Dear Site coordinator, Peri-operative staff & Clinical Facilitators

This document has been created to provide further information to staff of student experience and knowledge prior to commencing their clinical placement within the Peri-operative environment.

Student experience and knowledge of the Peri-operative environment

Students who are undertaking **ELA4** (3rd year student, second to last placement):
- **Have completed** a specialty course focusing on Peri-op
- They will have basic knowledge and understanding of what occurs in this environment

Students who are undertaking **ELA3** (2nd year, first acute placement) & **ELA5** (3rd year, final acute placement):
- **Have not** attended a training session in Peri-op.
- They are provided with a summary sheet consisting of the basics (pages 2 & 3).
- They will require an orientation to the environment. If you receive these students, they are normally allocated to Recovery/Anaesthetics/Day Surgery.
*Please note that some ELA5 3rd year students may have completed ELA4 speciality placement in Peri-op and will therefore be well informed of the basics.*

If you have any further questions or comments, please contact your site coordinator who will contact the University.

Thank you for your ongoing support of our nursing students.

Regards

School of Nursing & Midwifery
University of South Australia
UniSA Peri-operative Student information sheet

This document is to assist nursing students who have not completed a Peri-operative placement before.

- Students, you must inform the nursing staff you are working with your level of knowledge, your year level and what placements you have previously completed. This will help with staff expectations of your skill level and how to best support you during your placement.
- Your clinical facilitator has access to University documents that provides examples of how students can achieve their NCAS competencies within the Peri-operative environment.

Peri-Operative Roles (examples of roles but not limited to)

Staff in the Peri-operative environment:

- Scout/circulating nurse – Theatre preparation/documentation, instrumentation/consumable preparation, work closely with scrub nurse
- Scrub nurse – Theatre preparation/documentation, instrumentation/consumable preparation, assists surgical team
- Anaesthetic nurse – Theatre preparation/documentation, assists Anaesthetist
- Surgeon/consultant – Performs procedure
- Surgical assistant – Assists surgeon
- Anaesthetist – Performs anaesthetic
- Orderly – Assists with patient positioning & transfers, equipment set-up, patient transport
- Recovery nurse – Care of patient post-op

Note - Some hospitals may have registrars and residents with the surgeon &/or anaesthetist.

The duties & titles of staff members may vary slightly from hospital to hospital. Nursing roles are performed by enrolled or registered nurses.

Patient arrive to theatre from: Accident & Emergency, Day Surgery Unit/All Wards (includes ICU/HDU, Maternity)
Post-op, patients will go to: Recovery/ICU, wards

Types of surgery: Emergency, Elective

Types of anaesthetic: GA (general anaesthetic), LA (local anaesthetic), Spinal / Epidural / Nerve Block

Hint – Always read up on the surgical procedures day before. Read up on the hospital and what surgeries they perform so you have an overall understanding of the environment you are working in. Become familiar with types of anaesthetics commonly used.

Theatre etiquette:

- Noise and communication is kept to a minimum especially during induction/intubation/extubation of patient and whilst operation is in progress. Your main person to communicate with is the scout or anaesthetic nurse you are working with. Do not directly communicate with surgical team during procedure unless requested/invited to do so. The scout and anaesthetic nurse will know when it is appropriate to speak to the team.
- If you need to leave the theatre, you must inform your scout/anaesthetic nurse. The scrub nurse is never to be left alone without a scout or anaesthetic nurse available to provide assistance as required.
- The patient is never to be left alone in theatre.
- Be aware of conversation (loudness and appropriateness)

Daily theatre routine (may vary slightly at each venue):

- Ensure theatre is clean, operating lights are working, set-up with required equipment (check functioning), operating table (check complete & functional), anaesthetic machine check, diathermy machine, monitoring equipment, consumables & instruments to perform procedure (preference cards). Note - Theatre layout will change depending on procedure.
- Hint – familiarise yourself with equipment, instruments & consumables.
- Note – preparation of theatre environment may vary if there is a patient with an alert on the list (eg MRSA or VRE or latex allergy).
- Patient will be brought into theatre. Team time out is performed (refer to WHO checklist for example and explanation & Hospital Policy).
UniSA Peri-operative Student information sheet

- Surgical count (consumables and instruments) performed by scrub nurse & scout nurse (anaesthetic nurse in scouts absence).
- Procedure begins. There is a bit activity at the start in which patient is prepped & draped, items from sterile field connected to equipment, etc. Once this is completed, documentation is updated. If it is suitable, the scout or anaesthetic nurse will position you so you can watch the procedure.
- At end of procedure, patent is taken to recovery. Patient will be extubated either in theatre or recovery.
- In between procedures, the theatre is cleaned and all items used for that patient removed (general, contaminated & sharps waste management). You may hear staff refer to this as ‘turn around’
- Dirty instruments are taken to CSSD for decontamination & reprocessing.
- Note - Number of documents used in theatre, you will need to familiarise yourself with these. Some venues utilise a computer system.

Patient safety:
- Maintenance of patient dignity at all times.
- The theatre temperature is cooler than in other parts of the hospital – important to cover the patient as much as possible/appropriate
- Positioning of patient and aids used are listed on surgeons preference cards. Types of equipment used – gel pads, lithotomy poles, j-boards, arm boards, etc.
- The operating table moves into a number of positions (familiarise yourself with the operating table and safety aspects).
- Induction/intubation & extubation of patient – patients may move during this time. It is important that staff remain nearby to provide assistance as required.
- It is important that you follow directions of staff when assisting with equipment set-up, for example when attaching diathermy plate to patient.

Theatre attire:
- Important to wear PPE’s (protective personal equipment), Eye wear, mask, gloves, gowns (as directed). You will be directed to wear additional items if required, for example – laser googles.
- All staff in the peri-operative environment will wear ‘scrubs’ – normally blue short sleeve top and long pants. These are provided for staff each day and placed in linen skips at end of the shift.
- Disposable hats are worn – no hair is to be showing.
- Booties (shoe covers) are available at some hospitals. Non-porous enclosed shoes (must be clean).

Movement in theatre:
The nurses will explain to you where to enter and exit the operating theatre.
When moving around theatre, always face towards the sterile field (keeping a distance of 30cm). Never move past a sterile field with your back towards it as you risk contaminating the field.
The nurses will explain to you how to tie up a sterile gown & open sterile items.
Items are considered contaminated and are not to be used on patients if sterility has been compromised, for example holes in packaging, expired items, exposed to fluids.
Surgical conscience - If you think you have (or observed) contaminated a sterile item or part of the sterile field, notify the scout nurse immediately.

Situations may not always go as planned in the Peri-operative environment, resulting in an emergency event. In these cases, take direction from nursing team.

Common room names within the Peri-operative department:
Clean room, dirty room (backs), theatre, scrub area, recovery/PACU, instrument store room, consumable store room, CSD, DSU.

If you feel faint, inform the scout/anaesthetic nurse and either leave the theatre or sit down.
Resources: refer to Alexander’s Care of the Patient in Surgery for further reading.