

OPERATING ROOM
PRECEPTOR CHECKLIST

Preceptee Name _____

	Date Completed
Week 1	
_____ Chapter 1 Test	
_____ Chapter 2 Test	
_____ Chapter 7 Test	
_____ Seek and Find List # 1	
_____ Activity Record Completed and Signed	
Week 2	
_____ Chapter 4 Test	
_____ Chapter 5 Test	
_____ Chapter 6 Test	
_____ Seek and Find List # 2	
_____ Activity Record Completed and Signed	
Week 3	
_____ Chapter 9 Test	
_____ Chapter 3 Test	
_____ Chapter 8 Test	
_____ Chapter 10 Test	
_____ Seek and Find List # 3	
_____ Activity Record Completed and Signed	
Week 4 - 12	
_____ Chapter 11 Test	
_____ Chapter 12 Test	
_____ Seek and Find List # 4, 5, 6	
_____ Fire, Malignant Hyperthermia, Cardiac, Disaster Tests	
_____ Activity Record Completed and Signed	
_____ Practical Evaluation	
_____ Completes CBO Orientation Program	

Preceptor to initial where appropriate

OPERATING ROOM
SELF ASSESSMENT

Instructions: Place a **C** and/or **S** in each box to indicate level of proficiency in the circulating and scrub roles. Rate your skills from 1 to 4 using the following scale.

- 1 - No experience. You have never done the stated task/skill
- 2 - Minimal experience. You have performed the task/skill infrequently.
- 3 - Moderate experience. You can perform the task/skill independently with the help of resource person.
- 4 - Extensive experience. You can perform the task/skill proficiently without assistance.

Rating	Task/Skill
	PERIOPERATIVE PATIENT ASSESSMENT
	1. Patient Interview
	2. Develop nursing diagnosis and care plan
	MONITORING VENTILATION, CIRCULATION, AND INTAKE AND OUTPUT
	1. Assist anesthesia personnel during induction
	2. Application of cardiac monitor electrodes
	3. Application of antiembolitic compression units
	a. DVT
	b. TED hose
	4. Operate defibrillator
	5. Read cardiac monitors
	6. Use automatic blood pressure monitors
	7. Administration of blood and blood products
	8. Urinary bladder catheterization
	9. Aseptic connection of drainage devices
	10. Monitoring patient under IV conscious sedation/local anesthetic
	PRACTICE ASEPTIC TECHNIQUE
	1. Proper surgical attire
	2. Surgical hand scrub
	3. Gowning and gloving
	a. closed gloving self
	b. open gloving self and others
	4. Creating and maintaining sterile field
	5. Preoperative skin preparation
	6. Universal precautions
	7. Decontaminating instruments

	8. Wrapping and packaging items for sterilization
	9. Verification of the sterilization process
	HANDLING EQUIPMENT
	1. Electrosurgical units
	a. monopolar, Valley Lab, Force 2, sse2k, sse3b
	b. bipolar
	c. Argon beam coagulator, Birtcher
	d. Wolf monopolar
	e. Elmed monopolar
	2. Microscopes
	3. Steam Sterilizer
	4. EKG monitor
	5. Laser
	a. CO2
	6. Laparoscope
	7. Insufflator
	8. Suction/Irrigators GYN
	9. Pneumatic tourniquet
	10. Powered surgical instruments
	11. Irrigation and aspiration w/Avit
	12. Phaco unit
	13. Hypo/hyperthermia units
	14. Fiberoptic light sources and cords
	15. Chest drainage units
	16. Stirrups: Crutch, hanging, Allen
	17. Tables
	18. Fracture table, Telos
	GASTROINTESTINAL SURGICAL PROCEDURES
	1. Appendectomy
	2. Bowel resection
	a. colectomy
	b. colostomy
	c. sigmoid resection
	d. low anterior with stirrups
	3. Cholecystectomy
	4. Feeding gastrostomy

	5. Esophageal resection
	6. Esophagoscopy
	7. Gastrectomy
	8. Gastroplasty
	GASTROINTESTINAL SURGICAL PROCEDURES (CONT'D)
	9. Gastroscopy (EGD)
	10. Hemorrhoidectomy
	11. Laparoscopic cholecystectomy
	12. Liver
	a. biopsy
	13. Pancreatectomy
	14. Splenectomy
	15. Hiatal herniorrhaphy
	16. Vagotomy/Pyloroplasty
	17. Autosuture instruments
	a. non-disposable
	b. disposable
	GENITOURINARY SURGICAL PROCEDURES
	1. Ureteroscopy: flexible and rigid
	2. Cystoscopy
	3. Cystotomy
	4. Hydrocelectomy
	5. Ileal loop
	6. Marshall Marchetti Krantz
	7. Nephrectomy
	8. Penile prosthesis, inflatable
	9. Burch procedure
	10. Prostatectomy
	a. Retropubic radical
	b. Suprapubic
	c. Transurethral resection
	11. RAZ
	12. Cystoscopy
	a. retrogrades
	b. stone manipulation
	13. Ureterolithotomy

	REPRODUCTIVE SYSTEM SURGICAL PROCEDURES
	1. Abdominal hysterectomy
	2. Anterior/Posterior repair
	3. Augmentation mammoplasty
	4. Breast biopsy
	5. Caesarean section
	REPRODUCTIVE SYSTEM SURGICAL PROCEDURES (cont'd)
	6. D&C
	7. Laser laparoscopy
	8. Mastectomy
	9. Tubal reanastomosis
	10. Laparoscopic tubal (clip or cautery)
	11. Peritoneoscopy/laparoscopy
	12. Laparoscopically assisted vaginal hysterectomy
	13. Tubal irrigation, Cohen's cannula
	14. Tubal ligation, laparotomy
	15. Vaginal hysterectomy
	16. Vasectomy
	OTHER PROCEDURES
	1. Transvenous pacemaker
	2. Colonoscopy
	3. Sigmoidoscopy
	4. EGD
	5. Choledochoscope
	6. Hysteroscope
	RESPIRATORY SYSTEM SURGICAL PROCEDURES
	1. Bronchoscopy
	2. First rib resection
	3. Laryngoscopy
	4. Lobectomy
	5. Mediastinoscopy
	6. Pneumonectomy
	7. Thoracotomy
	8. Thorascopy
	9. Tracheotomy
	PERIPHERAL VASCULAR SYSTEM SURGICAL PROCEDURES

	1. Abdominal Aortic Aneurysm
	2. Aorta-femoral bypass
	3. Axillo-femoral bypass
	4. Carotid endarterectomy
	5. Embolectomy
	6. Femoral-Popliteal bypass
	7. Insertion vena caval filter
	8. Saphenous vein ligation/stripping
	PERIPHERAL VASCULAR SYSTEM SURGICAL PROCEDURES (cont'd)
	9. Dialysis access graft/fistula
	10. Autotransfuser
	NEUROLOGICAL SYSTEM SURGICAL PROCEDURES
	1. Lumbar laminectomy
	SENSORY SYSTEM SURGICAL PROCEDURES
	1. Acoustic neuroma
	2. Blepharoplasty
	3. Cataract extraction
	4. Corneal transplant
	5. Enucleation
	6. Facial nerve decompression
	7. Glomus tumor
	8. Intraocular lens implant
	9. Labyrinthectomy
	10. Mastoidectomy
	11. Myringotomy with ear tube insertion
	12. Rhytidectomy
	13. Scleral buckle
	14. Stapedectomy
	15. Strabismus
	16. Tonsillectomy and adenoidectomy
	17. Tear duct exploration
	18. Tympanoplasty
	19. Vitrectomy
	MUSCULOSKELETAL SYSTEM PROCEDURES
	1. Amputation
	2. Archbars

	3. Arthroscopy
	a. ACL reconstruction
	b. Ankle
	c. Knee
	d. Shoulder
	e. TMJ
	f. Elbow
	4. Arthroscope, shaver, character generator, picture taker
	5. Bunionectomy
	6. Carpal tunnel syndrome
	MUSCULOSKELETAL SYSTEM PROCEDURES (cont'd)
	7. Closed reduction
	8. Compression hip pinning, Versa FX
	9. External fixation devices: EBI, monotube
	10. Thompson prosthesis
	11. Modular Moore
	12. Hip reconstruction Harris/Gallante
	a. with cement
	b. without cement
	13. Intermedullary nailing, Kuntscher
	14. ZMS intermedullary nailing Femur/Tibia
	15. Knee reconstruction Miller/Gallante
	16. Knowles pins
	17. Ligament reconstruction
	18. Mandibular osteotomy
	19. Maxillary osteotomy
	20. ORIF of fractures
	21. Synthes set
	22. Shoulder reconstruction
	23. Magna Fx cannulated hip screws
	24. ECT set
	25. Silastic implants
	26. Skeletal traction
	27. Tendon repair
	28. Tibial osteotomy
	29. Zygomatic fracture

	ENDOCRINE/LYMPHATIC SYSTEM PROCEDURES
	1. Adrenalectomy
	2. Axillary node dissection
	3. Parathyroidectomy
	4. Radical Neck dissection
	5. Staging laparotomy
	6. Thyroidectomy

OPERATING ROOM

OR LINGO

BUG JUICE - NOT an extract from flies and mosquitoes,

BUT

A solution used for irrigation of a wound for purposes of using antibiotics topically. It usually consists of a mixture of physiologic solution (saline) and antibiotic drugs added as specified by the surgeon. The proportion of the drugs to the solution will vary. This solution will be prepared by the circulating nurse.

Usage of solution is charted on the **Intraoperative Nursing Record**, but the words "bug juice" are not the ones used.

(AKA: "**Irrigation**")

CHRISTMAS TREE - NOT a decoration for the holidays,

BUT

A metal holder shaped like an "**L**" which holds anesthesia tubing

OR

A metal adapter that fits on a syringe to enable it to fit into a catheter.

STIRRUPS - NOT an accessory for your favorite horse,

BUT

Operating room table accessories that are attached to the table to function as supports for the patient's legs and feet when in **LITHOTOMY** position. There are several types.

PULLING OR PICKING YOUR CASE - NOT an attempt to move a crate

BUT

Obtaining all supplies, positioning equipment, instrumentation and so forth required for a particular surgical procedure using the doctor's preference cards or service procedure books as a reference.

CLOSING - **NOT** necessarily completing the purchase of a new house

BUT

The time at which the primary portion of the procedure has been completed and the beginning steps are taken to close the various layers of the surgical wound.

TURN OVER TIME - **NOT** the time to change to the other side of the cassette tape.

BUT

The amount of time that has elapsed between the time one patient leaves the room following a procedure and another patient is brought into the same room for the next case.

FROZEN SECTION - **NOT** the microwave food aisle at the grocery store

BUT

A method of preparing a surgical specimen for microscopic examination. This tissue is rapidly frozen, then sliced extremely thin so it can be better visualized under high magnification. This is usually done when cancer is suspected or positive immediate identification of a specimen is needed.

HEADLIGHT - **NOT** one of the glass globes at the front of a car

BUT

A powerful fiberoptic light source worn on the surgeon's head during an operation to increase and focus the illumination on the operative field.

BEANBAG - **NOT** something to throw through a hole at the carnival

BUT

A positioning support called a **vac pac** that is made functional by applying suction to the suction plug inlet. This causes the **vac pac** to mold to the desired shape and support the patient's position.

FLASH - NOT the term used to describe a streaker running through the park

BUT

The term used to describe a method of steam sterilization. Autoclaves are located within each core, are small in size, and designed to sterilize instruments and other items. The cycle for sterilization is five minutes with a temperature of 270 (f) and under the pressure of 30 lbs per square inch. (PSI)

The timing cycle on these units can be adjusted if a longer sterilizing cycle is warranted.
(ie. mixing types of materials or instruments having coding tape need a longer cycle)

GAS - NOT something used to heat your house

BUT

A type of sterilizing agent called ethylene oxide gas (EO). It is used to sterilize items that cannot be steam sterilized. It is administered during the sterilization cycle at a temperature of 150 (f). If the item is gas permeable, it must be additionally airtreated by another device (aerator) so that the residual ethylene oxide is dispelled. The residual gas is hazardous to patients and the staff dealing with it if not removed by aeration. Examples of items "gassed": rubbergoods, heat sensitive items, those that would melt.

**THINGS A PACU NURSE NEEDS TO KNOW-
BUT MAY NOT HAVE TIME TO ASK**

Name: What they prefer to be called

Procedure: What was done? Staples or Sutures? Drains and their location; Local injection per surgeon, Unusual positioning intraop

Output: Total emptied by OR, in & out cath?

Allergies:

Special Orders(not routine) i.e.: breathing problems, aerosol, X-Rays in PACU.

PACU Nurse
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PreOp Level of consciousness and mood: oriented, sleepy, confused, scared, calm, etc.

Physical Limitations: Hard of hearing, limb weakness, speech slurred, poor vision. These items are especially important for carotid and neuro patients.

Skin Integrity: Preop rashes, scratches, bruises, cuts, or reddened areas.

For Infants: Do they take/or can they have a bottle? All children on stretchers need bumper pads. Some adults would benefit from them, too.

When and **OR nurse** relieves on a case, this same report should be given to "**Pass it on.**"

Other Helpful Information:

We appreciate your report and help. Since a safe transition for the patient is our goal, please understand if we don't look at you while assessing airway, attaching monitors, and checking patient, we are listening to you (unless a stethoscope is in our ears)!

- If a patient's airway is compromised and PACU is trying to manage airway, the OR nurse can help by attaching monitoring equipment.
- When we all have patients and someone is not immediately available to accept you patient, please choose a station, start O2, and apply monitors. We'll be there ASAP.
- Since PACU time is expensive for the patient, we try to keep the stay to a minimum. Please keep the conversation "**focused**" on the patient. Don't think we're rude if we don't "socialize" with you at this time.
- At the time of PACU admission, please remember that we need to have access to the patient and pertinent information quickly so where you stand or sit is important.

OPERATING ROOM

The orientation experience is dependent on case availability. The orientation process centers on providing basic knowledge on which the preceptee can build upon and apply to future cases.

Basis goals of your orientation are:

1. To learn aseptic technique.
2. To learn safety precautions for personnel and patient, i.e., universal precautions, burn prevention, nerve damage, etc.
3. To identify legal implications of the perioperative experience.
4. To learn location and operation of equipment and sterile supplies.
5. To learn location of appropriate reference materials and resource personnel.
6. To identify the needs of the varied population served e.g., pediatric patients, geriatric patients.
7. To learn methods of assisting in gathering **CQI** information.
8. To read and understand **O.R.** policies and procedures.
9. To accept that orientation cannot teach you everything. The orientation is a broad and varied learning experience that depends on you to integrate and apply the information.

Following the formal orientation process, we expect you to continue seeking and initiating learning experiences, i.e., request unfamiliar procedures.

Your formal orientation experience is concluded when you are assigned to call.

OPERATING ROOM

NAME OF TEAM MEMBERS

Director of Nursing, Surgical Services:

Charge Nurse:

Clinical Nurse Specialist:

CSR Supervisor:

Staff:

OR/RN

LPN

CST

PACU/RN

Charge Nurse:

Staff:

Out Patient Department

ADON:

Staff:

Workroom/Housekeeping

OR Secretary

Anesthesia Dept CRNA

Anesthesiologist

X-ray

OPERATING ROOM

DISASTER MANUAL TEST

1. Describe your actions during a hospital "Code Orange" drill.
2. How would you respond to a bomb threat?
3. When helping with a bomb threat search, you cannot turn on any switches, but must use a flashlight. T or F
4. What does "Code One" announce?
5. During a "Code One" you may be called at home to return to the OR, even when not on call. T or F
6. During a "Code One" that is the result of a mass casualty, the OR continues with elective cases. T or F
7. During a telephone outage, the beeper system continues to work. T or F. If false, how would on call staff be notified and what should your response be?
8. What does "Code Grey" signify?
9. What is the expected response in the OR?
10. A "Code 500" announces a _____ .
11. If the "Code 500" is not in the OR, what is your response?

OPERATING ROOM

DISASTER TEST ANSWERS

1. Listen for locations, close all doors, check smoke detectors, check for fire, if unassigned, report to the front desk. If assigned, continue case, mentally prepare for evacuation.
2. Make notes, keep person talking, calmly and quietly notify another employee to activate the fire alarm system, discuss only with nursing supervisor, hospital administrator or hospital police, remain on duty.
3. T
4. External disaster, mass casualty, natural disaster, state of emergency.
5. T
6. F
7. False, a messenger will be sent to your home. You must return to the hospital until telephone communications are re-established. A file with maps to all OR call team members is maintained by the hospital police.
8. Infant/child abduction.
9. Have all exits monitored. The department is secured.
10. Hostage situation.
11. Continue with schedule as usual. Be prepared to evacuate.

OPERATING ROOM

MALIGNANT HYPERTHERMIA TEST

1. _____ is a muscle relaxant that is a primary trigger for malignant hyperthermia.
2. MH is a _____ state.
3. Can MH be anticipated? Y or N (explain) _____
_____.
4. What drug needs to be immediately available to treat MH and where do we store it? _____
5. Is this drug ready to be administered if needed? _____
6. During MH crisis, the patient is in respiratory and metabolic _____
_____.
7. _____ are early symptoms of an impending MH crisis.
8. What supplies are necessary for mixing dantrolene? _____
_____.
9. _____ is used to confirm diagnosis in suspect individuals.
10. Symptoms that may be noted by surgical team are: _____
_____.
11. WMC does not use inhalation agents that are capable of triggering MH. T or F
12. Increased body temperature is a good indicator of MH crisis. T or F
13. List drugs available in the MH cart: _____

14. How will you cool the patient? _____

OPERATING ROOM

MALIGNANT HYPERTHERMIA ANSWERS

1. Succinylcholine (anectine)
2. Hypermetabolic
3. YES, history of personal/family anesthesia complications or death.
4. Dantrolene, MH cart in holding area.
5. NO, must be mixed.
6. Acidosis
7. Jaw rigidity, increase in end tidal CO₂.
8. Sterile H₂O, dispensing syringe or 60cc syringe.
9. Skeletal muscle biopsy test
10. Mottling of skin, palpable warmth of viscera, fever
11. F (halothane, enflurane, isoflurane)
12. F often occurs after other signs
13. Dantrium, Sodium Bicarbonate, Solu Cortef, Furosemide, Procainamide, Mannitol
14. Hypothermia pad, ice (2W), cold NS IV, gastric, wound, rectal lavage with cold saline.

OPERATING ROOM

EMERGENCY CARDIAC CARE

1. Where are the crash cart and defibrillator stored?
2. What are some staff safety considerations during defibrillation?
3. During code "Blue" in the OR, who will be the director?
4. Who will initiate chest compressions?
5. Does hospital code team always respond to OR codes?
6. How are the defibrillator paddles routinely positioned?
7. How far apart should the paddles be placed?
8. List primary duties of circulator during code.
9. List duties of scrub nurse during a code.
10. Which emergency drugs can be administered via an endotracheal tube?
11. How much pressure should be applied to the defibrillator paddles?
12. What energy sequence for delivery might you expect to use?
13. What are the maximum number of shocks given?
14. Some possible causes of asystole intraoperatively or immediately post op are _____ and _____ .
15. Do you ever countershock at less than 200 joules?
16. If defibrillating a patient with a transvenous pacemaker are there any special precautions?
17. What determines whether synchronized or asynchronized countershock is used?
18. What special dosage considerations are made in the pregnant patient?

**OPERATING ROOM
EMERGENCY CARDIAC CARE ANSWERS**

1. PACU
2. Dry hands, dry floor, "stand clear order"
3. Anesthesiologist
4. Surgeon, if present
5. NO
6. One electrode just to the right of upper sternum below clavicle, the other is left of cardiac apex (left of nipple along mid axillary line)
7. More than 2"
8.
 - a. record time/start elapsed time clock
 - b. notify OR desk
 - c. help reposition patient if necessary
 - d. obtain crash cart and defibrillator
 - e. assist anesthesia provider as necessary
 - f. maintain accurate counts
 - g. document
9.
 - a. remain sterile, keep mayo and back table sterile
 - b. prepare sponges to pack wound
 - c. keep track of sponges, sharps and instruments
 - d. assist surgeon as necessary
10. Lidocaine, epinephrine and atropine
11. Firm pressure, about 25 lbs.
12. VF 200j 200-300j, 360j followed by 360j
13. No maximum number, determined by response
14. Hypoxia, hypothermia
15. Yes, atrial flutter, atrial fibrillation, internal paddles
16. Place paddles at least 5" from generator
17. Whether patient has a pulse, is "synchronized" when patient has a pulse.
18. NONE

OPERATING ROOM
FIRE SAFETY TEST

1. What is the telephone number for reporting a fire?
2. List some causes of OR fires:
3. What situation in the OR causes fires to rapidly escalate?
4. What is RACE?
5. Where do most OR fires occur?
6. If you are involved in an OR fire, where would you take evacuated patients?
7. Describe actions after "Code Orange" is activated.
8. If you are unassigned at the time of a fire drill, you should _____.
9. If cautery instrument works, a break or nick in insulation is insignificant. T or F
10. The circulator should take what steps to prevent a fire on a patient.
11. The scrub nurse should take what steps to prevent a fire on the patient.
12. All fiberoptic light cables provide a cool source of light, you need not be concerned if placed on drapes. T or F
13. If you have a small fire in the OR that you quickly control, (1) do you still need to report it, (2) can the room be cleaned as usual?
14. The wound must be closed before evacuating the OR and patient extubated. T or F
15. To evacuate, a patient must be moved onto a stretcher. T or F
16. When the main power switch on the panel is turned off, will the room be without any electricity?
17. Primary evacuation usually occurs _____ .

OPERATING ROOM

FIRE SAFETY TEST ANSWERS

1. 4400
2. Lasers, ESU, argon beam coagulator, faulty electrical equipment, extension cords.
3. O2 enriched atmosphere
4. Rescue and remove, alarm, contain, extinguish
5. On the patient
6. Another OR, (possibly 7 & 8), PACU, CC, OP, IMCU, OB, ER, 2W
7. Circulator goes into hall to hear locations, notify the team, search immediate area for signs of fire, close all doors, mentally prepare for possible evacuation.
8. Report to the front desk
9. F
10. Grounding pad placement, avoid pooling of prep materials.
11. ESU in holsters, listen for sound of activation of unused ESU or Shaw scalpel.
12. F
13. (1) Yes (2) No
14. F
15. F
16. No, have lights only
17. Laterally

SURGICAL PROCEDURE CHECKLIST

	DISCUSSED /DEMO	SECOND SCRUB	FIRST SCRUB	CIRCULATE AFTER HELP	CIRCULATE ALONE
TYPE					
1. ABDOMINAL					
Appendectomy					
Herniorrhaphy					
Bowel Resection					
Laparoscopic GB					
Hiatal Hernia					
2. GENERAL SURGERY					
Breast Biopsy					
Radical Mastectomy					
Thyroidectomy					
Hemorrhoidectomy					
3. OB/GYN					
D&C					
TAH					
TVH					
A&P Repair					
C-Section					
Laparoscopy					
Hysteroscopy					
4. CARDIOVASCULAR					
Endarterectomy					
Embolectomy					
Vascular Bypass					
Vein Ligation					
Pacemaker					

TYPE	DISCUSSED DEMO	SECOND SCRUB	FIRST SCRUB	CIRCULATE AFTER HELP	CIRCULATE ALONE
5. THORACIC					
Thoracotomy					
Mediastinoscopy					
6. EYE					
ECCE/PHACO					
7. ORTHOPEDIC					
Arthroscopy (knee, shoulder, ankle)					
Lumbar Laminectomy					
Hip Pinning					
Compression					
Hip Prosthesis					
ORIF Ankle					
TKR					
THR					
Bone Cement Mixing					
8. ORAL SURGERY					
Mandibular Osteotomy					
ORIF Mandible					
Donor Bone Reconstitution					
9. GENITOURINARY					
Prostatectomy					
Radical					
Turp					
TURB					
Cystoscopy					
Ureteroscopy					

TYPE	DISCUSSED DEMO	SECOND SCRUB	FIRST SCRUB	CIRCULATE AFTER HELP	CIRCULATE ALONE
10. ENDOSCOPIC					
Bronchoscopy					
Laryngoscopy					
EGD <small>(esophagogastroduodenoscopy)</small>					
Colonoscopy					
11. ENT					
Nasal Reconstruction					
Tympanostomy Tube					
T & A					
Tympanoplasty					

EQUIPMENT CHECK LIST

TYPE OF EQUIPMENT	LOCATE/ DEMONSTRATE DISCUSSED DATE/INITIALS	ACTUAL PATIENT USE DATE/INITIALS
AIR INSTRUMENTS		
ALCON UNIT		
ARTHROSCOPY CART X 2		
AUTOSUTURE		
AUTOTRANSFUSION SETUP		
BLOOD SCALES		
CAST CART		
CHANGING N2,O2,CO2 TANKS		
CODE CART		
COMPUTER		
CONSTAVAC		
CRICOTHYROTOMY CANNULA		
DEFIBRILLATOR		
DENTAL CART		
DENTAL SUCTION/DRILL CART		
DENTAL XRAY		
DERMATOME		
DVT HOSE		
ELECTROCAUTERY/ARGON BEAM		
EYE MAGNET		
FRACTURE TABLE (STANDARD AND INTERMEDULLARY SETUPS		
HAND TABLES		
HEAD LIGHTS		
K-THERMIA UNIT, BAIR HUGGER		
LAPAROSCOPIC GB EQUIPMENT		
LASER		
LAVH CART		
MALIGNANT HYPERTHERMIA CART		
MESHGRAFT		
MICROSCOPES		

TYPE OF EQUIPMENT	LOCATE / DEMONSTRATE DISCUSSED DATE/INITIALS	ACTUAL PATIENT USE DATE/INITIALS
MONITORS-EKG,OXIMETER,BP		
OR Tables (Shampaine, AMSCO, Radiop, Uroview)		
OVERHEAD LIGHTS		
PACEMAKER ANALYZER		
PATIENT STRETCHERS		
PEDIATRIC CART		
POSITIONING AIDS:		
AIRPLANE ARMREST		
BLUE CHEST PILLOW		
BUTT BOARD		
DONUT/FOAM HEAD REST		
PILLOWS, BLANKETS, EGGCRATE, SHEEPSKIN		
SANDBAG		
SHOULDER BRACES		
STIRRUPS-HANGING, ALLEN CRUTCH		
VACPAC		
SHAW SCAPEL		
STRYKER SURGILAV		
SUCTION D&C		
SUCTION SETUPS		
TOURNIQUETS (AIR, ELECTRIC)		
WOLFE MACHINE		
XOMED POWER DRILL		

* Report malfunctions and remove from room.

OPERATING ROOM

DATE: _____

**Perioperative Orientation Activity Record - Scrub Nurse
Week I**

I. Objective: Develop an understanding of the overall environment of the perioperative area.

Learning Activities:

1. Shadow the preceptor
2. Observe the overall physical structure, layout and traffic pattern of the OR.
3. Obtain and dress in appropriate OR attire (B & K #11)
4. Read pertinent reference materials and EPN chapters 1,2,7
5. Read WMC policies concerning: PPE, surgical attire
6. Complete introductory workroom experience
7. Complete seek and find # 1
8. Complete tests 1,2,7

II. Was the objective met? yes/no
Were the activities completed? yes/no

III. Please describe your thoughts and feelings regarding your clinical experience and how you met your clinical objectives (use the back of this form if needed):

IV. Comments (preceptor)

Preceptor's Signature: _____

Preceptee's Signature: _____

OPERATING ROOM

Date _____

**Perioperative Orientation Activity Record
Week 2 (Scrub)**

I. Objective: Develop an understanding of establishing and maintaining sterile field

Learning Activities:

1. Shadow the preceptor
2. Scrub with preceptor on selected cases, (observation)
3. Perform scrub duties with assistance and independently on selected cases.
4. Read pertinent reference materials and chapters 4,5,6 EPN (Duties of Scrub Nurse)
5. Shadow the preceptor during next day case preparation.
6. Complete, seek and find # 2
7. Complete tests 4,5,6

II. Was the objective met? Yes / No

Were the activities completed? Yes / No

III. Please describe your thoughts and feelings regarding your clinical experience and how you met your clinical objectives (use the back of this form if needed):

IV. Comments (preceptor)

Preceptor's Signature: _____

Preceptee's Signature: _____

OPERATING ROOM

Date _____

**Perioperative Orientation Activity Record
Week 3 (Scrub)**

- I. Objective: Develop a more complete understanding of the role of the scrub nurse.

Activities:

1. Establish and maintain sterile field
2. Participates in draping procedures
3. Identify and handle instruments during selected cases.
4. Participates in counting sponges, needles, and instruments according to hospital policy
5. Read pertinent reference materials and chapters 8,9,10 EPN
6. Pull packs on selected cases
7. ESU safety
8. Wound closure materials
9. WMC policies: counting and ESU
10. OSHA regulations - hazards in the work place
11. Complete, seek and find # 3
12. Complete tests 8,9,10

- II. Did you meet the above objectives? Yes / No
Were the activities completed? Yes / No

- III. Please describe your thoughts and feelings regarding your clinical experience and how you met you clinical objectives (use the back of this form if needed):

- IV. Comments (preceptor)

Preceptor's Signature: _____

Preceptee's Signature: _____

OPERATING ROOM

Date _____

**Perioperative Orientation Activity Record
Weeks 4-9 (Scrub)**

I. Objective: Develop a more complete understanding of the role of the scrub nurse.

Suggested Activities:

1. Establish and maintain sterile field.
2. Apply basic knowledge to new surgical procedures.
3. Participate in sponge, needle/sharps and instrument counts according to hospital policy.
4. Read pertinent reference materials and EPN chapter II.
5. Read WMC policies: pt. safety polices (all), specimen, emergency situations, Laser.
6. Laser safety (B&K).
7. Use of powered instruments.
8. Seek and find #4,5
9. Complete test 11

II. Was the objective met? Yes / No
Were the activities completed? Yes / No

III. Please describe your thoughts and feelings regarding your clinical experience and how you met your clinical objectives (use the back of this form if needed):

IV. Comments (Preceptor)

Preceptor's Signature: _____
Preceptee's Signature: _____

Date _____

**Perioperative Orientation Activity Record
Week 10 - 12 (Scrub)**

I. Objective: Perform in role of Scrub Nurse

Activities:

1. Develop independence
2. Begin call experience
3. Completes review of all suggested policies.
4. Seek and find # 6
5. Completes tests: Emergency situations
6. Completes all materials in orientation packet
7. Final evaluation with DON SS, Clinical Supervisor and Preceptor.

II. Was the objective met? Yes / No
Were the activities completed? Yes / No

III. Please describe your thought and feelings regarding your clinical experience and how you met your clinical objectives (use the back of this form if needed):

IV. Comments (Preceptor):

Preceptor's Signature: _____

Preceptee's Signature: _____

OPERATING ROOM

DATE: _____

**Perioperative Orientation Activity Record
(Circulator Nurse)**

Week 1

- I. Objective: Develop an understanding of the overall environment of the perioperative area.

Learning Activities:

1. Shadow the preceptor
2. Observe the overall physical structure, layout and traffic pattern of the operating room (EPN).
3. Obtain and dress in appropriate OR attire (B&K # 11)
4. Read pertinent reference materials and EPN chapters 1,2,7
5. Read WMC policies concerning: PPE, surgical attire
6. Complete introductory workroom experience.
7. Complete, seek and find # 1.
8. Complete tests 1,2,7

- II. Was the objective met? Yes / No
Were the activities completed? Yes / No

- III. Please describe your thoughts and feelings regarding your clinical experience and how you met your clinical objectives (use the back of this form if needed):

- IV. Comments (Preceptor):

Preceptor's Signature: _____

Preceptee's Signature: _____

OPERATING ROOM

DATE: _____

**Perioperative Orientation Activity Record
Week 2 (Circulator)**

I. Objective: Develop an understanding of establishing and maintaining sterile field.

Learning Activities:

1. Shadow the preceptor
2. Scrub with preceptor on selected cases, (observation)
3. Perform scrub duties with assistance and independently on selected cases.
4. Read pertinent reference materials and chapters 4,5,6 EPN (Duties of Scrub Nurse)
5. Shadow the preceptor during next day case preparation.
6. Complete, seek and find # 2
7. Complete tests 4,5,6

II. Was the objective met? Yes / No
Were the activities completed? Yes / No

III. Please describe your thoughts and feelings regarding your clinical experience and how you met your clinical objectives (use the back of this form if needed):

IV. Comments (Preceptor):

Preceptor's Signature: _____

Preceptee's Signature: _____

OPERATING ROOM

DATE: _____

**Perioperative Orientation Activity Record
Week 3 - 5 (Circ)**

I. Objectives: Develop an understanding of the role of the circulator.

Learning Activities:

1. Shadow the preceptor
2. Observe case preparation of supplies, equipment and personnel
3. Observe pt. safety measures
4. Observe pt. interview and holding area routine
5. Observe circulator role during intraoperative phase.
6. Complete seek and find # 3
7. Read appropriate reference materials, chapters concerning preps and positioning.
8. Read chapters 3,8,9,10 EPN, and complete tests
9. Pull packs for selected cases
10. ESU safety
11. Participates in surgical counts
12. WMC policies: OSHA regulations, counts and ESU

II. Was objective met? Yes / No
Were the activities completed? Yes / No

III. Please describe your thoughts and feelings regarding your clinical experience and how you met your clinical objectives (use the back of this form if needed):

IV. Comments (Preceptor):

Preceptor's Signature: _____

Preceptee's Signature: _____

OPERATING ROOM

DATE: _____

**Perioperative Orientation Activity Record
Week 6 - 9 (Circ)**

I. Objective: Perform role of circulator

Activities:

1. Prepares room for procedure
2. Performs pt.interview and holding area routine
3. Performs measures for pt. safety
4. Apply basic knowledge to new procedures
5. Facilitates turn over time
6. Delivers pt. to PACU and reports pertinent information to PACU nurse
7. Reads applicable reference materials
8. Laser safety - understands, demonstrates
9. Completes pt. safety policies: laser, specimen handling, emergency situations.
10. Completes seek and find # 4,5,6
11. Completes tests 11,12

II. Was objective met? Yes / No

Were the activities completed? Yes / No

III. Please describe your thoughts and feelings regarding your clinical experience and how you met your clinical objectives (use the back of this form if needed):

IV. Comments (Preceptor):

Preceptor's Signature: _____

Preceptee's Signature: _____

OPERATING ROOM

DATE: _____

**Perioperative Orientation Activity Record
Week 10 - 12 (Circ)**

I. Objective: Perform role of circulator

Activities:

1. Develops independence
2. Begins call experience
3. Completes review of all suggested policies
4. Completes seek and find # 6
5. Completes emergency situation tests
6. Completes all material in orientation packet
7. Final evaluation with DON SS, Clinical Supervisor, and Preceptor

II. Was objective met? Yes / No

Were the activities completed? Yes / No

III. Please describe your thoughts and feelings regarding your clinical experience and how you met your clinical objectives (use the back of this form if needed):

IV. Comments (Preceptor):

Preceptor's Signature: _____

Preceptee's Signature: _____

OPERATING ROOM

SEEK AND FIND I

- _____ Blue Room
- _____ Breaker boxes
- _____ CCA
- _____ Code Blue buttons
- _____ Communication book
- _____ C-Section room
- _____ CSR dummy
- _____ Fire extinguishers and smoke detectors
- _____ Gift fund
- _____ Holding area
- _____ Intercom / room phones
- _____ Manuals (Disaster, Hazardous Materials, Policy, Procedure, Infection Control)
- _____ Medicine Cart
- _____ OPS
- _____ 8 ORs & OB
- _____ Orthopaedic room
- _____ PDO request calendar
- _____ Peggy's office
- _____ Plastic closet
- _____ Recovery room (PACU)
- _____ Schedule board and assignments
- _____ Supply areas
- _____ Time sheet/work hours
- _____ Turn off valve for rooms
- _____ Warmers
- _____ Workroom
- _____ Xray dummy

OPERATING ROOM

SEEK AND FIND II

- _____ Ace Bandage
- _____ Bladder Drainage Bag
- _____ Cameron Miller
- _____ Caps and masks: OB
- _____ Chest Bottles
- _____ Chest Cabinet
- _____ Cysto Cabinet
- _____ Cysto Irrigation Tubing
- _____ Electrical Cords
- _____ Formalin Container
- _____ 16 Fr Foley
- _____ Grounding Pad (stock)
- _____ GYN Cabinet
- _____ Kittners (peanuts)
- _____ Lab GB Monitor
- _____ LAVH cart
- _____ Light gloves
- _____ Magnetic Pad
- _____ Needle Count Pad
- _____ Olympus light source
- _____ Pacemaker Cabinet
- _____ Penrose Drains
- _____ Procedure Card Files
- _____ Skin Gun
- _____ Specimen Containers
- _____ Suction/light

OPERATING ROOM

SEEK AND FIND III

- _____ **Air Strip**
- _____ **BJ lap sponges**
- _____ **Blood scales**
- _____ **C arm drapes (CAPS)**
- _____ **5 n 1 connectors**
- _____ **Control syringe**
- _____ **Crash cart**
- _____ **Culture tubes**
- _____ **Cytology requisition**
- _____ **Defibrillator**
- _____ **Dr R lap sponges**
- _____ **Endowrap camera drape**
- _____ **Fred**
- _____ **Gelfoam**
- _____ **GI clamp covers**
- _____ **Hanging stirrups**
- _____ **Knee boat**
- _____ **K-Y (stock)**
- _____ **Lugol's solution**
- _____ **O'Connor O'Sullivan**
- _____ **Poole suction**
- _____ **Step ladder**
- _____ **Sterile Debakey**
- _____ **Stirrup holders**
- _____ **Suction D&C machine**
- _____ **Syringes (2 places, stock)**
- _____ **Trach tray**
- _____ **Vaginal packing**
- _____ **Wolfe machines**
- _____ **Xray apron storage area and gloves**

OPERATING ROOM

SEEK AND FIND IV

_____	Abduction Pillow Band	_____	Micro oscillator power source
_____	Allen stirrups	_____	Nail polish remover pads
_____	Adrenalin	_____	N/G Tube
_____	Arthroscopy Cart	_____	OB bulb syringe
_____	Blue Swivel adaptor for bronchoscope	_____	OB linen closet
_____	Bone cement	_____	Open GB instruments
_____	Bovie extension	_____	Owens silk
_____	Buckets for placenta	_____	Pediatric suction cath
_____	Cardiovascular suture	_____	Placenta Scales
_____	3000 cc bags saline, glycine	_____	Plastic/metal eye shields
_____	C-Section instruments	_____	Red/Lavender top tubes for cord blood
_____	Cetacaine	_____	Refrigerator for cord blood
_____	CO2, O2 tank	_____	Rigid Sigmoidoscopy tray
_____	Colostomy Rods	_____	Scarlet Red
_____	Cone tip catheter	_____	Segura basket
_____	Cord clamps	_____	Shaw scalpel
_____	Cricothyrotomy cannula /OB	_____	Silastic tubing / connector
_____	Cut down tray	_____	Sterile K-wire / steinmann pins
_____	Cysto Pack	_____	Sterile taper jaw
_____	Disp Ellik evacuator	_____	Storage area for prep pads
_____	Donor bone	_____	Surgicel
_____	Doppler unit	_____	Tinkle tester (3/4 dilator)
_____	Ellis's cabinets	_____	TLS drain
_____	Ethicon applicator	_____	TMJ camera
_____	Finger K wires	_____	Toomey
_____	Flexible Biopsy forceps	_____	Total knee pack
_____	French eye needles	_____	T tubes
_____	22 Fr 2-way 30cc catheter	_____	TUR drape
_____	Gelfilm	_____	Ureteral Cath adapter
_____	Glue Bowl	_____	Vice grip pliers
_____	.038 Guide wire	_____	V. Mueller dilators
_____	Hyskon	_____	Warmer cabinet/OB
_____	ID band/sheet newborn	_____	Wavy knee holder
_____	Infant warmer	_____	3 way stopcock
_____	K-pad / k thermia unit	_____	Weck applicator
_____	Lactated ringers	_____	Wet field cautery
_____	Leveen inflator syringe	_____	Wire driver
_____	Leg strap for Foley	_____	Xeroform gauze
_____	Malecot/mushroom catheters	_____	Y connector

OPERATING ROOM

SEEK AND FIND V

_____ Air strip	_____ Ethrane
_____ ALARM	_____ Sterile duckbill
_____ Albumin	_____ Sterile lowman retractor
_____ Ambu bag	_____ Stryker irrigation unit
_____ Arm sling	_____ Sump drain
_____ Autosuture	_____ Suprapubic tube
_____ Avitene	_____ Thrombin
_____ Banana blade	_____ Tibial bolt & webb
_____ Banana cuff	_____ Tracrium
_____ Batteries	_____ Umbilical tape
_____ Bean bag	_____ Vascular grafts
_____ Blood infusion set	_____ Vessel loops
_____ Catheter introducer	_____ Vessel paws
_____ 100cc bags of saline	_____ Xray from orthopaedic office
_____ Cerclage wire set	
_____ Cerebellum Retractor	
_____ Consta vac drain	
_____ Cushing forceps	
_____ Doppler probe	
_____ DVT pressure boots	
_____ EEA sizers	
_____ Emergency hysterectomy set	
_____ Endotracheal tube	
_____ Envelope for arthroscope pictures	
_____ Envelope for BJ's pictures	
_____ Ethrane	
_____ Fogarty catheters	
_____ Gastrostomy tube	
_____ Glue Pedal	
_____ Hand tables (2)	
_____ IV lidocaine	
_____ IV pressure bag	
_____ Jackson Pratt drain	
_____ Lambottes	
_____ Laminectomy rope	
_____ Lead introducer	
_____ Linvatec Interference screw	
_____ Microscope light bulbs	
_____ Micro-oscillator saw	
_____ Nasal Cannula	
_____ Nerve Stimulator	
_____ Non-sterile stockinet	
_____ OB dressing room	
_____ Ortho glass splint and scissors	
_____ Oscillator blade	
_____ Plasmanate / hespan	
_____ Positioner ilomed	
_____ Replacement light bulbs	

OPERATING ROOM

SEEK AND FIND VI

- | | |
|--|----------------------------|
| _____ Autovac transfuser | _____ Steinmann pin cutter |
| _____ Ball Tip Guide Wire ZMS | _____ Sterile buttons |
| _____ Bassett knee splint | _____ 2 ticon |
| _____ Calgiswabs | _____ Trepine blades |
| _____ Cerclage replacement wire | _____ Versafx system |
| _____ Choledochoscope | _____ Xray tunnel |
| _____ Coban | |
| _____ Cricothyrotomy cannula | |
| _____ Dacron | |
| _____ Deep gelpi | |
| _____ Dental xray unit | |
| _____ Dixon blade retractor | |
| _____ EBI external fixator | |
| _____ ECT replacement screws | |
| _____ Endoloop | |
| _____ Epistat catheters | |
| _____ Eye magnet | |
| _____ Eye magnet/power source | |
| _____ Finger cage/tube gauze | |
| _____ Flexible reamers ZMS | |
| _____ Flexible ureteroscope | |
| _____ Gelatin capsules | |
| _____ Gill biopsy brush | |
| _____ Interceed | |
| _____ Intermedic screw driver | |
| _____ Knee immobilizer | |
| _____ Laser | |
| _____ Linvatec Awl | |
| _____ Liver suture | |
| _____ Magnafx system | |
| _____ Maltz rasps | |
| _____ Middle ear implants | |
| _____ Mitek | |
| _____ Moleskin | |
| _____ Nikon lens | |
| _____ Ortho burr rust ring remover | |
| _____ Pacemaker magnet | |
| _____ Paper & ink replacement arthroscopy printer | |
| _____ Prostatectomy sounds | |
| _____ Prosthesis, radial head, great toe, Swanson finger | |
| _____ Pull out wire | |
| _____ Ring extractor | |
| _____ Rush rod tray | |
| _____ Single J ureteral diversion stent | |
| _____ Site machine | |
| _____ 6" 18 g spinal needle | |
| _____ S.S. wire | |

COMPETENCY BASED ORIENTATION OPERATING ROOM

I. Demonstrates knowledge of cleaning, sterilization / disinfection and packaging as a RN or LPN in Surgical Services at .

PERFORMANCE CRITERIA	LEARNING OPTIONS	EVALUATION METHODS	TEACHING METHOD/DATE	EVALUATION DATE/INITIALS
A. Demonstrates ability to clean and organize instruments and equipment for wrapping.	Preceptor	Preceptor		
B. Use of instrument card file.	Preceptor	Preceptor		
C. Ability to correctly package supplies for sterilization. 1. Knowledge of types of wraps. a. Muslin b. Kimberly Clark c. Peel Packs d. Bemis cases e. Monarch cases	Preceptor, EPN, B&K	Preceptor, Complete EPN, Self Tests		
2. Select mode of sterilization /disinfection of instruments and equipment with proper operation of that mode. a. Steam autoclave b. Sterad Sterilizer c. Cidex d. Ionizing radiation	EPN/B&K	Complete EPN Self Test		
3. Select monitoring method for sterilization. a. Graphs b. Biological indicator c. Indicator strips d. Indicator tape	EPN/B&K			
4. Check package integrity and shelf life, if applicable, prior to use.	Preceptor			
5. Knowledge of handling and storage of sterile items.	Preceptor			
D. Care of the OR 1. Cleaning after routine cases. 2. Room set up after cleaning. 3. Restocking rooms / special assignments.	Preceptor EPN/B & K	Preceptor Complete EPN Self Tests		

Performance Criteria	Learning Options	Evaluation Methods	Teaching Method/Date	Evaluation Date/Initials
F. Demonstrate Knowledge of:	Preceptor	Preceptor		
1. Passing surgical instruments in functional position				
a. Clamps & grasping instruments				
b. Sutures				
c. Blades & Scissors				
d. Retractors				
2. Suture	B&K	Completes EPN Self Tests		
a. Type				
1. absorbable	EPN			
2. non-absorbable				
b. Suture needles				
1. Shape				
2. Point				
3. Eye of Needle				
3. Surgical drains & catheters				
4. Surgical dressings				
5. Count sponges, sharps, & instruments according to hospital policy	B&K, EPN Pol	Complete EPN Self Tests		
6. Method to decrease the operative time of the pt by:	Preceptor	Preceptor		
a. Using MD pref cards				
b. Practicing unfamiliar skills				
c. Anticipating needs of the team				
d. Using proper resource personnel	OSHA, MAN, B&K			
7. OSHA Standards-				
a. radiological hazards				
b. chemical hazards	EPN, STAN			
8. FDA reporting	EPN, STAN			
9. ESU use & safety	POL			
10. Blood transport	POL			
11. Use safe practice with tissues and specimens within the sterile field.	POL			
12. Proper containment and disposal of all sharps and hazardous materials.	POL			
13. Proper handling of medication in sterile field.				
G. Demonstrate ability to function during urgent & emergency situations	Preceptor			
1. Implement STAT orders appropriately	ART	Complete Self Learning Module		
2. Location & use of fire extinguishers, cut off switches for electricity, O2, N20 (for OR & PACU), Fire	POL MAN			

**pull boxes,
emergency exits,
evacuation routes**

Performance Criteria

Learning Options

Evaluation Methods

**3. Knowledge of pre-
operative predictors
of malignant
hyperthermia, location
of cart, system for
diluting Dantrium**

**ART
POL**

**Complete Self
Learning Module**

Teaching Method/Date

Evaluation
Date/Initials

4. Knowledge of
response to air
embolism

ART

Preceptor

5. Knowledge of OR
response to Code
Grey, Code 500, bomb
threat, and Code One

MAN
POL

Self Learning module

Performance Criteria	Learning Options	Evaluation Methods	Teaching Method/Date	Evaluation Date/Initials
e. Availability of blood/consent for blood f. Coughing & deep breathing discussed g. Physical limitations/prosthesis 3. Transfer pt. from holding to OR bed a. Maintain pt. privacy	POL			
C. Intraoperative phase Provide for pt's safety a. Secure safety strap b. Pad heels & elbows c. Insure visual surveillance of pt. at all times d. Ground pt. for electrosurgical safety e. Count sponges, sharps, & instruments f. Stand at pt's side during induction to assist & provide protection g. Take appropriate action when counts are incorrect h. Prepare medications correctly 2. Position pt. to promote : a. Circulatory homeostasis b. Respiratory homeostasis c. Neuromuscular homeostasis d. Patient Privacy e. Exposure for operative procedure f. Administration of anesthesia 3. Page surgeon and anesthesia at appropriate time 4. Position pt. in the following positions with or without the use of positioning aids: a. Supine b. Prone c. Lithotomy d. JackKnife e. Lateral f. Semi-lateral g. Sitting h. Semifowler i. ENT j. Fracture table k. Trendelenburg / or reverse Trendelenburg l. Knee-chest	Preceptor POL B&K EPN POL POL EPN, B&K EPN, B&K	Preceptor Complete Self Learning Module Complete Self Learning Module Complete EPN Self Test Complete Self Learning Module Complete EPN Self Test		

Performance Criteria	Learning Options	Evaluation Methods	Teaching Method/Date	Evaluation Date/Initials
<p>5. Prepare surgical site:</p> <p>a. Remove hair as indicated</p> <p>b. Utilize prep solutions per physician preference</p> <p>1. Expose & prep correct area(s)</p> <p>2. Prevent pooling of solution's under pt.</p> <p>3. Maintain proper body alignment during prep</p>	POL, Preceptor	Preceptor		
<p>6. Handle blood & tissue specimens by:</p> <p>a. Labeling specimen correctly</p> <p>b. Select appropriate container for specimens</p> <p>c. Follow procedure for handling specimens</p> <p>1. Transport of specimens for frozen sections (FS)</p> <p>2. Routine specimen with formalin</p> <p>3. Cultures</p> <p>4. Amputation</p> <p>5. Bronchial washings</p> <p>6. ABG</p>				
<p>7. Cord blood</p> <p>8. Cord pH</p>	Preceptor	Preceptor		
<p>9. Placenta & cord</p> <p>10. Lymp nodes</p>	Preceptor	Preceptor		
<p>d. Documentation of deposition of specimens</p> <p>7. Assist with decreasing the operative time by:</p> <p>a. Using physicians' preference cards</p> <p>b. Practicing unfamiliar skills</p> <p>c. Anticipating needs of the team</p> <p>d. Sending promptly for subsequent pt.</p> <p>e. Using resource personnel</p>	Preceptor	Preceptor		
<p>f. Informing appropriate individuals of changes in patient's condition</p> <p>8. Assist with dressing/cast/splint /sling at end of procedure</p> <p>9. Completes documentation appropriately on:</p> <p>a. Intraoperative record</p> <p>b. Count sheets</p> <p>c. Charge sheets</p> <p>1. supplies</p>	Preceptor, POL	Preceptor		

- 2. sutures
- d. Narcotic record
- e. Pathology sheet
- f. Unusual occurrence sheet

Performance Criteria	Learning Options	Evaluation Methods	Teaching Method/Date	Evaluation Date/Initials
10. Demonstrate cost effectiveness by	Preceptor	Preceptor		
a. Completing charges				
b. Using supplies judiciously	Preceptor			
11. Classify wounds				
12. Participate as team member	Preceptor	Preceptor		
D. Postoperative Phase:				
1. Remove intraoperative equipment				
2. Transport patient to PACU or Pt. Care unit and give report				
3. Return unused supplies				
4. Place specimens, xrays, preference cards, etc. in proper locations				
5. Clean & stock room for following procedures.				

REFERENCE KEY

<u>Title</u>	<u>Key</u>
Atheison, L. Berry & Kohn's Operating Room Technique	B & K
Spry, C. <u>Essentials of Perioperative Nursing</u>	EPN
OSHA Handbook	OSHA
Disaster Manual	MAN
MSDS Manual	MAN
<u>AORN Standards and Recommended Practices</u>	STAN
WMC Policy & Procedure	POL
Article File	ART

OPERATING ROOM

INSTRUMENT SETS

ACMI Cystoscope
ACMI Micro-Ureteroscope
ACMI Resectoscope (New)
ACMI Resectoscope (Old)
ACMI/Circon Resectoscope
Actabular gauge set
Adenoid set
Anspach Fixation System
Arthroscopic extra
Arthroscopic instrument tray
Bankhart shoulder repair kit
Breast Biopsy tray
Bronchoscope and accessories
Cardiovascular Tray
Carpal Tunnel Tray
Cerclage Wire System
Colon Resection/Hiatal Hernia Tray
Common Duct Exploration Instrument
Compression Hip/Knowles Pin Inst
Compression Hip/Versa Fix
Cone/Leep set
Corneal Transplant Inst
CRT Tray

Cut down set
Cysto extras
D&C Tray Hanks/Hagar
DCR Tray
Dental Restorations Instrument
Dental Retractor Set
Distal Targeting device (IM Nail)
Dr. Flemming's Hand Tray
Dr. Freeman's Laparoscopic Inst Tray
Ear Miscellaneous
EBI Wrist Fixator
ECT Instrument Set
ECT Mini Fragment Set
Emergency Thoroscopy Inst
Endoscopic Sinus Tray
Esophagoscope (Rigid) and Dilators
External Eye Tray I & II
Extraction Set
Eye Trauma Tray
Facial Plastic Set
GI Tray
Head and Neck Set
Hemorrhoidectomy Tray
Herbert Bone Screws
Hernia/Appendectomy Tray
Hiatal Hernia Extras
HSC set (Hysteroscopy)
Insitu Tray
Interlocking Nail general Inst with Retractors
Intracone Intra medullary Reamer System (IM Nail)
Intraocular Tray I & II
Knee Arthrotomy set

LAVH Tray
Lambotte Osteotomes
Laminectomy
Laminectomy Extras
Laparoscopic cholecystectomy tray
Laparoscopic cholecystectomy extras
Lithotripsy Percutaneous Inst
Linvatec ACL set
Major set with retractors
Major without
Magna Fix Tray
Mastectomy Tray
Mediastinoscopy Tray
Micro Hand Tray
Middle ear Basic Set
Modular Austin Moore Trays x 3
Monotube External Fixation system
Nasal Inst
Nasal Extras
Olympus Cystoscope
Olympus Resectoscope
Open Gallbladder
Oral Supplement Set
Plastic Set
Pediatric Sinus Set
Pediatric Sinusscopes
Post Partum Tubal tray
Retractor Tray
Rotator Cuff Repair Tray
Rush Rod Tray
Shoulder Tray
Shutt Master Set
Single puncture scope
Site system
Skeeter Ear Drill
Soft tissue set
Stapes Set
Staple Set
Storz Cystoscope for Lithopoxy
Storz Ureteroscope
Synthes set and screws
Synthes small fragment set
T & A inst
TAH extras
TAH Tray (Total Abdominal Hysterectomy)
Tear Duct Probe Set
Thompson/Endoprosthesis set
Thoracic Extras
Thoracic Trays I & II
Total Hip General Inst
THR (Total Hip Trays)
Thyroid Extras
Total Knee General Inst
TKR (Total Knee Trays)
TMJ extras
Total Hip General Inst
Total Knee General Inst
Tracheotomy tray
Trauma/Aneurysm Tray
Trauma/Osteotomy Set

Page 3 (cont.d)

TVH Tray (Total Vaginal Hysterectomy)

Tympanic Tubes set

Urology Tray I & II

Visual Urethrotome

Wolf Laparoscopic Tray

ZMS Femoral/Tibial Inst