SUBJECT: “HAND-OFF” COMMUNICATION IN THE PERIOPERATIVE SETTING	REFERENCE #2002
	PAGE: 1 OF: 5
DEPARTMENT: SURGICAL SERVICES	
	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- “Hand-offs” are interactive communications that allow the opportunity for questioning between the giver and receiver of patient information.
- “Hand-off” communication includes:
  - Accurate patient information regarding care, treatment and services
  - Patient’s current condition and diagnosis
  - Recent or anticipated changes in the patient’s condition
  - What to “watch for” in the next interval of care
- Specific examples of times when the transfer of responsibility for the surgical patient, i.e., “hand-offs”, occur include, but are not limited to, the following:
  - Shift change or break relief
  - Physician to surgeon/nurse to nurse/surgical technician to surgical technician transfer of patient responsibility
  - When surgeons and nurses are transferring patient to another level of care within or outside of the organization
  - Patient care unit RN/Ambulatory Care RN report to the Holding Area RN
  - Holding Area RN reports to anesthesia, the surgeon and the Circulating RN
  - Circulating RNs report to the PACU RN and/or the patient care unit RN
  - Anesthesiologists report to the PACU RN and/or to the patient care unit RN
  - Surgical team (surgeon, nurse, surgical technologist) transfer of on-call responsibility
  - Surgeon hand-off from the perioperative area to inpatient units
  - Critical laboratory and radiology results disseminated to the surgical team

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SUBJECT: ANESTHESIA AWARENESS	REFERENCE #2027
	PAGE: 1 OF: 4
DEPARTMENT: SURGICAL SERVICES	
	EFFECTIVE:
APPROVED BY:	REVISED:

DEFINITIONS:

- Anesthesia:

  - For the purpose of this policy, anesthesia consists of general anesthesia and spinal or major regional anesthesia. It does not include local anesthesia. General anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

- Anesthesia Awareness:

  - Anesthesia awareness is defined as a situation that takes place when a patient, **under general anesthesia**, becomes aware of some or all events during surgery or an invasive procedure and has direct recall of those events.

POLICY:

The Anesthesia Department is committed to preventing and, when unavoidable, adequately managing unintended intraoperative awareness, known as anesthesia awareness. The following processes will be undertaken to identify patients at risk for anesthesia awareness, prevent the occurrence if possible, and adequately manage the occurrence if it occurs.

PROCEDURE:

- All clinical staff (anesthesia and nursing staff) in the Surgical Services Department will receive education on anesthesia awareness, including identification of patients at risk, precipitating factors, prevention and management of anesthesia awareness.

  - Patients who may be at risk for anesthesia awareness are those patients who undergo abdominal, cardiac, obstetric, ophthalmologic, thoracic or trauma surgeries.

  - Precipitating factors may include:

    - Excessive use of neuromuscular blockers

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<table>
<tr><td>SUBJECT: MANAGEMENT OF PATIENT WITH MALIGNANT HYPERTHERMIA</td><td>REFERENCE #2055</td></tr>
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OF: 3</td></tr>
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<tr><td>APPROVED BY:</td><td>REVISED:</td></tr>
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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% O_2 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 2.5 mg per kg, and repeat the dose until the signs are controlled. 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.

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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	- 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
	- 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
	- 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

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ANNUAL COMPETENCY
2008 JOINT COMMISSION NATIONAL PATIENT SAFETY GOALS

1 = Cannot Perform Skills Independently
2 = Requires Some Assistance to Perform Skills
3 = Can Perform Skill Independently
NA = Not Applicable

Score those competency statements that are applicable to your department/organization

GOAL #1: IMPROVE THE ACCURACY OF PATIENT IDENTIFICATION:

REQUIREMENT A:

Statement	1	2	3	NA
• Uses at a minimum two (2) patient identifiers when administering medications or blood products.	1	2	3	NA
• Uses at a minimum two (2) patient identifiers when collecting blood specimens and other specimens for clinical testing. Specimen containers are labeled in the presence of the patient.	1	2	3	NA
• Uses at a minimum two (2) patient identifiers when providing other treatments or procedures.	1	2	3	NA
• Clinical Laboratory staff follows the established processes in place to maintain samples' identities throughout the pre-analytical, analytical and post analytical processes.	1	2	3	NA

REQUIREMENT B:

Statement	1	2	3	NA
• A final verification process (time out) is conducted before the start of any surgical or invasive procedure, to confirm the correct patient, procedure and side and site, correct implants, special equipment and/or special requirements are available.	1	2	3	NA
• This verification process is documented according to policy and procedure.	1	2	3	NA
• Any differences noted during the verification process are reconciled prior to the procedure.	1	2	3	NA
• The patient's identity is re-established if the practitioner leaves the patient's location before the start of the procedure.	1	2	3	NA
• Ensures the site is marked unless the practitioner is in continuous attendance from the time of the decision to do the procedure and the patient's consent to the start of the procedure.	1	2	3	NA

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