

SUBJECT: INFECTION CONTROL MEASURES	REFERENCE #4011
DEPARTMENT: SURGICAL SERVICES	PAGE: 1
	OF: 5
APPROVED BY:	EFFECTIVE:
	REVISED:

PURPOSE:

To minimize infection in the surgical patient; to improve wound healing; to minimize disability, morbidity and mortality; to reduce cost of hospitalization.

POLICY:

- All personnel in the Surgical Services Department must provide continuous infection control surveillance measures, as outlined in the hospital Infection Control Policy and Procedure Manual.
- Any personnel with an infectious or communicable disease process shall not be assigned to the operating room.
- Any identified intraoperative infection is reported to the PACU RN for transmission-based precautions (isolation precautions), as appropriate.

THE FOLLOWING MEASURES ARE NOT ALL INCLUSIVE:

- Preoperative Measures:
 - Encourage patients to stop using tobacco. Patients shall be instructed to abstain from tobacco use for at least 30 days before the surgical procedure.
 - Serum blood glucose levels shall be controlled in all diabetic patients. Hyperglycemia shall be avoided perioperatively.
 - Preoperative prophylactic antibiotics shall be used appropriately.
 - Hair at the surgical site shall be removed only if it will interfere with the procedure. (CDC and AORN recommendations)
 - Razors shall **NOT** be used in this organization.
 - An electric clipper, with disposable or reusable head, or a depilatory cream shall be used for shave preps.
 - The patient shall shower, shampoo or wash the surgical site area with an antiseptic agent the night before the procedure, if able.

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	Data Collection (Methodology)	Integration and Collaboration
			Goal		
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 	<ul style="list-style-type: none"> Information Management 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.	<ul style="list-style-type: none"> Surgical Services Medical Staff Nursing OPS
	<ul style="list-style-type: none"> - Review of diagnostic data performed prior to procedure 	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Surgical Services Medical Staff
	<ul style="list-style-type: none"> - Preoperative documented nursing plan of care 	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Surgical Services Nursing Medical Staff

SUBJECT: "HAND-OFF" COMMUNICATION IN THE PERIOPERATIVE SETTING	REFERENCE #8002
	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

SUBJECT: ANESTHESIA AWARENESS	REFERENCE #8029
	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
 - The misuse or failure of equipment during surgery

SUBJECT: MANAGEMENT OF PATIENT WITH MALIGNANT HYPERTHERMIA (MH)	REFERENCE #8057
	PAGE: 1 OF: 5
DEPARTMENT: SURGICAL SERVICES	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- All patients who will undergo general anesthesia will be screened for a family history of malignant hyperthermia (MH). Patients will also be asked if they have had a malignant hyperthermia episode during previous surgeries.
- Surgical Services clinical staff shall receive education regarding malignant hyperthermia, and the proper 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 Masseter muscle rigidity
 - Unexplained tachycardia or cardiac dysrhythmia
 - Hypercarbia
 - Change in skin color from flush to mottling to cyanosis
 - Myoglobinuria
 - Altered renal function
 - 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)
- Malignant hyperthermia is triggered in susceptible patients by the following general anesthetics; halothane, enflurane, isoflurane, desflurane, sevoflurane and the muscle relaxant, succinylcholine.
- If malignant hyperthermia is suspected, the following steps are taken:
 - Stop volatile agents and succinylcholine once the diagnosis of malignant hyperthermia is made.