

NAME: \_\_\_\_\_

2022

BN3

Orientation Package  
Hutt Valley DHB Perioperative Unit

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# Hutt Valley DHB Values

## Our values @ Hutt

### ALWAYS CARING

Respectful  
Kind  
Helpful

### CAN DO

Positive  
Learning and growing  
Appreciative

### IN PARTNERSHIP

Welcoming  
Listens  
Communicates  
Involves

### BEING OUR BEST

Innovating  
Professional  
Safe



# Our Perioperative Unit

Our Perioperative Department includes

- Operating Theatres/Rooms (OR)
- Post Anaesthetic Care Unit (PACU)
- Surgical Admissions Unit (SAU)
- Day Surgery Unit (DSU)
- Central Sterile Services Unit (CSSD)
- Anaesthetic Department –Anaesthetic Technicians (A/Ts)
- Acute Pain Management Service (APMS)
- Booking Office (BO)

We provide **emergency** and **elective** surgical services in Orthopaedic, Ear Nose & Throat (ENT), Plastics, Burns, Maxillofacial, Dental, General, and Obstetric and Gynecological surgery.

## Philosophy of Care

We believe in the dignity and individuality of our clients/patients and their right to achieve their optimum health potential through comprehensive care for themselves and their families.

The eight Operating Theatres at Hutt Hospital opened in September 2011.

Our usual theatre for surgery is as follows:

- OR 1 ENT, Dental & Oral
- OR 2 Obstetrics and Gynecology
- OR 3 Acutes
- OR 4 Plastics
- OR 5 Plastics
- OR 6 Orthopaedics
- OR 7 Orthopaedics / Acutes
- OR 8 General

Welcome!!  
We are looking forward to working  
with you

# Contacts list

(Hutt Hospital: 04 566 6999)

Name	Position	Contact INFO
<b>Theatre Coordinator</b>		<b>04 566 6999 ext 2980</b> <b>Notify after 7.15am if absent from duty</b>
Beverly Ibanez	<b>Perioperative Clinical Educators</b>	<b>Call: 04 566 6999</b>
Victoria Pointon	<b>theatre_educator@huttvalleydhb.org.nz</b> (please contact prior to placement starting)	<b>Beverly mobile: speed dial #9265</b> <b>Victoria mobile: speed dial #9285</b>
Morgan McPhee	Perioperative Manager	
Ronstone Tee	CNM: PACU, SAU, DSU	
Colin Berry	Charge Anaesthetic Technician	
Lis Browne	CNM Theatre	
Linda Upton	ACNM Patient Flow (theatre coordinator)	2980
Maurita Wessels	ACNM: PACU, SAU, DSU	
Shelagh Thomas	Manager CSSD	
Meriann Betham	CNC: ENT & Dental	Theatre 1 2981
Loren Divers	CNC: Oral & Maxillo-facial	
Maggie Zhang	CNC: Obstetrics & Gynaecology	Theatre 2 2982
	CNC: Acutes	Theatre 3 2983
Philippa Elliot	CNC: Plastics	Theatre 4 2984
Rachel Neale	CNC: Plastics	Theatre 5 2985
	CNC: Plastics	
Margot Clapham	CNC: Orthopaedics	Theatre 6 2986
Kimberly Simmonds	CNC: Orthopaedics	Theatre 7 2987
Julie Pritchard	CNC: General	Theatre 8 2988

# Hours of Work

The normal hours of work for clinical placements are:

Monday to Friday (no weekends or public holidays)

- 0800 -1630 in Theatre (OR)
- 0830 – 1700 or 0930-1800 in PACU
- 0700 – 1530 in SAU / DSU
- 0930 – 1800 in DSU

**It is expected that you arrive on time for your shift and if you are going to be late or you are unwell and cannot come to call **04 566 6999 ext 2980** after 0715hr and notify the coordinator. You must also notify your tutor.**

- When you are assigned to a theatre, the person running the list in that theatre will expect you there for your shift. If you wish to change theatres or observe something else in the department, please check with that person as well as the coordinator before doing so.

During your shift you are allocated morning and afternoon tea breaks (10 minutes each) as well as a half hour meal break. There are no set hours for meal breaks as they are very much dependent on what is happening in theatre.

# Expectations of the Student Nurse while in the Perioperative Department

We have a few expectations of student nurses working in the Perioperative Department:

- You must complete the full shift that you are allocated to work – if you are unable to do so please discuss this with your preceptor or Clinical Educator. A lot of learning occurs at quiet times in the unit!
- It is important for your preceptor or the nurse you are working with that he/she is aware of your objectives
- You must comply with theatre policies and guidelines. These are available on the theatre drive.
- You should be interested in learning. We value the presence of clinical students in our environment, as it gives us an opportunity to teach and explain how and why we are doing things. This ensures we are constantly thinking about our patient and the effects of our actions on their lives. It requires us to keep up to date with research and evidence based practice, and to encourage student nurses to consider making a career in this specialty.
- If you are not achieving your objectives please see one of the Clinical Educators (before the last week in the unit).
- Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last days in the unit.

# Theatre Attire

- You need to change into theatre attire (scrub top and bottoms) on arrival in the department.
- For the duration of your placement you can wear a pair of clean trainers, which must not be worn outside.
- If available, you will be allocated a locker in the changing rooms for the duration of this placement. You may need to share this locker. If you bring a small combination code padlock with you on placement you may be able to use this.
- Jewellery apart from a plain wedding band is not permitted.
- Please change if you need to leave the department. You may wear theatre attire if going to the cafeteria to buy your lunch, however you must change into street clothes if you intend to sit down there for your break.
- Please dispose of your mask and wash your hands before leaving the theatre at the end of each case.
- Theatre scrubs are changed daily or if soiled.
- Always wear your name badge.

# Your Preceptor

We will endeavor to ensure that you mainly work within one specialty team who will be responsible for helping you complete your objectives; however, due to shift work this is not always possible. It is **your** responsibility to ensure the nurse you are working with is aware of your objectives for the day/week. You must provide evaluations and/or other paperwork to your preceptor in a timely fashion (i.e. not on the due date!!). Your preceptor will not complete any evaluations if you give it to them on your last days in the unit.

If you have any concerns or questions do not hesitate to contact the Clinical Nurse Educators.

# Safety Measures in the Perioperative Department

In the event of a cardiac arrest or medical emergency in the department, someone may ask for the emergency bell to be activated although this is not always necessary. You should know where emergency bell is and how to turn it on and off. During any emergency you need to stand back so as not to obstruct access to any theatre staff and follow the instructions of your preceptor or senior nurse.

If you discover a fire, follow the R.A.C.E.E guidelines:

REMOVE anyone from immediate danger

ACTIVATE FIRE ALARM and Phone 777

- State the exact location of the fire
- State your name and department

CONFINE FIRE & SMOKE

- Close smoke stop doors and windows
- Turn off Main Oxygen Valve and all portable cylinders.

EXTINGUISH FIRE

- Only if is safe to do so
- Only if you have been trained to use extinguishers.
- Do not take unnecessary risks

EVACUATE

- Check all rooms in your area, if safe to do so.
- Leave the building using the nearest safe exit (if indicated).
- Follow the instructions of the Fire Warden or Nurse in Charge

Activation of the Fire Alarm and Notification to the operator must be an Immediate Priority.

If you hear the fire alarm sound but see no fire then follow the instructions of the coordinator or fire warden and the overhead page.

# Health and Safety

On your first shift you will be given a health and safety briefing by either a Health and Safety representative, or the Clinical Educators. Please ensure you are aware of the hazards in this area. If you find something hazardous you must report this to someone senior in the department. Where Personal Protective Equipment is supplied you must use it as directed.

# Security

On the first day of your placement you will be allocated an assigned swipe card to enable you to access the perioperative department and the theatre changing rooms. It is your responsibility to keep this in your safe possession at all times, report its loss immediately, and return it to the Perioperative Clinical Educators on the last day of your placement.

You will need to bring a small padlock for your locker for the duration of your placement. Please do not bring large quantities of valuables as our change rooms are not under direct view at all times and there are large numbers of people using them. You may be asked to share a locker. Please do not open the change room doors for people without valid HVDHB identity cards.

# Treasure Hunt

This list is designed to help you become familiar with the environment, but is by no means exhaustive of all the things you will be required to locate.

- |                          |                              |                          |  |
|--------------------------|------------------------------|--------------------------|--|
| <input type="checkbox"/> | 10 ml syringe                | <input type="checkbox"/> | Swabs  |
| <input type="checkbox"/> | Tonsillectomy tray           | <input type="checkbox"/> | A new box of size 7 sterile gloves             |
| <input type="checkbox"/> | PCA machines                 | <input type="checkbox"/> | “Notes on Injectable Drugs”                    |
| <input type="checkbox"/> | Difficult intubation trolley | <input type="checkbox"/> | Paediatric trolley                             |
| <input type="checkbox"/> | CNE & both CNM Offices       | <input type="checkbox"/> | Alexanders care of the patient in surgery book |
| <input type="checkbox"/> | ACNM PACU office             | <input type="checkbox"/> | Suction Equipment                              |
| <input type="checkbox"/> | Adrenaline 1:1000            | <input type="checkbox"/> | Paediatric ambubag                             |
| <input type="checkbox"/> | Suction liners               | <input type="checkbox"/> | Hogies/Eye protection                          |
| <input type="checkbox"/> | Staff tearoom                | <input type="checkbox"/> | Defibrillator                                  |
| <input type="checkbox"/> | Hartmanns                    | <input type="checkbox"/> | Size 3 Guedal airway                           |
| <input type="checkbox"/> | Lab forms                    | <input type="checkbox"/> | Denture envelopes                              |
| <input type="checkbox"/> | Tourniquet                   | <input type="checkbox"/> | Emergency Bell                                 |
| <input type="checkbox"/> | Prone pads                   | <input type="checkbox"/> | Medium gloves                                  |
| <input type="checkbox"/> | Visor masks                  | <input type="checkbox"/> | Incident Forms                                 |
| <input type="checkbox"/> | Dressing scissors            | <input type="checkbox"/> | Diathemy pads                                  |
| <input type="checkbox"/> | Alcohol Swabs                | <input type="checkbox"/> | Ice machine                                    |
| <input type="checkbox"/> | Microchoice console          | <input type="checkbox"/> | Headlight                                      |
| <input type="checkbox"/> | Size 12 Foley Catheter       | <input type="checkbox"/> | Povidone Iodine 10%                            |
| <input type="checkbox"/> | Tonsil swabs                 | <input type="checkbox"/> | Dermatome blades                               |
| <input type="checkbox"/> | Debaquey forceps             | <input type="checkbox"/> | Diprivan                                       |
| <input type="checkbox"/> | Acute whiteboard             | <input type="checkbox"/> | Staffing allocation folders in OT, SAU & PACU  |
| <input type="checkbox"/> | Medipore tape                | <input type="checkbox"/> | 5/0 Nylon 1666                                 |
| <input type="checkbox"/> | Instant coffee               | <input type="checkbox"/> | Where to store your bags                       |

# Objectives

It is our aim to provide you with knowledge and skills that will be useful in any area you may choose to work in the future. We endeavor to provide you with a basic understanding of what perioperative nurses do and how they make a difference to a patient's care in Theatre, how to care for an unconscious patient and the basic principles of airway management. You may have developed some objectives for your own learning during your time here. Please feel free to discuss these with the Clinical Educators.

## Theatre

- Develop an understanding of the role of each person in theatre.
- Have an understanding of what patients experience when they have an operation.
- Observe operations and have an understanding of sterile fields and techniques.
- Medico - legal aspects associated with surgery.
- Safe positioning and caring for anaesthetized patients.
- Become familiar with documentation relating to Theatre.

## Post Anaesthetic Care Unit (PACU)

- Develop skills in caring for unconscious patients and those emerging from anaesthesia.
- Basic airway management skills.
- The diagnosis and treatment of postoperative complications.
- Monitoring and how to interpret data.
- Develop an understanding of Post-operative drugs especially analgesia.

## Anaesthetics

- Develop an understanding of the role of the anaesthetic technician and anaesthetist.
- Become familiar with basic equipment used for intubation.
- Become familiar with monitoring equipment and how to interpret data.

## Day Surgery Unit (DSU) and Surgical Admissions Unit (SAU)

- Become familiar with the care planning documentation for some procedures
- Perform the preoperative preparation of a patient for surgery
- Have an understanding of post-operative care of the surgical day case patient
- Develop an understanding of the use of antiemetic medications in the post-operative patient
- Develop an understanding of the discharge criteria and follow up for day surgery patients

# Common Procedures in the Perioperative Department include:

- Hip/knee replacement
- Excision of tumour/lesion (melanoma, BCC, SCC) and repair/reconstruction
- Appendectomy
- Hernia repair
- Tonsillectomy
- Caesarean Section

## Common Medications

In theatre at HVDHB nurses do not give IV medications. Only those in PACU and DSU need to complete regular IV competence. However some medications that you could read up on before your placement are:

- Adrenaline
- Atropine
- Bupivacaine
- Cefuroxime Sodium
- Midazolam
- Neostigmine
- Ondansetron
- Propofol
- Rocuronium
- Suxamethonium
- Fentanyl
- Morphine
- Paracetamol
- Paracoxib / celecoxib
- Naloxone

## Pre-reading/Resources

There is no required pre-reading for the perioperative department. However we have a large amount of resources available to you and there will be some reading for you during your placement so come prepared to learn.

# Terminology

<b>Word/Phrase</b>	<b>Meaning/Definition</b>	<b>Acceptable Abbreviation (if any)</b>
-oscopy		
-pexy		
-otomy		
-ectomy		
-desis		
-plasty		
-orrhaphy		
resection		
excision		
Bx		
EUA		

<b>Word/Phrase</b>	<b>Meaning/Definition</b>	<b>Acceptable Abbreviation (if any)</b>
I & D		
WLE		
PACU		
SCDs		
D & C		
MUA		
ERPOC		
TKJR		

# Operating Theatre Etiquette

## Contact with Patients:

- At all times, maintain the patients privacy, warmth and dignity
- Do not leave their notes lying around
- Do not loudly discuss what they are here for in open areas
- Keep the patient covered until the surgical team is ready
- Don't laugh and joke with other staff if the patient is awake
- The patient does not need to hear about your life, but may appreciate the distraction of appropriate 'small talk'
- We are not here to judge people or have an opinion about their circumstances
- Patients coming to theatre are at their most vulnerable; we need to act as their advocates where they are unable to speak for themselves

## When in Theatre:

- Write your name and position on the staff whiteboard
- Introduce yourself and role to the team (and at the briefing)
- Be aware of your surroundings
- Know what is sterile and what is unsterile
- Don't wander around (or in and out) unnecessarily
- Do not cross through the sterile field
- Always face a scrubbed person when walking past them
- Never hover over a sterile field
- Take your cues off the staff in theatre on whether you need to be wearing a mask or not (always in orthopaedics)
- Patients coming to theatre are at their most vulnerable; we need to act as their advocates where they are unable to speak for themselves
- We need to all work as part of a team...no one person could do the surgery on their own
- Identify when it is, and isn't appropriate to ask questions (write them in your notebook for later)
- Remember to talk to us if you see something that upsets you

## The Sterile Field:

- Includes the sterile trolleys of instruments, the scrubbed staff, and the patient where they have sterile drapes
- Preventing contamination of the sterile field creates an environment of infection prevention and patient protection

## When Scrubbed:

- Always wear the appropriate PPE (personal protective equipment)
- Scrubbed people should always pass face-to-face or back-to-back
- Don't wander around unnecessarily
- You are only considered sterile from nipples to belly button
- If you suspect that you have contaminated either instruments or yourself, tell someone

# Operation Urgency & ASA Scoring

Urgency			
Category	Short Description	Description	Action
1	Life Threatening Conditions	The patient is in immediate risk of life, shocked or moribund	Patient to be operated on immediately. If not immediately available, the next available theatre will be allocated. Elective cases will be asked to stand down. After hours, additional staff may be required
2	Organ Threatening Conditions	The patient is physiologically stable but there is a risk of organ survival or systemic decompression	Patients should be operated on as soon as possible after booking in. Elective lists may be asked to stand down
3	Non-Critical, but Emergent	The patient is physiologically stable but the surgical problem may undergo deterioration if left untreated.	Patients should be operated on within 8 hours of booking in
4	Non-Critical, Non-Emergent but Acute	The patient's condition is stable. No deterioration expected	Patients should be operated on within 24 hours of booking in
5	Non-Urgent		

ASA Score	Description
1	Normal healthy patient
2	Patient with mild systemic disease & no functional limitations
3	Moderate to severe systemic disease & some functional limitation
4	Severe systemic disease that is constant threat to life and functionality incapacitating
5	Moribund patient who is not expected to survive 24hours with or without surgery
6	Brain Dead Organ Harvest
9	No documentation of ASA (Note: This is not used in Clinical Audit and is ICD10 V3 coding only)

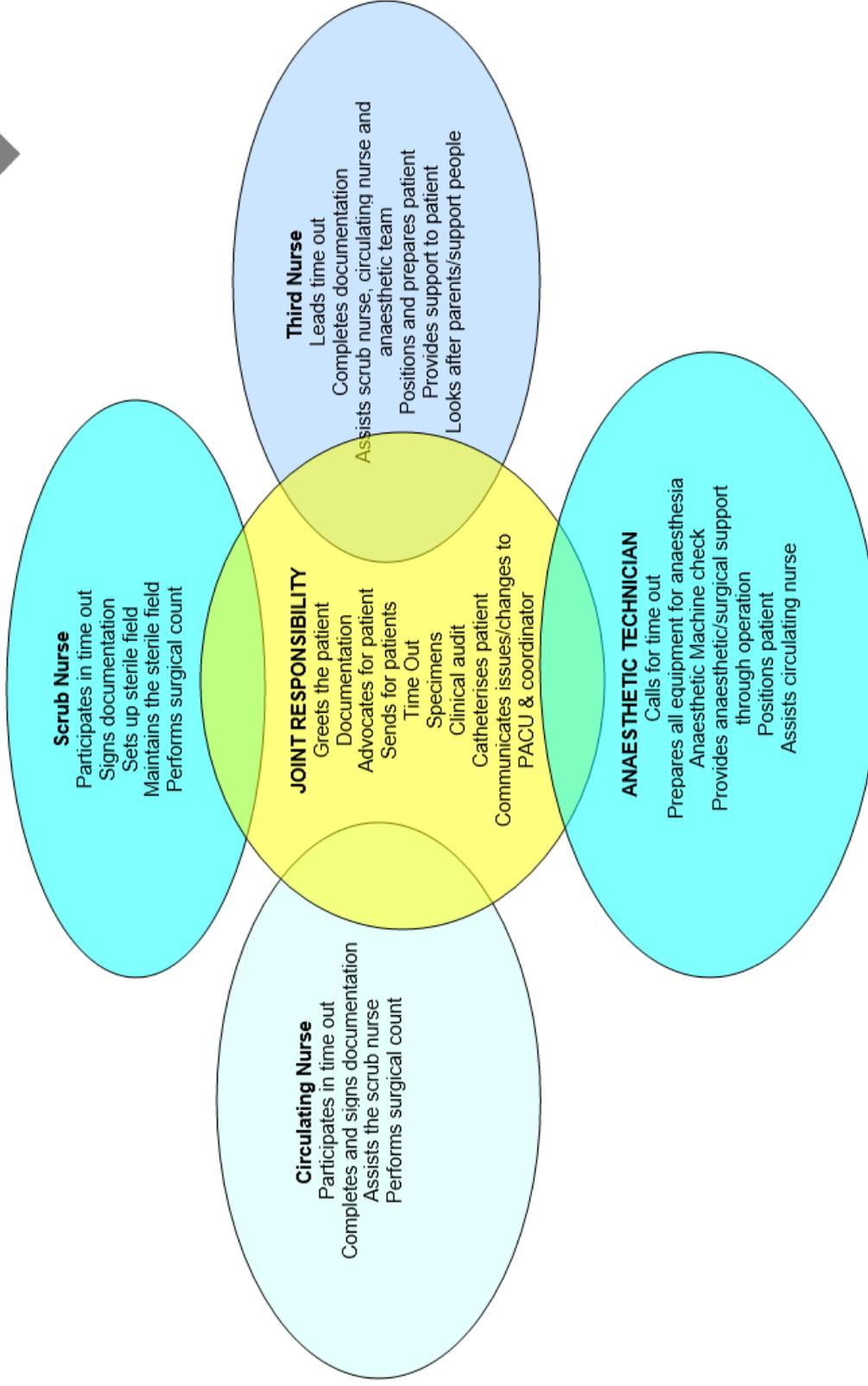


## Perioperative Roles & Responsibilities

Scrub Nurse	Circulating Nurse	Third Nurse	Anaesthetic Technician
<ul style="list-style-type: none"> <li>- Greets the patient as they enter the theatre</li> <li>- Responsible for maintaining sterile field</li> <li>- Sets up sterile field</li> <li>- Performs surgical count</li> <li>- Communicates result of surgical count to the surgeon</li> <li>- Responsible for care of instruments until they reach CSSD</li> <li>- Responsible for ensuring specimens are handled and processed according to policy</li> <li>- Participates in time out</li> </ul>	<ul style="list-style-type: none"> <li>- Greets the patient as they enter the theatre</li> <li>- Primarily responsible for assisting the scrub nurse</li> <li>- Performs surgical count and maintains documentation of count</li> <li>- Completes the intra-operative nursing record</li> <li>- Prepares the operating table and attachments ensuring all positioning devices are available</li> <li>- Allocates tasks outside of theatre to the third nurse</li> <li>- Stays in theatre at all times to assist the scrub nurse throughout the case except for tea breaks</li> <li>- Participates in time out</li> <li>- Assists third nurse when needed</li> <li>- Stays in theatre for extubation and assists the anaesthetic team as required</li> <li>- Transports patient to PACU and completes handover</li> <li>- Ensure the scrub nurse visualises the consent form</li> </ul>	<ul style="list-style-type: none"> <li>- Completes the preoperative checklist</li> <li>- Brings the patient into theatre and completes the 'sign in'</li> <li>- Provides physical and emotional support to patient as required prior to induction</li> <li>- Looks after any support people or parents present in theatre (including seeing parents out after children are asleep)</li> <li>- Leads time out</li> <li>- Positions patient</li> <li>- Applies SCD</li> <li>- Applies REM plate</li> <li>- Shaves/clips patient as directed</li> <li>- Catheterises patient if required</li> <li>- Commences and Completes clinical audit</li> <li>- Checks set up and equipment for following case</li> <li>- Sends for subsequent patients</li> <li>- Supports anaesthetic team as required</li> <li>- Supports circulating nurse once case has commenced including collecting any equipment/consumables required from outside theatre and providing break relief</li> <li>- Communicates any list changes or issues to PACU and coordinator</li> </ul>	<ul style="list-style-type: none"> <li>- Completes level 2 anaesthetic machine check prior to list commencing</li> <li>- Completes full drug check prior to list commencing</li> <li>- Issues controlled drugs as requested by anaesthetist for each case</li> <li>- Prepares all equipment for anaesthesia</li> <li>- Greets the patient in patient arrival area</li> <li>- Receives handover from patient arrival/ward nurse and completes check in documentation</li> <li>- Assists patient to theatre and informs team of relevant patient information</li> <li>- Provides physical and emotional support to the patient</li> <li>- Calls for time out</li> <li>- Provides anaesthetic support to enhance safe outcome of anaesthetic procedures i.e. IV access, Monitoring, Intubation, Warming</li> <li>- Positions the patient</li> <li>- Be aware of patient's condition, anticipate needs, detect problems and take appropriate actions</li> <li>- Respond promptly and appropriately in emergency situations and use associated equipment competently</li> <li>- Completes level 3 anaesthetic machine check in between patients</li> </ul>

## Perioperative Roles & Responsibilities

## Perioperative Roles & Responsibilities



# Theatre – PACU Handover Prompt

## PACU Handovers

1. Apply monitoring
2. Stop & listen
3. Use visual aid

- Name, Operation
- PMH, Drugs, Allergies
- Airway Issues
- Anaesthetic Technique
- Intra-op Course/Problems
- Blood Loss
- Fluids (given & chart updated)
- Analgesia (given & **NMC updated**)
- Antiemetics (given & **NMC updated**)
- Lines flushed
- PACU Plan (incl. BP & SpO<sub>2</sub> targets)
- Anything else...

## THEATRE NURSE

- Wrist band checked
- Preferred name, Operation
- Special Needs (eg. vision/hearing)
- Local Anaesthetic (by surgeon)
- Surgeon Instructions
- Wound site
- Drains (connected & labelled)
- Catheters (urinary/wound)
- Clinical Notes & Belongings  
(eg. dentures, glasses, hearing aids etc.)
- Anything else...

ANAE STHETIST