do not treat dysrhythmias with calcium channel blocking agents. Treat dysrhythmias with procainamide (Pronestyl). The recommended loading dose is 15 mg per kg IV. Procainamide can be used until the syndrome stops and there is an improvement in blood gases and temperature.

PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Surgical Services/Operative and Invasive Procedure Review

Scope: The Surgical Services Department provides inpatient and outpatient operative and invasive procedures on a 24-hour basis, including after hours emergency procedures.

Date: _____

Responsibility: Surgical Services Nurse Manager, Surgical and Anesthesia Services Committee, PI Committee, Nurse Executive, Chief of Surgery

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Assessment and Care/Service	<ul style="list-style-type: none"> - H&P (history and physical status) in chart prior to procedure - # of delays due to H&P 	Leadership Management of Information Medical Staff Provision of Care, Treatment and Service		Data will be collected from the patient record by the Surgical Services PI designee on a weekly, ongoing basis. Data will be aggregated, reviewed and reported on a monthly basis to the Surgical Services Nurse Manager, the Surgical Services Committee and the PI Committee on a quarterly basis.	Surgical Services Medical Staff Nursing OPS
	<ul style="list-style-type: none"> - Review of diagnostic data performed prior to procedure 	Medical Staff Provision of Care, Treatment and Service		Data will be collected from the patient record by the Surgical Services PI designee on a weekly, ongoing basis. Data will be aggregated, reviewed and reported on a monthly basis to the Surgical Services Nurse Manager, the Surgical Services Committee and the PI Committee on a quarterly basis.	Surgical Services Medical Staff
	<ul style="list-style-type: none"> - Preoperative documented nursing plan of care 	Leadership Medical Staff Provision of Care, Treatment and Service		Data will be collected from the patient record by the Surgical Services PI designee on a weekly, ongoing basis. Data will be aggregated, reviewed and reported on a monthly basis to the Surgical Services Nurse Manager, the Surgical Services Committee and the PI Committee on a quarterly basis.	Surgical Services Nursing Medical Staff
	<ul style="list-style-type: none"> - Preoperative documented plan for operative and other procedures 	Ethics, Rights and Responsibilities Leadership Medical Staff Provision of Care, Treatment and Service		Data will be collected from the patient record by the Surgical Services PI designee on a weekly, ongoing basis. Data will be aggregated, reviewed and reported on a monthly basis to the Surgical Services Nurse Manager, the Surgical Services Committee and the PI Committee on a quarterly basis.	Medical Staff

POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Surgical Services Circulating RN
 Prepared by: _____
 Date: _____

Supervised by: Surgical Services Nurse Manager
 Approved by: _____
 Date: _____

Job Summary: Provides direct patient care to neonate through geriatric patient populations. Addresses the psychosocial, physical and general aspects of care related to the surgical environment. Communicates with surgeon and anesthesiologist continuously and as needed about patient condition. Assists with the maintenance of surgical equipment and inventory. Participates in performance improvement activities. Assesses operating room for equipment functioning and readiness, obtains supplies for individual cases and ensures all appropriate needs of surgical operating team are met. Monitors, positions and assists patient during procedure.

DUTIES AND RESPONSIBILITIES:

E = Exceeds the Standard M = Meets the Standard NI = Needs Improvement

<u>Demonstrates Competency in the Following Areas:</u>	<u>E</u>	<u>M</u>	<u>NI</u>
Approaches patient in a kind, gentle and friendly manner.	2	1	0
Responds to patient's inappropriate behavior in a therapeutic manner.	2	1	0
Takes appropriate actions and documents in response to manifested anxiety or distress. Requests Social Service/Pastoral Care, as appropriate.	2	1	0
Gives patient explanations and verbal reassurances consistently.	2	1	0
Adapts nursing procedures to meet the needs for treatment of individual neonate, pediatric, adolescent, adult and geriatric patients.	2	1	0
Identifies physical symptoms and changes and takes appropriate actions in a timely manner.	2	1	0
Demonstrates ability to assess cardiorespiratory systems for changes in pediatric to geriatric patients and is able to treat appropriately.	2	1	0
Ability to adequately assess and reassess pain. Utilizes appropriate pain management techniques. Educates the patient and family regarding pain management.	2	1	0
Performs all aspects of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors.	2	1	0
Demonstrates knowledge of the principles of growth and development over the life span and the skills necessary to provide age appropriate care to the patient population served. Able to interpret data about the patient's status in order to identify each patient's age specific needs and provide care needed by the patient group.	2	1	0
Directs and assists in maintenance and handling of special equipment and instruments.	2	1	0
Observes behavioral and physiologic changes due to medications, takes appropriate actions and documents.	2	1	0
Adjusts expectations of patient behavior and acts according to the effect medication has on patient.	2	1	0
Positions patients safely; pads and protects bony prominences.	2	1	0
Preps and drapes patients correctly for all procedures.	2	1	0
Carries out medical and surgical asepsis during all procedures.	2	1	0
Treats patients and their families with respect and dignity. Identifies and addresses psychosocial, cultural, ethnic and religious/spiritual needs of patients and their families.	2	1	0
Demonstrates competence in preparing and cleaning of OR suites before and between cases and after terminal case, based on patient's infection class.	2	1	0