An Introduction to Perioperative Nursing
Objectives

- Describe an overview of the Perioperative Nursing Practice
- State the purpose of AORN (Association of periOperative Registered Nurse) Standards and Recommended Practices in Perioperative Clinical Practice
- Describe PNDS process
- Identify the essential components of the Perioperative Nursing Process
- State the purpose of Performance improvement in Perioperative Clinical Practice
- Describe perioperative nursing roles in the future
Perioperative Practice Overview

- Requires a broad knowledge base
  - surgical anatomy and physiology
  - physiologic complications
  - intraoperative risk factors
  - potentials for injury and prevention
  - psychosocial implications for patient & family
Association of PeriOperating Registered Nurses (AORN)

- The purpose of this association is:
  - Unite registered professional operating room nurses in a constant endeavor of promoting high professional standards and recommendations for optimum care of the patient before, during and after surgery
  - Provide opportunities for learning, by offering educational activities
  - Study, discuss, research and provide exchange of information
Purpose

- Hold meetings for the purposes of the association
- To cooperate under law with other associations, health care facilities, universities, industries, technical societies, research organizations and governmental agencies for matters affecting the association
- To lawfully adopt policies and procedures, conduct programs to improve perioperative practice.
- AORN is a non-profit organization
A Registered Nurse, who utilizes the nursing process, develops a plan of care, coordinates, and delivers care to patients undergoing surgical or invasive procedures.

Perioperative Nurses should have the knowledge and skills to assess, diagnose, plan, intervene and evaluate.

Perioperative Nurses also address physiological, psychological, sociocultural and spiritual processes of surgical patients.
Essentials of the Perioperative Nursing Process

- Assessment
- Nursing Diagnosis
- Outcome Identification
- Planning
- Implementation
- Delegation
- Evaluation
Assessment

- Relevant health data about the patient
  - Current diagnosis
  - Physical status
  - Psychosocial status – to include ethnic, cultural and lifestyle information
  - Previous hospitalizations
  - Review of lab results (reports abnormal results to surgeon)
  - Formats/documentation vary from institution
Nursing Diagnosis

- Is a process of identifying and classifying data that will make a plan of nursing care.
  - Developed in the 1950’s by NANDA (North American Nursing Diagnosis Association)
  - **Components:**
    - Definition (diagnostic term)
    - Defining characteristics—patterns of signs and symptoms that make the meaning of the diagnosis clear
    - Related or risk factors—diagnosis not evidenced by signs or symptoms, because the problem has not occurred, so nursing interventions are directed at prevention.
Not all problems encountered in the perioperative setting can be described on the list of accepted nursing diagnosis.

Perioperative nurses must describe/name new diagnosis unique to perioperative patient problems.

NANDA has a “to be developed” category.

Aspect of developing new nursing diagnosis is becoming increasingly important as the use of information systems are used for documentation.
Outcome Identification

- Statement that describes a desirable or favorable patient condition through nursing interventions
  - Must be “nursing sensitive”, should be influenced by nursing.
  - Must be able to be measured and quantified
  - Derived from nursing diagnosis, the direct nursing interventions are utilized to resolve the nursing diagnosis
Outcome Identification

- Appropriate time frame to measure outcomes varies
- “Patient will…” – indicates outcome over time
- Identification of expected/desired outcomes, provides a basis to prioritize care and directs evaluation
- Results in identification of “best practice” to improve perioperative nursing care
After collection of patient data, arriving at an appropriate nursing diagnosis and desired outcomes, the perioperative nurse then plans the nursing care for the patient.

Requires knowledge of the following:
- Information about patient
- Surgical procedure
- Equipment needed
- Special supplies needed
- Use of knowledge of anatomy, so proper instruments and sutures can be available for the surgical procedure to be performed
Planning

- Prepare in advance for priorities of care
- Planning should be based on patient assessment, unique needs, so positioning requirements are anticipated and can be accommodated for.
- Requires knowledge of patient’s psychosocial state and feelings, extra explanation, knowledge, comforting, emotional support may be necessary.
Implementation

- Is performing nursing interventions that are well planned, responding with critical thinking and organize activities to changes in the routine, patient’s condition or un-foreseen emergencies.
- Utilize standards of nursing care, recommended practices and clinical guidelines (AORN Standards, Recommended practices and guidelines
Implementation

- Perioperative nurse must continue to assess the patient to determine appropriateness of selection of nursing interventions. If necessary alter interventions.
- Enhances clinical practice, decision making and research/evidence based practice
- Be a patient care advocate—promote both emotional and physical comfort.
- Meet the expectations for patient and family
- Perioperative nurses as patient advocates, must act in ways to advance the best interests of patients
Perioperative nurse may delegate certain nursing interventions

Unlicensed personnel (UAP)

Accountability

Five rights of Delegation

1. The right task
2. Right Circumstances
3. Right person
4. Right Communication and Direction
5. Right Supervision and Evaluation

Perioperative nurses CANNOT delegate patient assessment, evaluation, activities that rely on nursing process, nursing diagnosis, plans of care, extensive patient education and discharge planning.
Documentation of Interventions

- Accurate
- Description of patient (Assessment)
- Nursing diagnosis
- Nursing care given (Interventions)
- Patient Outcomes
- Patient response
- Follow institutional documentation requirements.
Evaluation

- Checking, observing & appraising
- Integral, systematic part, ongoing component of Perioperative Care.
- Nursing diagnosis may need to be revised at this point to meet patient needs
- Performance activities are monitored and problems identified. Multi-disciplinary teams address areas for improvement of care and recommend solutions.
Perioperative Nursing Data Set (PNDS)

- AORN recognized need to describe and define patient outcomes.
- 6 year process
- PNDS starts with each outcome defined
- Suggested nursing activities
- Supports standardized documentation
- Can be used as a guide for research, best practices guidelines and evidenced based practice
Performance Improvement

- **Trends**
  - Efficient use of resources and supplies
  - Increased control of costs
  - Decreased length of stay
  - Shift of inpatients to outpatient

- **JCAHO**
- Based on standards of Care
Future roles of the Perioperative nurse

- Increase in demand
- Personal strategic plan
- Future Roles:
  - RNFA (Registered Nurse First Assistant)
  - Nursing Informatics Specialist
  - Case Manager
  - Advanced Practice
Collaborative Perioperative Team

- Perioperative Team: works in collaboration with the following:
  - Surgeons
  - Anesthesia Providers
  - Surgical Technicians
  - Physician Assistants
  - First Assistants
  - Other Health Care Providers