

University of Chicago Medical Center
Bone Skull Flap Process Checklist
Adult and Pediatric

Autologous Allografts Storage/Preparation- Circulator Nurse	
Obtains the Bone Flap kit – CCD OR- located at the bottom of the Neuro Shunt Cart Comer OR- request from CCD OR a Bone Flap Kit	
Opens Bone Flap Kit aseptically to the sterile field and received by the scrub nurse.	

Autologous Allografts Storage/Preparation – Scrub Nurse/Technician	
Receives the Bone Skull Flap kit aseptically from the circulator nurse to the sterile field.	
Prepares the bone skull flap for storage per the Bone Flap Kit manufacturer’s instructions.	
Remove the sterile maintenance cover and hand this off to the circulator nurse. The remaining contents of the bone flap kit will remain on the sterile field.	
Cultures the surface of bone according to the Culture: Obtaining a Routine (OR-PC10) policy and places each swab into separate black top tubes for microbiology. <ol style="list-style-type: none"> 1. Interior (Laterality) Skull Flap 2. Exterior (Laterality) Skull Flap 	
Soaks the procured bone in the 10% povidone-iodine solution for 5 minutes followed by a 1 min normal saline irrigation rinse on the back table. Note: Patient allergy to Povidone – Iodine: Discussed with surgeon for alternative antibiotic solution soak.	
Removes bone/skull flap from normal saline irrigation, allows to dry.	
Fill out 3 labels provided by the Bone Flap kit with patient’s name, MRN, date of birth, attending surgeon’s name, and date of surgery.	
Per manufacturer’s recommendation of use, wrap the bone with a slightly moistened saline 4x4 gauze from Bone Flap Kit and place the wrapped 4x4 gauze bone/skull flap into first biohazard bag and place first Bone Flap Kit label with patient information on the biohazard bag.	
Scrub will place labeled biohazard bag into one of the peel packs, seal, and place the second Bone Flap Kit label with patient’s information on the peel pack.	
Scrub will place first peel pack into second peel pack and seal. Place third Bone Flap Kit label with patient’s information on the second peel pack.	
Hand off the double sealed autologous bone package aseptically to the circulating nurse.	

Autologous Allografts Storage/Preparation – Circulating Nurse	
Receives the Bone/Skull flap specimen from the scrub nurse/technician and provides verbal read back confirming the bone/skull flap identification and labeling with the surgical team.	
Place double peel packed bone package into the clear sterile maintenance cover from the bone flap kit. (Note: To ensure the peel pack will store in the cover, the circulator may need to fold the peel pack package).	
Place an Uchicago bone skull flap label from the Bone Flap binder with patient’s name, MRN, date of birth, attending surgeon’s name, and date of surgery on the bone skull flap maintenance cover for storage.	

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<p>Note: For bone flaps removed in the Comer OR, the Comer Circulator RN will need to request an Uchicago bone skull flap label from CCD OR to complete and attach to the bone skull flap outer package for storage.</p>	
<p>Place the bone/skull flap in the bone freezer located in the CDOR. The key is located at the CCD Command Center.</p> <p>Note: If bone/skull flap is removed in the Comer OR department, a circulator nurse or nurse designee can transport the bone/skull flap in person to the CDOR harvested tissue freezer (located at the East Sub-command desk). The circulator nurse or nurse designee will be provided an additional patient’s demographic label for the Bone Autologous Tissue Log.</p>	
<p>Records the bone/skull flap specimen on the Bone Flap/Autologous Tissue Log in the Bone Flap Binder.</p> <p>Patient information to include:</p> <ol style="list-style-type: none"> 1. Patient’s demographic label 2. Specimen (Bone or skull flap) 3. Laterality/Site 4. Full name of OR staff placing the bone/skull flap in harvested tissue freezer 	
<p>Documents in Epic Intraoperative Navigator</p> <ol style="list-style-type: none"> 1. Documents procedure as ‘Skull Flap Harvest’ in the ‘Comments’ of the Procedures section of the Epic Intra-Operative record. 2. Documents the following in the Implant section of the Epic Intra-Operative record: <ol style="list-style-type: none"> a. Type “Bone Flap” in the search option and select b. In “Model/Catalogue number” type patient’s MRN number c. Action Section: Select “Explanted” d. Site “Cranium” e. Laterality “Right or Left” f. Implant Description: Right/Left Craniectomy g. Tissue: “Yes” h. Autologous Tissue- “Yes” i. Fill out the following sections appropriately about Solution: Document solution used per surgeon’s preference j. Tissue Description: Disposition of Bone Skull Flap: Bone Harvest Freezer 	
<p>Enter the cultures in the specimen section of the Epic Intra-Operative Record.</p>	
<p>Labels and documents the specimen culture(s) according to the Culture: Obtaining a Routine (OR-PC10) policy.</p>	

<p>Autologous Allografts Re-implantation – Circulator Nurse</p>	
<p>CCD OR Nurse: Removes the bone/skull flap from the Bone freezer. The Circulating OR nurse should verify with another operating nurse, operating room nurse manager, or operating room charge nurse the bone skull flap label with the patient’s name, MRN # and date of birth.</p>	
<p>Comer OR: A circulator operating room nurse will retrieve the Bone Skull Flap from the Bone Freezer located in the CCD operating room department, or the Comer OR circulating nurse will send a nurse designee to retrieve the Bone Skull Flap from the Bone Freezer.</p>	

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The Circulating OR nurse/nurse designee should verify with another operating nurse, operating room nurse manager, or operating room charge nurse the bone skull flap label with the patient's name, MRN # and date of birth.	
Verifies correct specimen by matching the following patient identifiers on the outermost specimen container label to a current patient's demographic label & <i>consented procedure</i> : 1. Patient's name 2. MHID# 3. Date of birth <i>*Note: verification of patient identifiers is performed as each layer is removed by the Circulator, Scrub nurse/technician and surgical team.</i>	
Remove specimen from the maintenance cover and open the outermost peel pack aseptically to the sterile field, while verifying with scrub nurse/technician and surgical team.	
Labels and documents the 2 culture specimens according to the Culture: Obtaining a Routine (OR-PC10) policy for microbiology. 1. Interior (Laterality) Skull Flap 2. Exterior (Laterality) Skull Flap	
Electronic Intra-Operative Record according to the directions for tissue implants as indicated by the <i>Documentation of Implants Policy PS-ND01</i> : a. Implant Name: Type "Bone Flap" in search option and select b. Model/CAT number: Type patient's MRN number c. Select: "Implanted" d. Site: Cranium e. Laterality: Right or Left f. Tissue: Yes g. Autologous Tissue: Yes h. Prepped by: Scrub i. Tissue Prep Method: Thawing j. Tissue Type: Bone k. Tissue Prep Solution: Document solution used per surgeon's preference l. Description: document the specimen type, side/type (i.e. left occipital skull flap); retrieval location: Bone Harvest Freezer	
Documents the date of re-implantation and surgeon on the corresponding Bone Flap Inventory Log entry in the Bone Flap Binder.	
Documents implant in the Epic Intra-Operative Record and Implant Record according to the directions for tissue implants as indicated by the <i>Documentation of Implants Policy PS-ND01</i> .	
Documents the date of re-implantation and surgeon on the corresponding Bone Flap Inventory Log entry in the Bone Flap Binder.	

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Autologous Allografts Re-implantation – Scrub Nurse/Technician	
Receives the bone/skull flap from the circulator RN.	
Cultures surface of bone according to the Obtaining a Routine Culture (OR- PC10) policy. 1. Interior (Laterality) Skull Flap 2. Exterior (Laterality) Skull Flap	
Prepares bone/flap per surgeon’s instruction and/or use the options listed below. Option 1: Thaw on back table in a bowl on the Sterile Back table. Option 2: Refer to steps listed below 1. Thaw on back table in a bowl on the Sterile Back table. 2. Soak in the 10% povidone-iodine solution for 5 minutes. 3. 1-minute rinse of the Bone/Flap in Sterile Saline Note: Patient allergy to Povidone – Iodine: Discussed with surgeon for alternative antibiotic solution soak.	

Autologous Allografts Recovery: Contaminated On or Off the Sterile Field- Circulating Nurse	
Obtain the Autologous Bone from the location outside of the sterile field and deliver it to the scrub nurse.	
Obtain and open a lavage system and a large sterile bowl. Aseptically open the lavage system and a large sterile bowl to the separate back table. Attach the lavage system to 1 L of Normal Sterile Saline to irrigate the contaminated bone flap into a large sterile bowl.	
Obtain and open aseptically to the sterile field two large sterile bowls to soak and irrigate the bone flap.	
Obtain and aseptically deliver to the sterile field 10% povidone-iodine solution into one of the large sterile bowls.	
Obtain 1 L normal saline IV and deliver aseptically to the sterile field into one of the large sterile bowls for subsequent irrigation.	
Labels and documents the 2 cultures specimen according to the Culture: Obtaining a Routine (OR-PC10) policy for microbiology. 3. Interior (Laterality) Skull Flap 4. Exterior (Laterality) Skull Flap	

Autologous Allografts Recovery: Contaminated On or Off the Sterile Field-Scrub Nurse	
Use a separate back table.	
The Scrub will aseptically receive from the Circulator the lavage system and large bowl to rinse the bone flap.	
The Scrub RN will receive the 2 large bowls to the separate sterile back table.	
The circulator will deliver aseptically 10% povidone-iodine solution to one of the large sterile bowls. The circulator will deliver aseptically 1 L normal saline IV to the second large sterile bowl.	
The scrub nurse will receive the bone flap to the separate sterile back table using forceps.	

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A culture will be taken of the bone flap according to the Obtaining a Routine Culture (OR-PC10) policy.	
<p>Preparation of the Bone Flap:</p> <ol style="list-style-type: none">1. Place the bone graft in a 5-minute bath in 10% povidone-iodine solution.2. 1-minute rinse of the Bone/Flap in Sterile Saline <p>Note: Patient allergy to Povidone – Iodine: Discussed with surgeon for alternative antibiotic solution soak.</p>	

CCD Nurse Call / Staff Terminal

1. Code blue can be activated by pressing a Nurse Call wall monitor (note: using this wall monitor will activate the wireless phones also)

- a. Nurse call wall monitor will activate two alarms: Code blue and Staff assist
- b. Both alarms must be cancelled via the originated wall monitor



Cancel button located on the staff terminal and nurse call wall monitor

- c. Staff Assist: only use if need urgent assistance, i.e. patient combative, staff or room staff injured, etc. Cannot be used for Codes.
- d. Staff assist alarm will activate the lights outside the OR doors and in the hallways and the Nurse call phone at the command center and east & west pod nurse's desk

Nurse Call – Staff Terminal



2. **Anes turn:** notifies anesthesia tech for room turnover
3. **Anes STAT:** anesthesia needs assistance – notify anesthesia attendings and anesthesia coordinator
4. **Call Equip Tech:** Equipment personell will be notified.
5. **Tray Request:** tray request: notifies CSP

CCD Nurse Call / Staff Terminal

6. EVS Layer:

- a. Need EVS, EVS Start, EVS Finish, Call EVS
- b. Back: press to return to previous menu

7. Trauma CSP

8. **Lift help:** notifies SPSA manager ,SPSA lead and charge

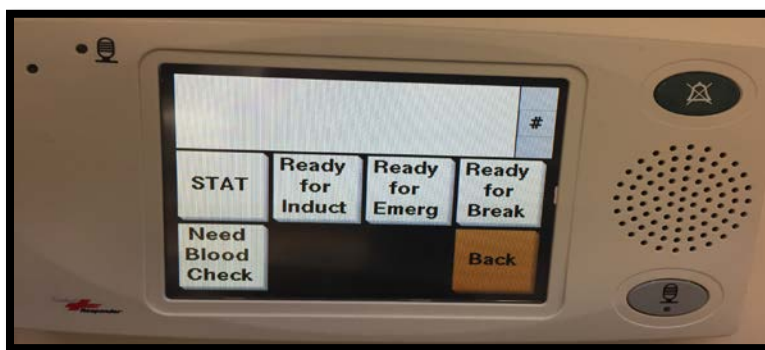


Press More Button for Next Menu.



9. Anes attending options:

- a. STAT, ready for induct; ready for Emerg; ready for break; need blood check.
- b. Back: press to return to previous menu.



10. **Room Ready:** Room has been cleaned (will be activated by SPSA or anesthesia tech); notifies Circulating RN, charge RN, SPSA lead and manager, and Anesthesia attending.

11. **Patient in the room:** notifies Anesthesia attending and charge RN patient is in the room

CCD Nurse Call / Staff Terminal

12. **ISM:** Image Stream personnel will be notified (during normal working hours).

13. **Anes tech options:**

- a. Stat, ABG, Equipment, Please call, Need Eng, Done with Equip
- b. Back: press to return to previous menu



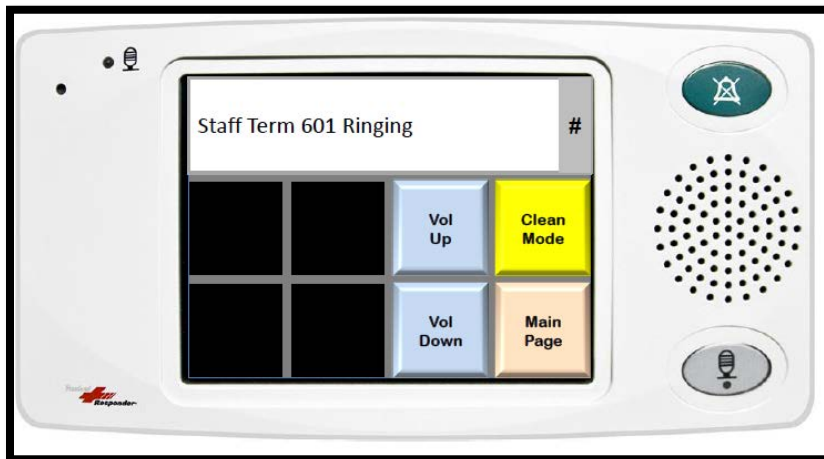
14. **Pharm:** notifies pharmacy covering the OR

15. **Need x-ray:** notifies radiology techs

More: additional menus:

Vol up and down button, these buttons increases the volume of the staff terminal speaker

Clean Mode.



CCD Image Stream

Image stream Tabs

1. Set up tab: Press the select the surgeon and register patient. Patient must be registered
2. Time Out tab: Press to have Epic time out on all monitors. Must have access to charting prior to time out
3. Intra op tab: Press to route cameras and image sources to various monitors
4. Done: Press at end of procedure to save or discard registered patient information and images. Unless Surgeon requests printed copies of images, do not click on Save and print option.



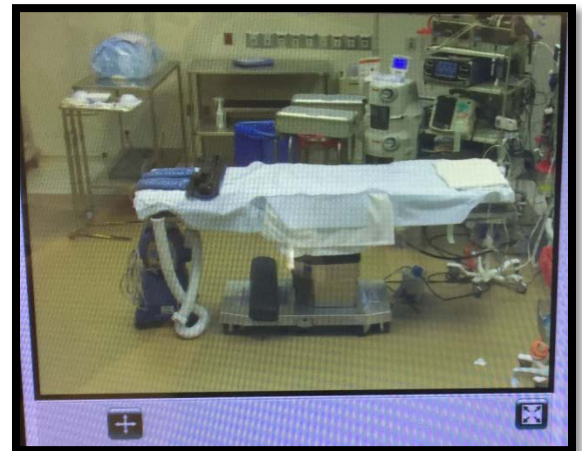
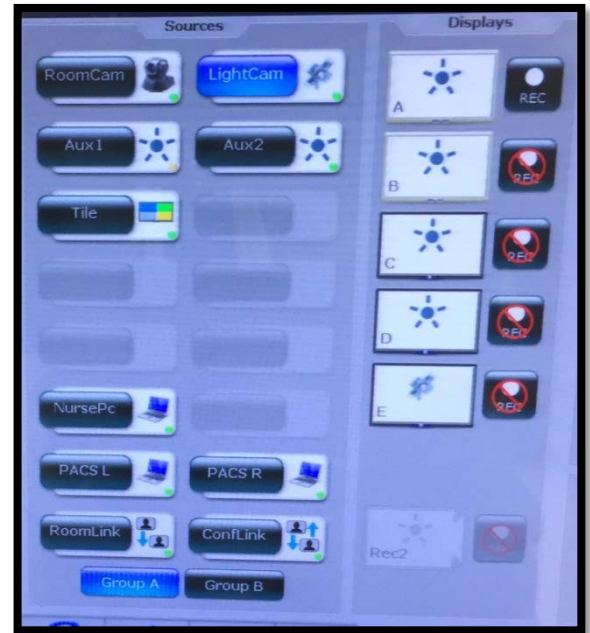
Patient information

1. Patient information will be displayed (located top right hand corner)
2. Capture information: will provide amount of pictures captured and how much video time captured.
3. The button on the far right will flash **RED** when video recording.
4. Reminder: you cannot view video recording from the RN PC, surgeon must view on the surgeons PACS.

CCD Image Stream

Inputs and Outputs

1. Choose the intraop tab.
2. Select which video source (under Inputs) and press the monitor (output). You want the video source to be displayed. For example select the roomcam (this will highlight light blue) and select the monitors D and E (large room monitors).
3. Video sources: roomcams, roomlinks, light cam, Tiles, PACS (surgeon's computer), or Nurse PC.
 - a. Roomcam: camera above Monitors D and E (may operate camera by pressing the box with a white lines crossed, press this box and the camera controls will be seen)



- b. Room links: provides links into other ORs and the chosen OR video source can be viewed a monitor
- c. Lightcam: Inline camera located on the Steris OR lights at the operative field
- d. Tiles (See below for additional information)

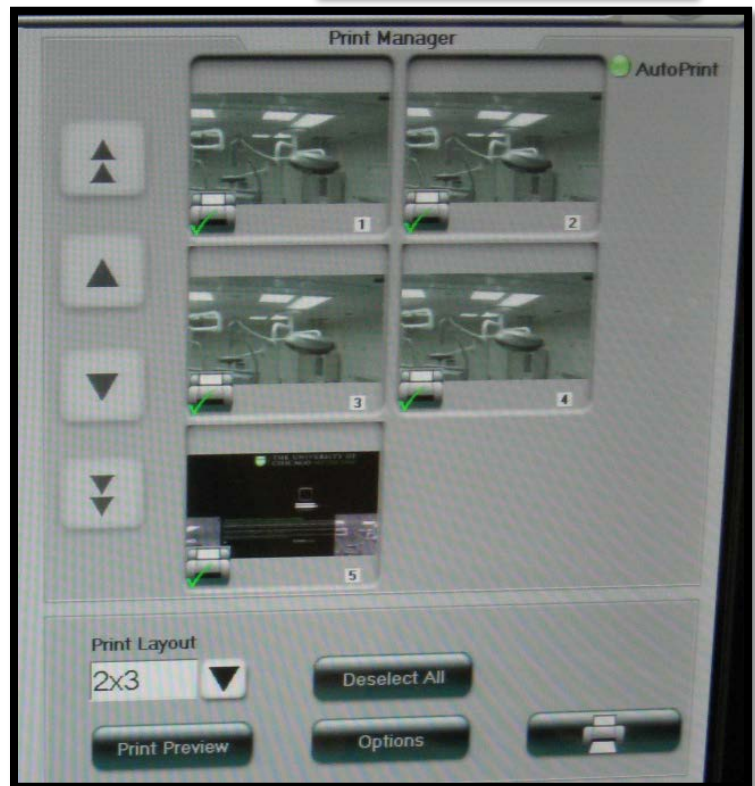
CCD Image Stream

- Recording: Monitor A will record images (video or camera capture) as a default. Make sure you pick which monitor you want to record. To remove recording capability, press the REC (record) button (located near the A, B, C, D or E monitor), a red circle with slash mark will appear on the REC button.



Print Manager

- View captured images by the camera. May deselect or select which pictures to print (you will see a Red X (deselect) or green check (select))
- Pictures will print in the hallway cabinet outside of the OR room
- Print Preview:** may view pictures to be printed
- Options:** portrait or landscape, amount of pictures per slide, turn auto print on/off, etc.
- Print button** (image of a printer): this will print all items with the green check
- View capture image full screen: touch the captured image
- Recall Function:** images captured by camera are archived by patient name and can be recalled to print at a later date. Images are stored for 2-3 months.



CCD Image Stream

Function Tabs:

Phone tab: Press to place a hands-free speaker phone call using the OR speaker system.

Lights tab: Press to operate the surgical lights at the operative field (linked to the Steris Light control box).

Music tab: Press to access music source (MP3, Ipod, or RN PC); to connect use the MP3 connection or the Ipod docking station. Provides control of Microphone/Mute and OR speaker volume. **Note:** OR 2 and 23 has additional options for Speaker volume and microphone/mute for the attached Control Rooms.

Tiles Tab: Create Side by side or picture within a picture monitor view; To Route the tiles option to a particular monitor, return to the Intraop tab and chose the monitor.

Video Tab: press to return to the Intraop tab

Charting: This accesses the Epic Charting while the case is in progress. The charting will not be viewed on the monitors during the case. Exception is when accessing the Time Out tab.

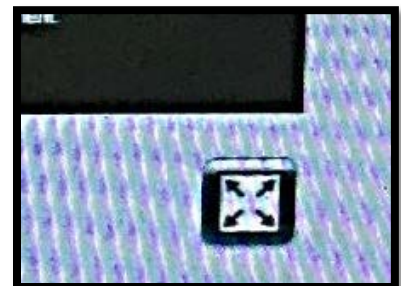


Full screen button

Found on the Intraop tab

Press the full screen button to view a video source in full screen on the RN PC.

Full screen will allow provide keyboard and mouse control on that computer



CCD Image Stream

Return to ISM Interactive Video Integrative Screen

Press the **F8** (labeled **ISM Chart**) on the keyboard.



Buttons:

Image Capture (camera): Press this to take a still image; images through defaulted Monitor A and other pre-selected monitors B, C, D and E.

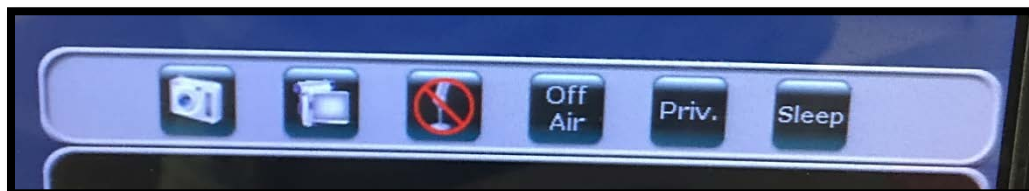
Record: Press to record video; recording only through defaulted Monitor A and other pre-selected monitors B, C, D and E.

Microphone/mute: press to mute room's microphone, press again to unmute. OR Microphone located on Monitor A.

On Air/Off Air Status Indicator: If an outside source is viewing the OR through the room's camera, the status will be "On Air"; press and hold to read who is viewing the room

Privacy: Press to place the room in Privacy mode. This will block all video and audio from the room. Press again to turn Privacy off.

Monitor Sleep: Press and hold for > 2 seconds. This will shut down the power to all monitors in the room. The RN PC will turn blue; press anywhere on the RN PC screen to wake up the Image stream system and monitors



CCD Image Stream

Image Stream CCD OR 22

Image Stream has updated the Tile tab and has added more options for video integration.

1. Click on the tile tab (Tab located at the bottom of the Image Stream Video/Intraop screen).

1



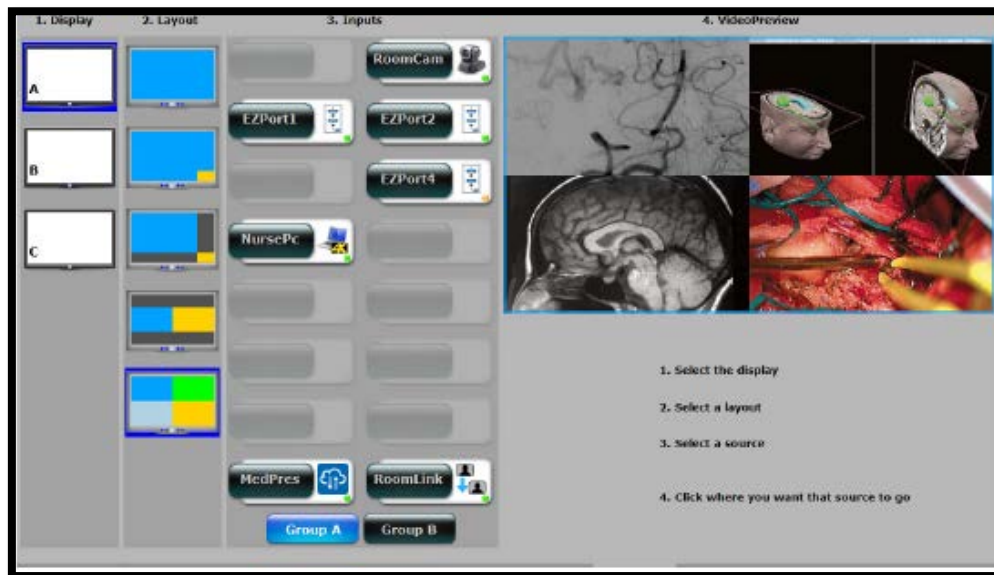
2. Click on the type of Tile layout configuration to visualize on the Monitor

a. Layout Configuration:

- i. Full screen (Normal)
- ii. Full screen with small image in right corner (picture in Picture).
- iii. Partial screen with small image in right corner (80/20).
- iv. Image side by side
- v. Four images in the screen (Quad).

2

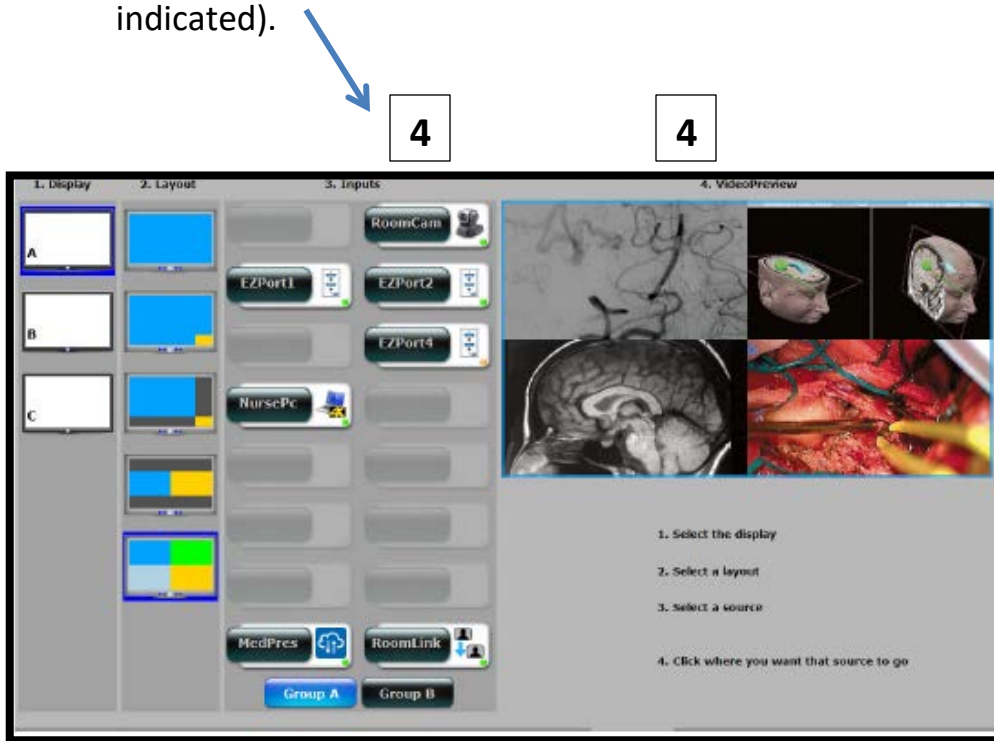
3



3. Click on the monitor (A, B, C, D, and E) to receive the determined tile layout configuration.

CCD Image Stream

4. Place the image(s) on the Tile Layout.
 - a. Click on the Image source from Input (Room Cam, Nurse PC, PAC right/left, Storz, Philips monitor, etc.).
 - b. Using the Video Preview screen, touch the image box to have the source input (such as Room cam) appear in the Tile layout.
 - c. Using steps above, add images into each of the tile layouts (as indicated).



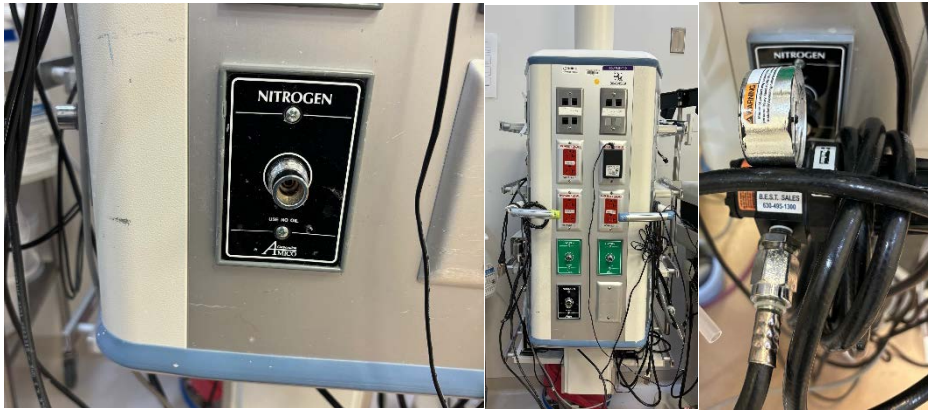
5. If using different tile layout configurations for multiple monitors, follow steps 2 – 4.
6. Once the tile configuration is determined, return to Video/Intraop Tab to view the tile on the source monitor (Room cam, Storz, etc.) chosen.



CCD OR Nitrogen Access

Nitrogen Access:

Connect the nitrogen regulator to the Equipment Boom Nitrogen Connector.



To use the Nitrogen, Ensure the wall source is turned to the ON Position.



Note: When you disconnect a Drill hose from the Nitrogen Source, Turn off the Nitrogen gas and ensure the Nitrogen air as been bled from the Drill hose before you disconnect.

CCD OR Suites Lights

Recess Ceiling Lights



- 1) Switch should be in UPWARD position at all times
 - 2) Press tip of switch handle to turn lights on and off
 - 3) NEVER SLIDE SWITCH DOWNWARD
 - 4) Turn lights off after each case
- Light switch updated in CCD 17, 21 & 22.**
Do not need to press the tip of the switch handle to turn off recess lights.



- 1. Use the switch at the bottom of the switch to turn the light switch on and off.
 - 2. Use the slide to control the brightness of the recess lights.
- Updated Light Switches in operating rooms 17, 21, and 22.**

'X-Ray In Use' Box



'X-Ray In Use' box located above each OR suite hallway door

Switch found beneath Steris Light Box. Remember to turn for all cases requiring x-ray



Note: CCD OR 2 and EP 6 & 7 X-ray box will turn on when C-arm is activated only.

CCD OR Suites Lights


STERIS Light Box Control

Steris light box menu without in-line camera



Steris light box stand-by mode



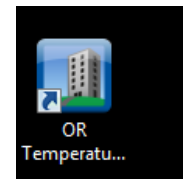
- 1) Press  turn lights off and on.
- 2) Scroll down by pressing the 'Select Light' arrows, select 'All Lights' unless not all OR lights are needed.
- 3) Press arrows to select desired light brightness or 'Intensity'.
- 4) When left on STERIS box will default into stand-by mode, 'SYSTEM STANDBY'.
- 5) Turn lights off after each case.

Steris lights can be turned on two additional options:

1. Image stream
2. Steris Operating Room Light handle, **+** **-** buttons to control turning on and off of one light or multiple lights and brightness level.

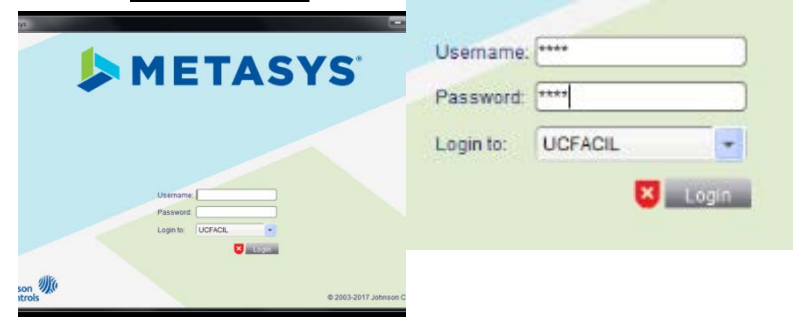
CCD OR Temperature Control Link

1. Click on the icon located on the computer desktop in each OR

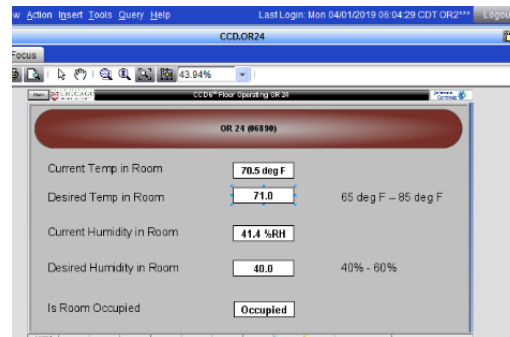


2. The Login and password to access the temperature link is "or"

followed by the room number. For example "or14" or "or__"

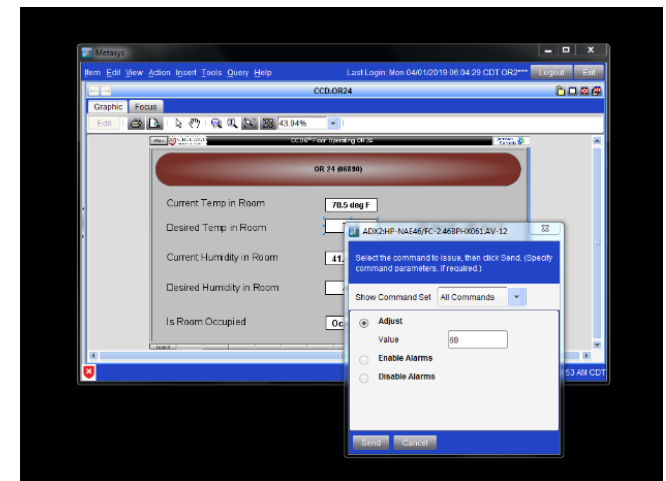


3. This screen will open.



4. Right click with mouse on the "Desired temp in room" in the number box.

5. A pop up screen will open. Type in the desired temp in the Value box and click send.

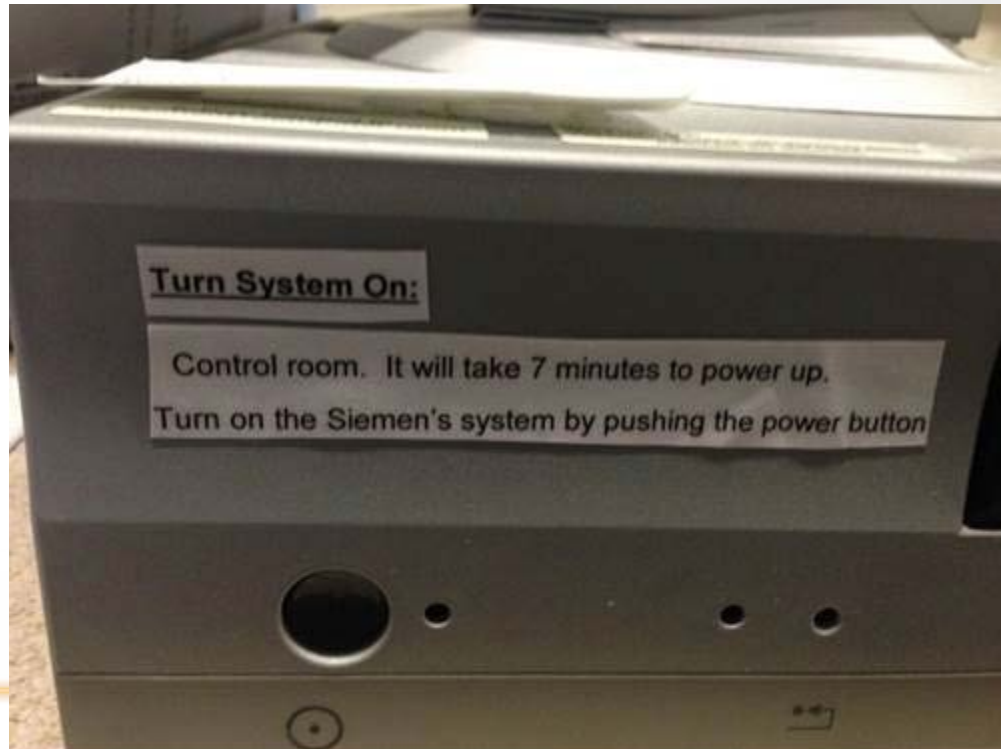


CCD OR ZEEGO HYBRID OR 2 HINT GUIDE

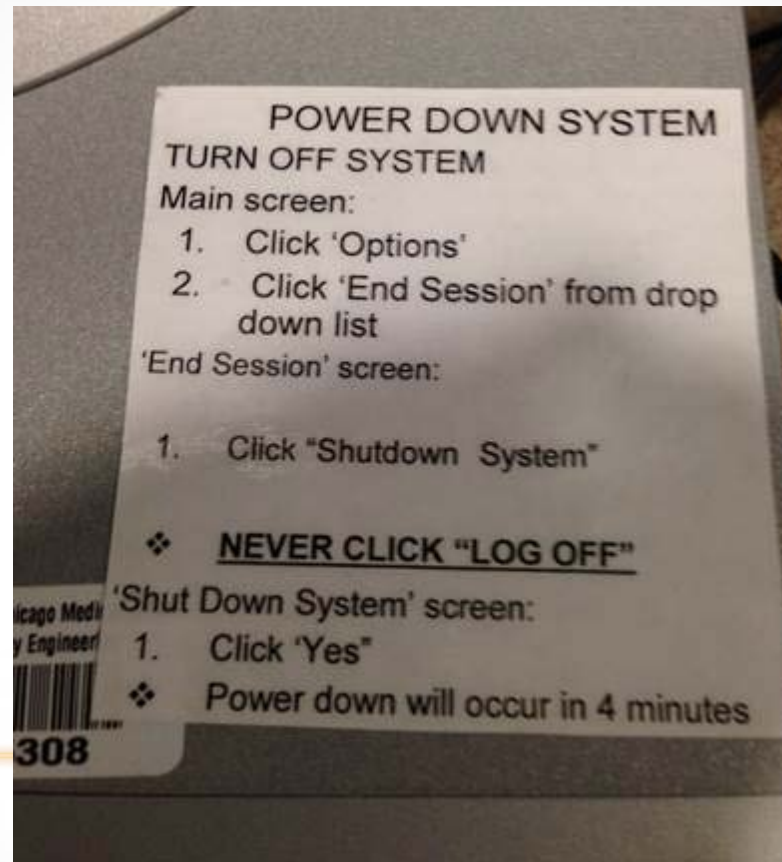


HYBRID OR SIEMENS TABLE FOR NON-ANGIOGRAM CASES

- If you are in a case that is not using angiogram, you must **turn on the Siemens system** via the control room) **to use the OR bed** (see pictures below to turn on Siemens Bed).



HYBRID OR SIEMENS TABLE FOR NON-ANGIOGRAM CASES TURN OFF THE SIEMENS BED USING THESE STEPS



HYBRID ROOM CHECKLIST

Beginning of Day/Case

1. Turn system on (Siemen's monitor located in control room; use laminated instructions)

Power injector: Before turning on Siemen's system, confirm it is connected (located under Siemen's bed in OR 2) *Note that radiology technologists may turn this on

2. Foot pedal (confirm it is charged)

3. Power injector: Will turn on with system, unless disconnected (see step 1)

4. Vascular Cart: located in the West core; bring into the room and place by the OR 2 supply cabinets

5. Vascular suture wire cart: bring into the room from the suture supply room; place by the OR 2 supply cabinets

6. Additional Carts Always in OR 2: Stents, Guide wires and other endo supplies (i.e. volcano and power injector supplies)

7. Bovie: located on the Equipment boom at the end of the bed

8. Doppler unit: one located in HOR (if OR 2 is missing, check west core for another Doppler)

Doppler: call CSP for the enhanced Doppler

9. Ultrasound machine (anesthesia) : always in room & plugged in
 10. Defibrillator: located on the top shelf of the Equipment Boom
 11. Zeego:
 - Remove all equipment** from around the Zeego base and the actual Zeego C-arm
 - No equipment** in the zone between the ZeeGo Base and the bed
 12. Monitor Booms: ask surgeon the position if using in an angiogram
 13. Ensure a Feet Mat (i.e. Anti-Fatigue/Happy Feet Mat) is on the side of the operating surgeon
 14. Positioning devices (located in room 2)
 - a. Arm boards: bilateral and single slide arm boards
 - b. Fence (behind OR 2 Core door) use Trumpf bed clamps
 - c. Sleds: large x2 and small x2
 - d. Anesthesia screen (located near anesthesia cabinets)
 - e. Allen arm table: located near anesthesia cabinets
 - use Trumpf Bed Clamps to connect to Siemen's bed (located in Control room cabinet)
 - f. Trumpf Bed Clamps: used to secure Allen arm table, Self-retaining retractors, and Fence to Siemen's bed
-

15. Transfer Patient:

- a. Slide bed to full extension before transferring the patient

Do this before the patient is in the room and move all anesthesia equipment to accommodate transfer.

- b. Head of Bed should be position toward the OR door

16. Anesthesia machine should be directly below the cable/gas supply ceiling drop.

- a. Anesthesia will need the monitor extension box (located in anesthesia workroom)

17. Hybrid Zeego & Siemen's bed Positioning information (confirm with surgeon):

- a. position of the Siemen's bed (i.e. 0°, 30°, right/left)

- b. The location of the Zeego (patient's right/left)

- Controls are bilateral will not need to be moved
- Power injector confirm placement
- Siemen's LCD touch screen boom confirm placement

Note: Generally, the ZeeGo and power injector are on the opposite side, always confirm with the surgeon.

End of Day/Case:

1. Positioning devices: place back to their original location
 2. Ensure:
 - a. Vascular Cart returned to West Core
 - b. Vascular Suture wire cart returned to Suture Supply Room
 - c. Doppler unit: stays in OR 2 or original location
 - d. Zeego is located against the north wall (located on wall with large LCD screens)
- Reminder:** Vascular Emergency Cart located across from OR 2
-

ZEEGO ARTIS OPERATING SYSTEM



CONTROL ROOM

HOW TO TURN ON THE ZEEGO ARTIS SYSTEM

- Turn System On: Turn on the Siemens by pressing the power on button on the Artis Zee System located in the Control room. It will take 7 minutes to power up.

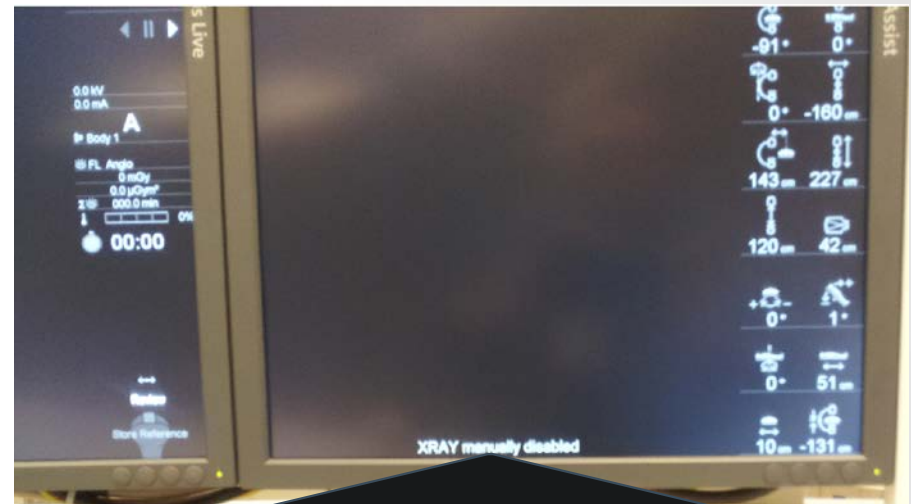
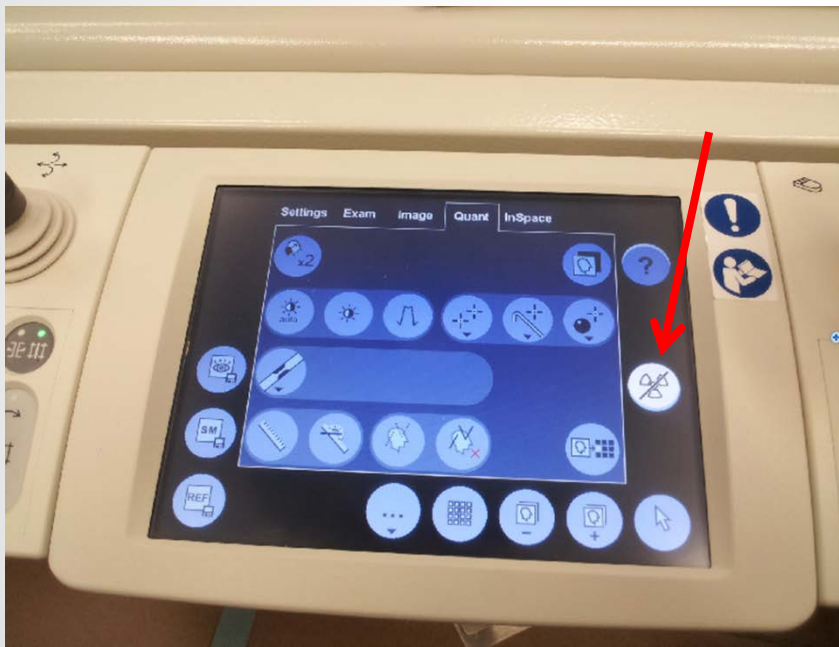
Turn on the Siemen's system by pushing the power button



ENTER OR & DISABLE X-RAY AFTER TURN POWER ON

- When XRAY is disabled the radiology symbol on table touchscreen module will be white.
 - Note: A blue symbol indicates XRAY is enabled. If blue, touch symbol to turn white.

Messaging will appear on the Siemens Artis Monitor will indicate that the XRAY is disabled

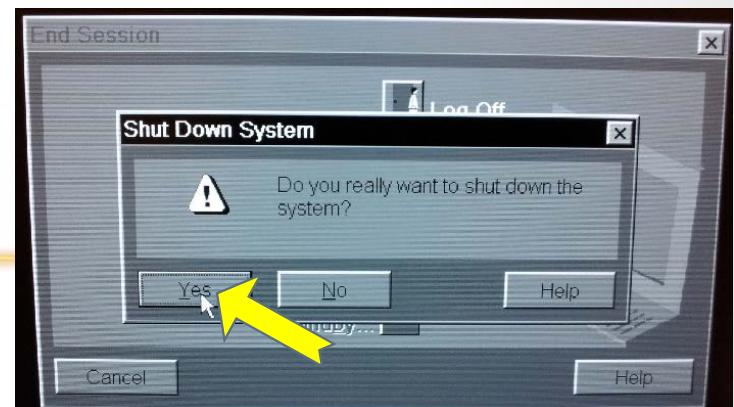
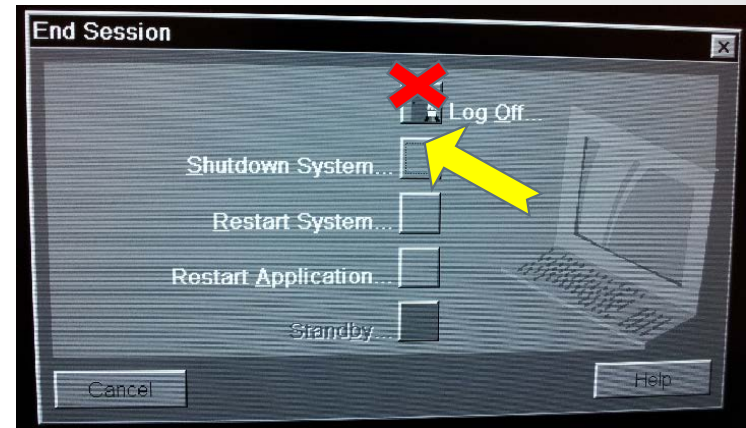
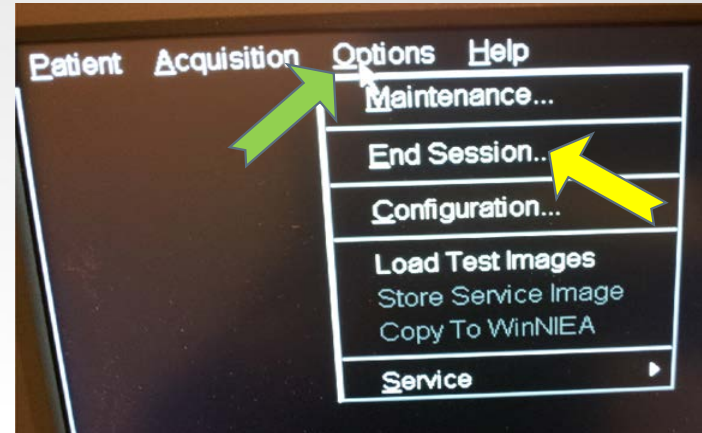


XRAY manually disabled

POWER DOWN SYSTEM

TURN OFF SYSTEM

- A. Main screen:
1. Click 'Options'
 2. Click 'End Session' from drop down list
- B. 'End Session' screen:
1. Click "Shutdown System"
 - ❖ **NEVER CLICK "LOG OFF"**
- C. 'Shut Down System' screen:
1. Click 'Yes'
 - ❖ Power down will occur in 4 minutes



OR SAFETY

THE FOUR SENSES OF ZEEGO

- The ZEEGO C-arm is programmed to sense
 - 1) ceiling
 - 2) floor
 - 3) walls (west and north) in the ZEEGO area
 - 4) Siemens bed
 - The ZEEGO C-arm is not programmed to sense
 - people
 - Siemens' bed accessories
 - other inanimate objects
 - The ZEEGO C-arm will only stop when in contact with a person or inanimate object
-

PERIWINKLE BLUE FLOORING DESIGNATES SAFETY ZONE

WHEN ZEEGO IS IN MOTION

Take note of the blue arch across the floor

This arch separates the ZEEGO zone from the staff safety area.

Blue flooring is within the ZEEGO zone

During operation of the ZEEGO C-arm
staff **SHOULD NOT STAND**
ANYWHERE THAT HAS BLUE
FLOORING

Table extends into ZEEGO zone;
however, ZEEGO senses "its" table

STAY AWAY FROM THE BLUE

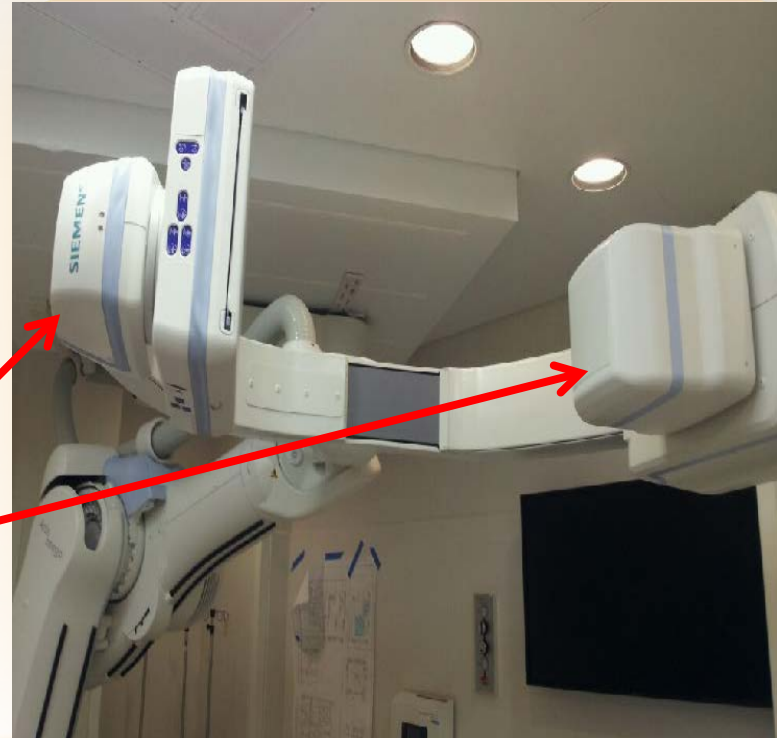


Periwinkle Blue – Sensor Strips

Blue sensor strips are around the terminal ends of the “C”

If these blue strips are pressed/touched the ZEEGO will stop

NOTE: If the inner or outer aspects of either side of the terminal ends are pressed/touched the ZEEGO will stop



Black Sensor Strips

If the 'black' strips located on the ZEEGO are depressed, the ZEEGO C-arm will stop.

Periwinkle Blue – ZEEGO Panels

If the 'blue' panel on the back of the ZEEGO is depressed, the ZEEGO will stop and not work.

Room staff must not lean against or place any items on this 'blue' panel.



Yellow Warning Triangles Danger Joints

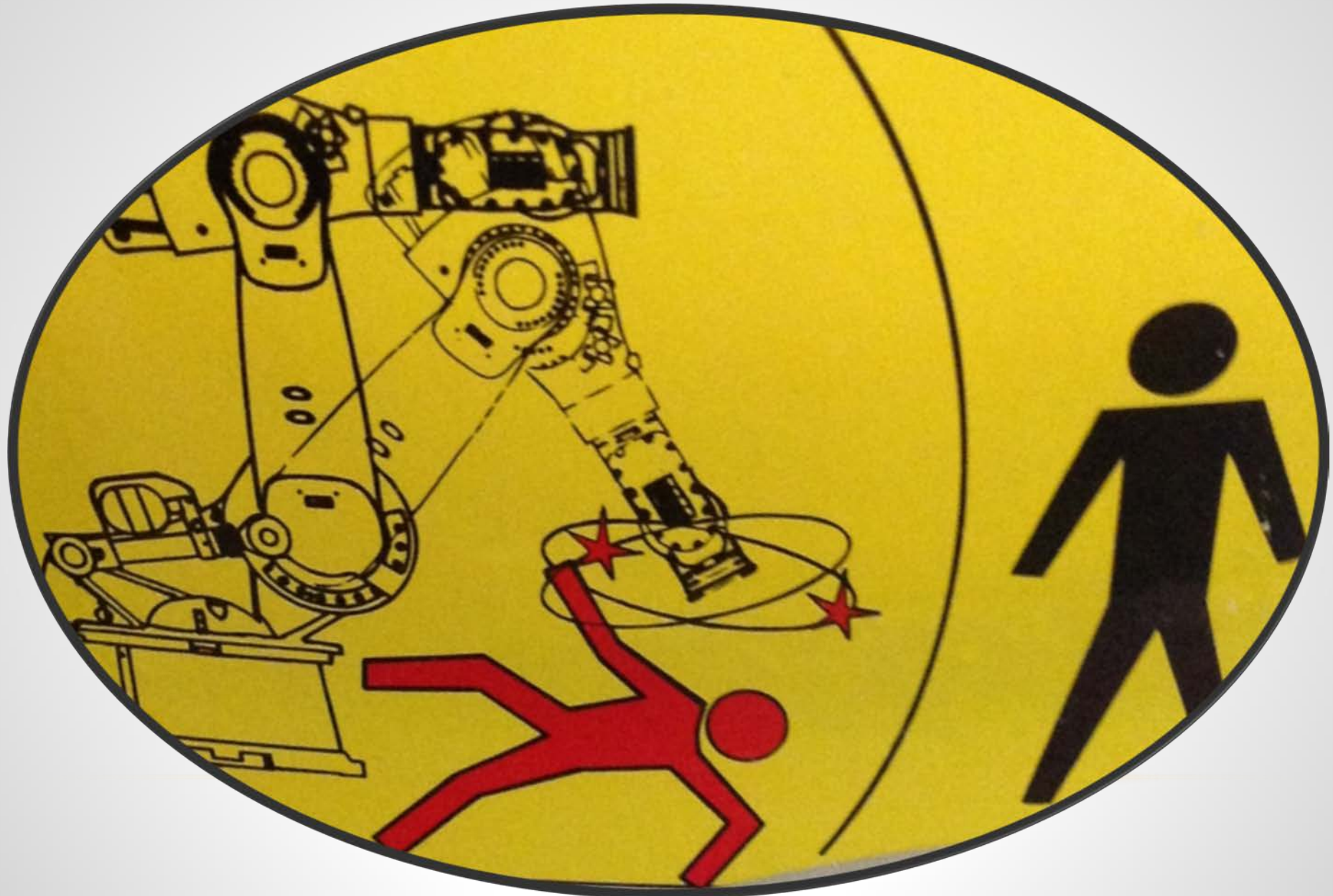
Do **not** place arms or hands in areas that are delineated by a 'yellow' triangle

Areas identified with a 'yellow' triangle (usually in the machine joints) will cause pinch and crush injuries of the hand

During operation **DO NOT** place hands near ZEEGO joint locations



STAY AWAY FROM THE ROBOT



STAY AWAY FROM WALL EMERGENCY STOP BUTTONS

There are 3 locations for this emergency stop button:

1. In OR 2 at main door entry
2. In OR 2 Control Room (#6-123)
3. In Equipment Storage (#5-122), located west of the Control Room

EMERGENCY STOPS LOCATED IN THESE AREAS WILL KILL POWER TO ALL SIEMENS SYSTEMS AND X-RAY RADIATION

ZEEGO will need to reboot if stoppage occurs





Depressing emergency stop buttons on control console will disengage system movement and x-ray radiation

STAY AWAY FROM EMERGENCY STOP
BUTTONS

ZEEGO C-ARM SAFETY

- The ZEEGO should always be in PARKED position at ceiling when not in use
 - Do not walk between the ZEEGO arms
 - If the top and/or bottom of the ZEEGO are depressed, the ZEEGO will stop
 - If the blue panel(s) on ZEEGO are depressed, the ZEEGO will stop and not work
 - Room staff must not store items on this Blue panels
 - If the black strips located on ZEEGO are depressed, the ZEEGO C-arm will stop
 - Do not place arms or hands in areas that are delineated by a yellow triangle
 - The Artis ZEEGO mounted monitor indicating bed position will indicated if any of the ZEEGO sensors (black strips, top and bottom of the C-arm, and the Blue panel of ZEEGO) have been depressed
 - The message on the screen will read "Guard Active"
-

CPR PERFORMED ON ZEEGO

If CPR is necessitated position Siemens table back over base (reference point = Green CPR sign) before initiating chest compressions

If the patient is not over the Green CPR sign, the table top will rebound as compressions are being delivered.



SIEMENS ARTIS ZEE SYSTEM



SIEMENS TABLE MODULES FOR STAFF USAGE



Table Control
Module

Stand / C-arm Control
Module

ELECTRONIC MOVEMENT OF TABLE

- The movement of the Siemens table, must be controlled by either the hand remote or one of the Table Control Module (TCM) located on bilateral sides of the Siemens bed.

- The hand remote may be given to anesthesia to control the bed. The remote has Home buttons that will level the Siemens bed.

- Only, the home button on the left will level the patient)

- To move table, press and hold knob and rotate accordingly,

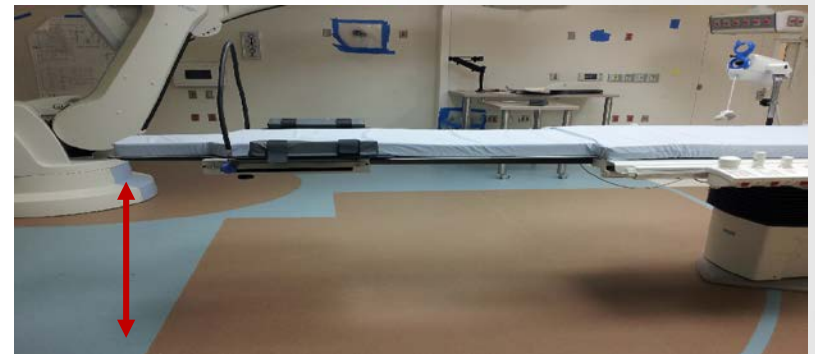
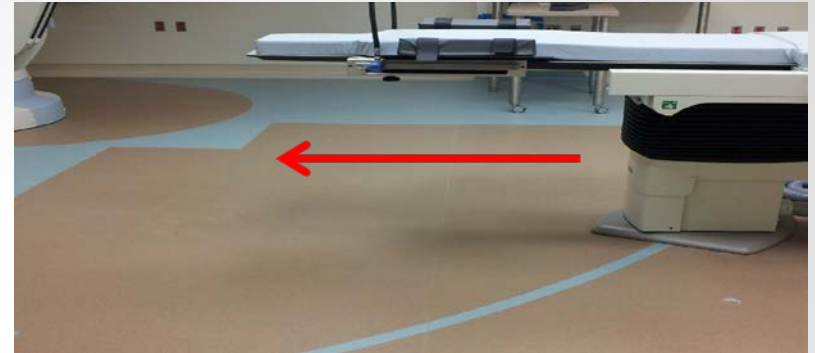
- up and down
 - side-to-side



PREPARING TABLE FOR PATIENT TRANSFER

4 Steps :

1. Position HOB at 30° HOB facing door)
 - a) NOTE: HOB at ZEEGO is 0°
2. Fully extend Siemens table frontward so that HOB extends into blue flooring in ZEEGO zone.
 - a) When bed is fully extended, the mattress will no longer be at foot of bed
3. Align stretcher parallel to table
 - a) If necessary remove TCM from rail by lifting up on the metal lever on the under side.
4. Transfer and secure patient onto the Siemens table



MANUAL MOVEMENT OF TABLE

- To rotate HOB the bed laterally, find lever at foot of bed and pull lever out.
 - The Siemens bed will lock in 5 degrees increments

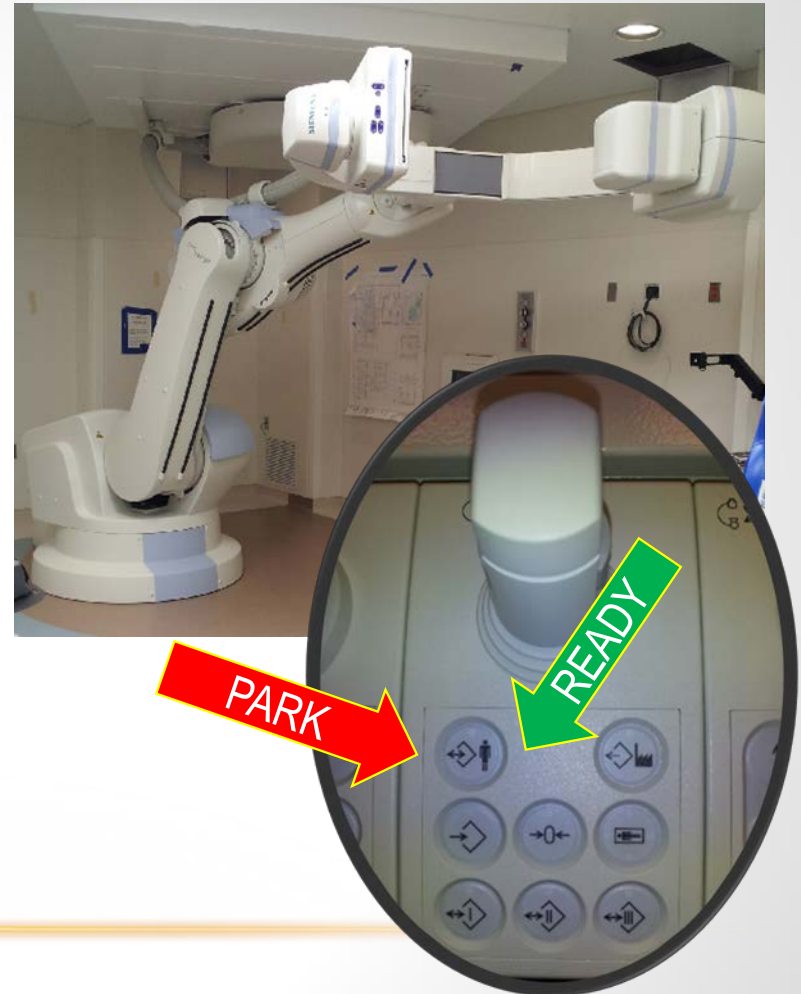


ZEEGO "PARK" AND "READY FOR USE" POSITIONS

The ZEEGO has two pre-programmed positional settings: Park and Patient Transfer (work)

- Patient Transfer: To place ZEEGO in "Patient Transfer" (work) position,
 - Press the 'Program' button (top upper left)
 - Press the side button on the joy stick to select #2; press down on joy stick and rotate upward to 12 o'clock position
- PARK: To place ZEEGO in Park position,
 - Press the 'Program' button (top upper left)
 - Press the side button Press down on joy stick to select #1; press down on the joy stick and rotate upward to 12 o'clock position

NOTE: ZEEGO SHOULD ALWAYS BE IN PARKED POSITION (AT CEILING) WHEN NOT IN USE



MEANING OF EN SUITE ARTIS MONITOR DISPLAYS

Left Monitor – Radiation Exposure

- Displays the amount of radiation exposure to patient

Right Monitor – Bed Position

- Position of the bed by degrees.
- If movement is blocked or stopped
 - Guard active message will appear at the bottom of screen.
- If 'XRAY manually disabled'
- If HOB is pointing towards the patient entry OR doors, the icon representing lateral movement will read 30 degrees.
- If HOB is pointing towards ZEEGO, icon representing lateral movement will read 0 degree.



SIEMENS TABLE, MATTRESS & ACCESSORIES

Table: Weight capacity = 200 Kg (440 lbs) due to the Siemen's motor base.

Mattress cover: if damaged = approximately \$200 to repair

Mattress pad: If damaged = approximately \$2000 to replace

Accessories:

- Side Rail attachment: placed at the top of the Siemens table top.
 - This is used to secure retractors, etc.
- Anesthesia bar attachment (a.k.a. Tent): secured on the Side Rail attachment
- Sleds: Three types
 - Unit Arm Support Board: Slides under patients body to maintain arms against body
 - Toboggans: Slides under each side of the patient to hold arms lateral against patients body
 - Wings: Slides under patient's body and supports arms at 90° angles
- Safety belt:
 - Secures patient to table

WALL STORAGE FOR WIRELESS FOOT PEDAL

- Always keep foot pedal plugged in when not in use and stored on the wall
- When in use, if foot pedal ever loses power, power cord has enough length to extend to either side of table
- When using the foot pedal at the operative field, use a bag to protect the foot pedal from fluids



CCD OR Supply Carts

The Operating Rooms 1 – 30 have a routine supply cart, which provides uniform supplies for each operating room. Operating Rooms O & 31 have built in shelving into each operating room. The Operating Room department has multiple Supply Carts for the specialties which can be moved to a specific operating room as needed.

In addition, there are suture trees for each of the specialties, which are re-stock by the supply chain department. The suture trees are stored in a Suture Room.

Suture Tree:



Operating Room Routine Supply Cabinet:



Isolation Carts:

Located in each Core West, Central and East Cores.



CCD OR Supply Carts

Specialty Cart (see a list of the specialty carts per location):



West	West Central	Center	Center	EAST
Ablation	Cast Cart	Colorectal/Open	Trauma Sponges	Epilepsy
Cardiac Urchin/EVO	Ortho Space Helmets	General Lap	Trauma Supplies	IORT Cart
Cardiac Heartmate II	Ortho Traction	General Mesh	Uro Robotic	Neuro
Cardiac Heartmate III		General Transplant Implants & Supplies	Uro General	Neuro Implant Cart I
Cardiac Robotic		Gundeti	Urology Implants & Supplies	Neuro Implant Cart 2 (aneurysm clips)
Cardiac Supply		Gyne Supplies		OHN
ECMO Traveling		Gyne Implants		OHN Implants
Emergency AAA		Gyne Robot		OHN Nasal
Endo Vascular		Gyne Uro Stent/Cysto Supplies		Plastics
Mechanical Valve & Graft		HIPEC		EAST Center
TEVAR Trauma		Kidney		Breast Implant
Thoracic		Liver		Robot Xi Arms
Thoracic Stent		Ortho Spine		
Vascular Supplies		PEDS CCD		
Vascular Graft		Pediatric Robot		
Vilant				

CCD OR Supply Carts

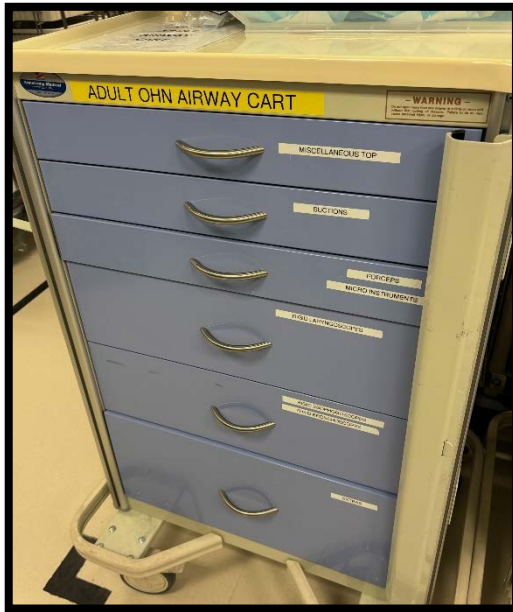
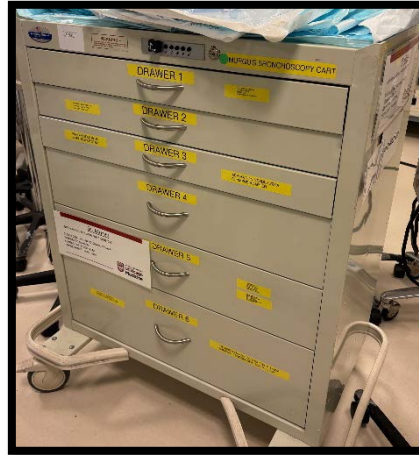
The CCD Operating Room has bronch & airway carts:

West Core

Murgu Bronchoscopy Cart
Thoracic Rigid Bronch Cart

East Core

OHN Airway Adult
OHN Airway Pediatric



Vendor Supply Carts:

West	West Central	Center / East Center	East
Covidien Stapler Cart	DJO Ortho Implants	Ethicon Stapler Cart	Medtronic Drill Cart - Neuro
	Stryker Ortho Implant	Covidien Stapler Cart	Medtronic Drill Cart - Spine
	Zimmer Ortho Implants	Medtronic Stapler Cart	
	Medtronic Trauma Ortho Implants		
	Robot Mako		
	Robot Glabus		

CCD OR Supply Carts

Vendor Stapler Cart



Medtronic Drill Cart



Violent Intruder Standard Operating Plan

Violent Intruder Standard Operating Plan - Inactive Area Hospital/Clinics whose patients are Non Ambulatory - Critical

Building/Floor/Unit: Comer OR

Unit Leader and Back up: OR Manager/ Charge Nurse

Date: 11/2018

If an intruder is in your area (R.H.F). RUN, HIDE, FIGHT

Status: Violent intruder is either in OR not in your area

If intruder is NOT in your area see below:

Shelter in Place Locations:

Primary: **Sterile Core; Anesthesia Work Room**

Secondary: Anesthesia Storage; OR Storage Room

Emergency Coordinators: **Manager(s), Charge Nurse**

Secure your Unit:

1. Close fire doors (if applicable)
2. Inform patients/visitors that they need to remain on the unit and shelter in place
3. Pull the privacy curtain and close the door(s)
4. Have visitors shelter in place with patient in their room
5. Staff proceed to designated shelter in place location
6. Unit leaders will receive updates from HICS Command team (page will be sent until Everbridge is operational). Updates will include location of violent intruder and whether staff in building/unit can return to work.
7. Follow directions of Unit Leaders as they will receive frequent updates/ instructions from the EOC in regards to status of the situation and further directions to provide to staff.

Emergency Coordinators

1. Proceed to your assigned start location.
2. Inform staff/patients/visitors of the situation and assist them to their shelter in place location
3. Once your assigned area has everyone accounted for, inform the Unit Leader that your area is clear and proceed to shelter in place

Unit Leader Instructions

1. Activate Violent Intruder SOP by informing the staff that everyone needs to shelter in place and not leave the floor/unit
2. Prepare unit for shelter in place – inform non-assigned staff of units shelter in place locations
3. Suspend all patient transfers and deliveries

Violent Intruder Standard Operating Plan

4. Receive unit accountability (i.e. has everyone been accounted for, what employees assigned to the floor are currently not in the unit, any patient/visitors refusing to remain on the floor, etc.) status from Emergency Coordinators.
5. Upon confirmation that all staff/patients/visitors are accounted for, close door/unit to shelter in place location and do not let anyone in

Instructions once sheltered in place

1. Remain quiet, silence phones and pagers
2. If someone knocks on the door, do not respond unless they identify themselves as law enforcement
3. Remain in your shelter in place location until Unit Leaders inform staff that it is safe to

Instructions to Staff with Patient Care Responsibilities:

- Complete all essential patient care
- Inform patients/visitors that there is an active shooter event occurring on campus **NOT** in our unit/on our floor
- Inform patients (if awake) and visitors to shelter in place in their room, pull privacy curtain and close door
- Inform unit leader when all patients/visitors under your purview are accounted for and sheltered in place at their designated location
- Continue patient care when the Unit Leader informs you it is safe to do so.
 - If you are sheltering with the patient continue patient care to the best of your ability
 - If you are not sheltering with the patient, respond to emergency alarms at the unit leaders discretion

Business Unit Key Considerations –

Depending on what unit you work on the following issues may need to be taken into consideration:

- If performing a medical procedure, complete the procedure and remain with the patient until patient is stabilized
- Suspend all impending scheduled surgical procedures until the all clear is given.
- If a patient has been anesthetized but the procedure has not begun, wake the patient up, unless it is unsafe to do so.
- If operating any machinery or handling hazardous waste; properly shut off and/or dispose of correctly.
- Silence all non-essential alarms
- For patient rooms that have a window on the door, close door/draw privacy curtain if applicable

Comer OR Hypothermia Interventions Epic Documentation

This will only show in the Comer Intra-Op “Pre-Procedure Assessment” for patients **under 1 year of age**.

Intra-op

PRE-INCISION

- Summary Report
- Pre Proc Assess
- SIGN IN CHECK...
- Restraints
- Staff
- Counts
- Pre-op Skin
- Positioning
- Site Prep
- WALDO
- Timeout

PROCEDURE

- Manage Orders
- Specimens
- Intra-op Meds
- Implants
- Equip/Instr
- Supplies

DEBRIEF

- Counts
- WALDO
- Site Completion

Visual Impairment

Yes No [dropdown] [icon]

PHYSICAL IMPAIRMENT

Range of Motion

Full Limited [dropdown] [icon]

Comer OR Hypothermia Interventions

Room temperature increased to 78 F degrees 45 minutes prior to patient entering the room ?

Yes No NA(Not Applicable) [dropdown] [icon]

Heat/French Fry Lamp Used in Room?

Yes No NA(Not Applicable) [dropdown] [icon]

Heating Pads/Bair Hugger Used in Room?

Yes No NA(Not Applicable) [dropdown] [icon]

Giraffe bed plugged in?

Yes No NA(Not Applicable) [dropdown] [icon]

Create Note

Restore Close Cancel

Comer OR Metasys OR Temperature

Comer OR room temperature monitoring has recently been upgraded. Each OR room PC has been installed with a new icon, "OR Temperature" to access and control room temperature. Attached is a tip sheet with instructions for use. A tipsheet will also be printed and available in each room.

The wall temperature control will no longer work, just the desktop program. If you have any questions, please let me know.

NOTE:

The Username: is "**k + or** and #."

For example, if you are in OR 2 the log in username and password will be: "kor2".

Once you open the icon, you need to hover over the desired temperature box and **RIGHT CLICK** to change to the desired temperature.

Johnson Controls – Metasys OR Temperature Control Access:

1. Locate the shortcut below on the desktop and double-click to launch.

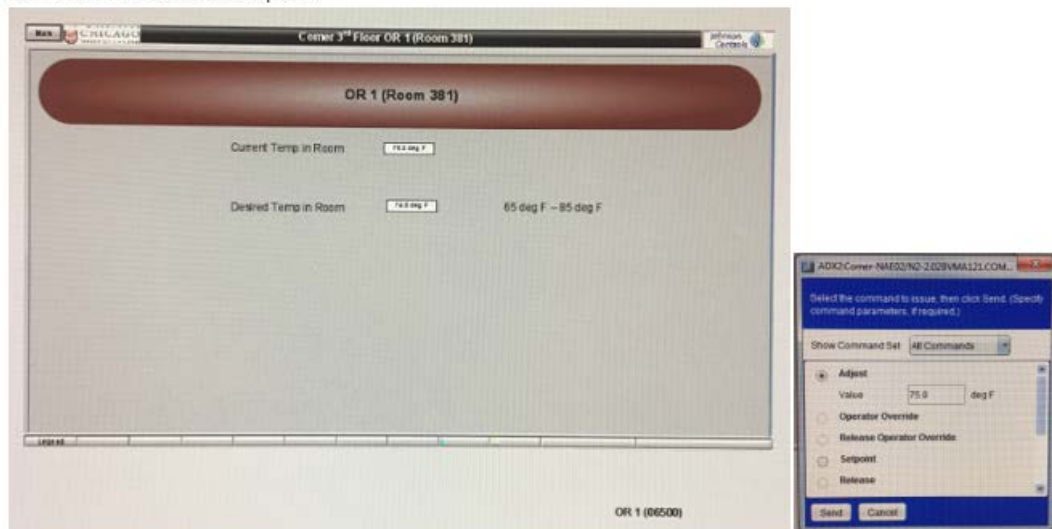


2. Enter the OR room number desired in lowercase and repeat the OR room name as the password.
 - a. Example:

Username: kor1
Password: kor1



3. Right click on either "Current Temp in Room" or "Desired Temp in Room" box in Image 1. A second window will open. Proceed to update the desired value. Click send to update.



Violent Intruder Standard Operating Plan

Violent Intruder Standard Operating Plan - Inactive Area Hospital/Clinics whose patients are Non Ambulatory - Critical

Building/Floor/Unit: DCAM 2 C Ambulatory Surgery

Unit Leader and Back up: Peri-Op Manager, Anesthesia Coordinator, Charge Nurse

Date: 11/20/18

If the intruder is in your area: RUN, HIDE, FIGHT

Status: Violent intruder is **not** located on your unit/floor. Activate Inactive Area Standard Operating Plan

Shelter in Place Locations:

Primary: DCAM OR Staff Lounge 2658

Secondary: DCAM OR Locker Rooms 2645

Emergency Coordinators: Charge Nurse

Secure your Unit:

1. Close fire doors (if applicable)
2. Inform patients/visitors that they need to remain on the unit and shelter in place
3. Pull the privacy curtain and close the door(s)
4. Have visitors shelter in place with patient in their room
5. Staff proceed to designated shelter in place location
6. Unit leaders will receive updates from HICS Command team (page will be sent until Everbridge is operational). Updates will include location of violent intruder and whether staff in building/unit can return to work.
7. Follow directions of Unit Leaders as they will receive frequent updates/ instructions from the EOC in regards to status of the situation and further directions to provide to staff.

Emergency Coordinators

1. Proceed to your assigned start location.
2. Inform staff/patients/visitors of the situation and assist them to their shelter in place location
3. Once your assigned area has everyone accounted for, inform the Unit Leader that your area is clear and proceed to shelter in place

Unit Leader Instructions

1. Activate Violent Intruder SOP by informing the staff that everyone needs to shelter in place and not leave the floor/unit
2. Prepare unit for shelter in place – inform non-assigned staff of units shelter in place locations
3. Suspend all patient transfers and deliveries
4. Receive unit accountability (i.e. has everyone been accounted for, what employees assigned to the floor are currently not in the unit, any patient/visitors refusing to remain on the floor, etc.) status from Emergency Coordinators.

Violent Intruder Standard Operating Plan

5. Upon confirmation that all staff/patients/visitors are accounted for, close door/unit to shelter in place location and do not let anyone in

Instructions once sheltered in place

1. Remain quiet, silence phones and pagers
2. If someone knocks on the door, do not respond unless they identify themselves as law enforcement
3. Remain in your shelter in place location until Unit Leaders inform staff that it is safe to

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- Complete all essential patient care
- Inform patients/visitors that there is an active shooter event occurring on campus **NOT** in our unit/on our floor
- Inform patients (if awake) and visitors to shelter in place in their room, pull privacy curtain and close door
- Inform unit leader when all patients/visitors under your purview are accounted for and sheltered in place at their designated location
- Continue patient care when the Unit Leader informs you it is safe to do so.
 - If you are sheltering with the patient continue patient care to the best of your ability
 - If you are not sheltering with the patient, respond to emergency alarms at the unit leaders discretion

Business Unit Key Considerations – PSC and visitors in the waiting area

Depending on what unit you work on the following issues may need to be taken into consideration:

- If performing a medical procedure, complete the procedure and remain with the patient until patient is stabilized
- Suspend all impending scheduled surgical procedures until the all clear is given.
- If a patient has been anesthetized but the procedure has not begun, wake the patient up, unless it is unsafe to do so.
- If operating any machinery or handling hazardous waste; properly shut off and/or dispose of correctly.
- Silence all non-essential alarms
- For patient rooms that have a window on the door, close door/draw privacy curtain if applicable

Flight Board Tip Sheet

D-cam OR and Comer OR

Epic Flight Board/Monitor

- A flexible tool that condenses critical parts of a patient's chart for review during the OR Time Out
- Time Out will display on board automatically when nurse opens Pre-Incision Time Out.

Main screen displays when timeout is not being performed:

1st case of the day will show on the flight board 30 minutes before scheduled start time and after the patient prior is OUT of ROOM.

MRN, Allergies, BMI and Case Delay are readily visible in the header, and Case Info, Labs, Type and Cross Medications and Medical History will display continually below the header.

The screenshot displays the Epic Monitor Dashboard for patient Brett Cbistest. The interface is organized into several sections:

- Header:** Patient name **Cbistest, Brett**, MRN: 5006456, Patient Class: Opd, Height: 180.3 cm (5' 11"), Weight: 81.6 kg (180 lb), BMI: 25.10 kg/m². Allergies: Latex, Natural Rubber, Dog Dander, Egg Derived, Peanut, Shellfish Containing Products, Acetaminophen. Code Status: None on file, Infection: None, Isolation: None, Case Classification: Class D (semi-elective). In Room Time: 1415, Incision Time: None, Proj End Time: 1519, Delay/Early: None.
- Case Info:** Appendectomy-Midline, John C Alverdy, M.D., Anesthesia: ATTENDING ANES STAFF, Staff: CIRC NURSE, SCRUB NURSE, Anes Type: GENERAL, Post-op Destination: Not Applicable / Not Any, Floor Bed: OPD.
- Labs:** Table of lab results including Sodium (140 mmol/L), Potassium (4.0 mmol/L), Glucose (134 mg/dL), Hb A1C (5.0%), WBC (4.0 x 10³/uL), Hemoglobin (12.0 g/dL), Hematocrit (40.1%), Platelet Count (230 x 10³/uL), INR (1.0), Units Ordered (0), ABO/Rh(D) (AB POS), Crossmatch Expiration (03/05/2021, 2359), and Antibody Screen (NEG).
- Medications:** List of medications including ceFAZolin (ANCEF) 100 mg/100 mL IV (PEDS) and vancomycin 1 g in D5W 200 1 g/mL IV.
- Timeouts:** Pre-incision V01, 03/11 1439.
- Medical History:** COPD (chronic obstructive pulmonary disease), Smoking.

The dashboard also includes a search bar, refresh button, change theme option, and turn off display button. The time is 2:55 PM.

Time Out Question Patient Identity, Site Marking and Laterality confirmed: **Yes / No**

The patients name / site / laterality will display from the scheduled case.

Epic Patient Dashboard for **Cbistest, Brett**

Demographics: Male, 37-year old, 08/28/1983, MRN: 5006456

Physical: Patient Class: Opd, Height: 180.3 cm (5' 11"), Weight: 81.6 kg (180 lb), BMI: 25.10 kg/m²

Allergies: Latex, Natural Rubber, Dog Dander, Egg Derived, Peanut, Shellfish Containing Products, Acetaminophen

Code Status: None on file

Infection: None

Isolation: None

Case Classification: Class D (semi-elective)

Room/Time: In Room Time: 1415, Incision Time: None, Proj End Time: 1519, Delay/Early: None

Medical History: Timeouts

Timeouts Question: Patient Identity, Site Marking and laterality confirmed?

Timeouts Case: CBISTEST, BRETT - ABDOMEN - Midline

Timeouts Categories: Patient, Consents, Allergies, BLOOD GLUCOSE, Antibiotics, SCD, Prophylaxis, Safety Precautions, SITE PREP SOLUTION

Time Out Question Consent and Procedure Confirmed: Yes / No

Nurse must check in the chart for consent – if no consent, procedure stops until it's located.

Procedure from the schedule will display with region – if not accurate, update in Procedure section of chart.

APPTTESTMONPOC - Configuration Manager Remote Control

Epic Monitor - Dashboard Connected with "UCMED\jhasse1"

Epic

Refresh 0 min ago Change Theme Turn Off Display 2:19 PM

Cbistest, Brett
Male, 37-year old, 08/28/1983
MRN: 5006456

Patient Class: Opd
Height: 180.3 cm (5' 11")
Weight: 81.6 kg (180 lb)
BMI: 25.10 kg/m²

Allergies: **Latex, Natural Rubber**
Dog Dander
Egg Derived
Peanut
Shellfish Containing Products
Acetaminophen

Code Status: None on file
Infection: None
Isolation: None
Case Classification: Class D (semi-elective)

In Room Time: 1415
Incision Time: None
Proj End Time: 1519
Delay/Early: None

Medical History

Timeouts

Timeout

Consent and Procedure Confirmed?
Appendectomy-Midline

Patient Yes

Consents

Allergies

BLOOD GLUCOSE

Antibiotics

SCD

Prophylaxis

Safety Precautions

SITE PREP SOLUTION

APPTTESTMONPOC

Time Out Question Allergies Reviewed: Yes / No

All allergies will display for the timeout question and will always display in the header.

The screenshot shows the Epic Monitor interface for patient Brett Cbistest. The patient's allergies are listed in a yellow box: Latex, Natural Rubber, Dog Dander, Egg Derived, Peanut, Shellfish Containing Products, and Acetaminophen. A 'Timeouts' window is open, displaying the question 'Allergies Reviewed?' with the list of allergies in blue text. The 'Consents' section is checked 'Yes', and the 'Allergies' section is currently unchecked. Other sections like 'BLOOD GLUCOSE', 'Antibiotics', 'SCD', 'Prophylaxis', 'Safety Precautions', 'SITE PREP SOLUTION', and 'Required Products' are also listed but unchecked. The system clock shows 2:20 PM on 3/11/2021.

Patient Information:
Name: **Cbistest, Brett**
Patient Class: Opd
Height: 180.3 cm (5' 11")
Weight: 81.6 kg (180 lb)
BMI: 25.10 kg/m²
MRN: 5006456

Allergies: Latex, Natural Rubber, Dog Dander, Egg Derived, Peanut, Shellfish Containing Products, Acetaminophen

Code Status: None on file
Infection: None
Isolation: None
Case Classification: Class D (semi-elective)

Timeouts:
Timeout

Timeout Question: Allergies Reviewed?
Latex, Natural Rubber, Dog Dander, Egg Derived, Peanut, Shellfish Containing Products, Acetaminophen

Consents: Yes
Allergies: —
BLOOD GLUCOSE: —
Antibiotics: —
SCD: —
Prophylaxis: —
Safety Precautions: —
SITE PREP SOLUTION: —
Required Products: —

2:20 PM 3/11/2021

Time Out Question Blood Glucose Discussed: Yes / No / NA
The latest blood glucose value in the patients chart will display.

The screenshot displays the Epic Monitor interface for patient Brett Cbistest. The patient's name and photo are on the left. To the right, patient demographics and vitals are shown: Patient Class: Opd, Height: 180.3 cm (5' 11"), Weight: 81.6 kg (180 lb), and BMI: 25.10 kg/m². A yellow box highlights the allergies: Latex, Natural Rubber, Dog Dander, Egg Derived, Peanut, Shellfish Containing Products, and Acetaminophen. Further right, vitals and status are listed: Code Status: None on file, Infection: None, Isolation: None, Case Classification: Class D (semi-elective), In Room Time: 1415, Incision Time: None, Proj End Time: 1519, and Delay/Early: None. Below this is the Medical History section, with a 'Timeouts' tab selected. The main question is 'Blood Glucose discussed?'. A red box highlights the text 'latest Glucose value will be here if available'. On the right side of the timeout question, there is a list of checkboxes: Allergies (checked, Yes), BLOOD GLUCOSE (unchecked), Antibiotics (unchecked), SCD (unchecked), Prophylaxis (unchecked), Safety Precautions (unchecked), SITE PREP SOLUTION (unchecked), Required Products (unchecked), and Essential Imaging (unchecked). The bottom of the screen shows the Windows taskbar with the date 3/11/2021 and time 2:21 PM.

APPTTESTMONPOC - Configuration Manager Remote Control
Epic Monitor - Dashboard
Connected with 'UCMED\jnasst'

Epic

Cbistest, Brett
Male, 37-year old, 08/28/1983
MRN: 5006456

Patient Class: Opd
Height: 180.3 cm (5' 11")
Weight: 81.6 kg (180 lb)
BMI: 25.10 kg/m²

Allergies: **Latex, Natural Rubber**
Dog Dander
Egg Derived
Peanut
Shellfish Containing Products
Acetaminophen

Code Status: None on file
Infection: None
Isolation: None
Case Classification: Class D (semi-elective)

In Room Time: 1415
Incision Time: None
Proj End Time: 1519
Delay/Early: None

Medical History

Timeouts

Timeout

Blood Glucose discussed?

latest Glucose value will be here if available

Allergies Yes

BLOOD GLUCOSE

Antibiotics

SCD

Prophylaxis

Safety Precautions

SITE PREP SOLUTION

Required Products

Essential Imaging

2:21 PM 3/11/2021

Time Out Question Pre-Incision Antibiotics and re-dosing: **Ordered / Ordered AND Given / Antibiotics Not indicated**

Same information that is on the current "Time Out Side Bar Report" will display

APPTSTMONPOC - Configuration Manager Remote Control
Epic Monitor - Dashboard
Connected with "UCMED\jhasret"

Epic Refresh 0 min ago Change Theme Turn Off Display 2:31 PM

Cbistest, Brett
Male, 37-year old, 08/28/1983
MRN: 5006456

Patient Class: Opd
Height: 180.3 cm (5' 11")
Weight: 81.6 kg (180 lb)
BMI: 25.10 kg/m²

Allergies: **Latex, Natural Rubber**
Dog Dander
Egg Derived
Peanut
Shellfish Containing Products
Acetaminophen

Code Status: None on file
Infection: None
Isolation: None
Case Classification: Class D (semi-elective)

In Room Time: 1415
Incision Time: None
Proj End Time: 1519
Delay/Early: None

Medical History

Timeouts

Timeout

Pre-Incision Antibiotics and re-dosing?

3/11/2021 2:30 PM | initial dose | 0 | CEFAZOLIN SODIUM 100 MG/ML IV SYRG (PEDS)

- BLOOD GLUCOSE
Yes
- Antibiotics
- SCD
- Prophylaxis
- Safety Precautions
- SITE PREP SOLUTION
- Required Products
- Essential Imaging
- Post-op Destination

2:31 PM 3/11/2021

Time Out Question SCD's Applied / Functioning: Yes / No

Nothing to display, review with team in room.

APPTTESTMONPOC - Configuration Manager Remote Control

File View Action Help

Epic Monitor - Dashboard Connected with "UCMED\ghassid"

Epic Refresh 0 min ago Change Theme Turn Off Display 2:32 PM

Cbistest, Brett Patient Class: Opd
Male, 37-year old, 08/28/1983
MRN: 5006456
Height: 180.3 cm (5' 11")
Weight: 81.6 kg (180 lb)
BMI: 25.10 kg/m²

Allergies: **Latex, Natural Rubber**
Dog Dander
Egg Derived
Peanut
Shellfish Containing Products
Acetaminophen

Code Status: None on file
Infection: None
Isolation: None
Case Classification: Class D (semi-elective)

In Room Time: 1415
Incision Time: None
Proj End Time: 1519
Delay/Early: None

Medical History

Timeouts

Timeout

SCD's Applied/Functioning

- BLOOD GLUCOSE Yes
- Antibiotics Ordered and Given
- SCD —
- Prophylaxis —
- Safety Precautions —
- SITE PREP SOLUTION —
- Required Products —
- Essential Imaging —
- Post-op Destination —

2:32 PM 3/11/2021

APPTTESTMONPOC

Time Out Question Did the Patient receive VTE Prophylaxis: **Yes / No**

Build for this is In progress – nurse must check the “Time Out Side Bar Report” for now.

Epic Epic Monitor - Dashboard 3:17 PM

Patient: Cbistest, Brett
Male, 37-year old, 08/28/1983
MRN: 5006456

Demographics:
Patient Class: Inpt
Height: 180.3 cm (5' 11")
Weight: 81.6 kg (180 lb)
BMI: **25.10 kg/m²**

Allergies: Latex, Natural Rubber
Dog Dander
Egg Derived
Peanut
Shellfish Containing Products
Acetaminophen

Code Status: None on file
Infection: None
Isolation: None
Case Classification: Class E (elective)

Room/Time:
In Room Time: 1515
Incision Time: None
Proj End Time: 1910
Delay/Early: None

Medical History

Timeouts

Timeout

Did the Patient receive VTE Prophylaxis?

- Yes
- Allergies Yes
- BLOOD GLUCOSE Yes
- Antibiotics Ordered and Given
- SCD Yes
- Prophylaxis —
- Safety Precautions —
- SITE PREP SOLUTION —
- Required Products —
- Essential Imaging —
- Post-op Destination —

Time Out Question Airway Management & Patient Positioning Reviewed: Yes / No

Nothing to display, review with team in room.

APPTTESTMONPOC - Configuration Manager Remote Control
File View Action Help
Epic Monitor - Dashboard Connected with "UCMED\jhassef"
Epic 2:34 PM
Refresh 0 min ago Change Theme Turn Off Display

Cbistest, Brett
Male, 37-year old, 08/28/1983
MRN: 5006456

Patient Class: Opd
Height: 180.3 cm (5' 11")
Weight: 81.6 kg (180 lb)
BMI: 25.10 kg/m²

Allergies: **Latex, Natural Rubber**
Dog Dander
Egg Derived
Peanut
Shellfish Containing Products
Acetaminophen

Code Status: None on file
Infection: None
Isolation: None
Case Classification: Class D (semi-elective)

In Room Time: 1415
Incision Time: None
Proj End Time: 1519
Delay/Early: None

Medical History

Timeouts
Timeout

Airway Management & Patient Positioning Reviewed?

- BLOOD GLUCOSE Yes
- Antibiotics Ordered and Given
- SCD Yes
- Prophylaxis Yes
- Safety Precautions —
- SITE PREP SOLUTION —
- Required Products —
- Essential Imaging —
- Post-op Destination —

APPTTESTMONPOC 2:34 PM 3/11/2021

Time Out Question Fire Safety Precautions: Yes / No / NA

Nothing to display, review with team in room.

APPTTESTMONPOC - Configuration Manager Remote Control

File View Action Help

Epic Monitor - Dashboard Connected with UC MED/ghasser

Epic

Refresh 0 min ago Change Theme Turn Off Display 2:35 PM

Cbistest, Brett
Male, 37-year old, 08/28/1983
MRN: 5006456

Patient Class: Opd
Height: 180.3 cm (5' 11")
Weight: 81.6 kg (180 lb)
BMI: 25.10 kg/m²

Allergies: **Latex, Natural Rubber**
Dog Dander
Egg Derived
Peanut
Shellfish Containing Products
Acetaminophen

Code Status: None on file
Infection: None
Isolation: None
Case Classification: Class D (semi-elective)

In Room Time: 1415
Incision Time: None
Proj End Time: 1519
Delay/Early: None

Medical History

Timeouts

Timeout

Fire Safety Precautions: Verified dry time, absence of pooling and/or soaked material on the field and supraxiphoid clear?

- BLOOD GLUCOSE
Yes
- Antibiotics
Ordered and Given
- SCD
Yes
- Prophylaxis
Yes
- Safety Precautions
Yes
- SITE PREP SOLUTI...
- Required Products
- Essential Imaging
- Post-op Destination

APPTTESTMONPOC 2:35 PM 3/11/2021

Time Out Question Required Blood Products, implants, devices, and/or special equipment available: **Yes / No**
We are working to pull in the blood orders (check chart for now), the rest pulls in from scheduled case (Request Additional) field

Epic Monitor - Dashboard

Epic

Refresh 0 min ago | Change Theme | Turn Off Display | 3:19 PM

Cbistest, Brett
Male, 37-year old, 08/28/1983
MRN: 5006456

Patient Class: Inpt
Height: 180.3 cm (5' 11")
Weight: 81.6 kg (180 lb)
BMI: **25.10 kg/m²**

Allergies: **Latex, Natural Rubber**
Dog Dander
Egg Derived
Peanut
Shellfish Containing Products
Acetaminophen

Code Status: None on file
Infection: None
Isolation: None
Case Classification: Class E (elective)

In Room Time: 1515
Incision Time: None
Proj End Time: 1910
Delay/Early: None

Medical History

Timeouts

Timeout

Required blood products, implants, devices, and/or special equipment available?

Arthrex biceps tenodesis (Endobutton), Scope, shoulder retractors

- Allergies Yes
- BLOOD GLUCOSE Yes
- Antibiotics Ordered and Given
- SCD Yes
- Prophylaxis No
- Safety Precautions Yes
- SITE PREP SOLUTION Yes

Required Products —

Essential Imaging —

Post-op Destination —

Time Out Question Relevant Images/Results present: Yes / No

Nothing to display at this time, review the chart.

APPTTESTMONPOC - Configuration Manager Remote Control

File View Action Help

Epic Monitor - Dashboard

Connected with "UCMED\jhs331"

Epic

Refresh 0 min ago Change Theme Turn Off Display 2:36 PM

Cbistest, Brett Patient Class: Opd
Male, 37-year old, 08/28/1983
MRN: 5006456
Height: 180.3 cm (5' 11")
Weight: 81.6 kg (180 lb)
BMI: 25.10 kg/m²

Allergies: **Latex, Natural Rubber**
Dog Dander
Egg Derived
Peanut
Shellfish Containing Products
Acetaminophen

Code Status: None on file
Infection: None
Isolation: None
Case Classification: Class D (semi-elective)

In Room Time: 1415
Incision Time: None
Proj End Time: 1519
Delay/Early: None

Medical History

Timeouts

Timeout

Relevant Images/Results present:

- BLOOD GLUCOSE Yes
- Antibiotics Ordered and Given
- SCD Yes
- Prophylaxis Yes
- Safety Precautions Yes
- SITE PREP SOLUTION Yes
- Required Products Yes
- Essential Imaging
- Post-op Destination

APPTTESTMONPOC

2:36 PM 3/11/2021

Time Out Question Anticipated Post-Op Disposition: PACU / ICU

Nothing to display, discuss and mark ICU or PACU.

The screenshot displays the Epic Monitor Dashboard for patient Brett Cbistest. The patient's demographic information includes: Male, 37-year old, 08/28/1983, MRN: 5006456. Physical characteristics are listed as: Patient Class: Inpt, Height: 180.3 cm (5' 11"), Weight: 81.6 kg (180 lb), and BMI: 25.10 kg/m². A yellow box highlights the allergies: Latex, Natural Rubber, Dog Dander, Egg Derived, Peanut, Shellfish Containing Products, and Acetaminophen. Other clinical data includes: Code Status: None on file, Infection: None, Isolation: None, Case Classification: Class E (elective), In Room Time: 1515, Incision Time: None, Proj End Time: 1910, and Delay/Early: None. A 'Medical History' section is visible, and a 'Timeouts' window is open, showing a checklist for 'Anticipated Post-Op Disposition'. The checklist items and their status are: Contents (Yes), Allergies (Yes), BLOOD GLUCOSE (Yes), Antibiotics (Ordered and Given), SCD (Yes), Prophylaxis (No), Safety Precautions (Yes), SITE PREP SOLUTION (Yes), Required Products (Yes), and Essential Imaging (Yes). A 'Post-op Destinati...' button is partially visible at the bottom right of the timeout window.

Epic Monitor - Dashboard

Epic

Refresh 0 min ago Change Theme Turn Off Display 3:20 PM

Cbistest, Brett
Male, 37-year old, 08/28/1983
MRN: 5006456

Patient Class: Inpt
Height: 180.3 cm (5' 11")
Weight: 81.6 kg (180 lb)
BMI: 25.10 kg/m²

Allergies: Latex, Natural Rubber
Dog Dander
Egg Derived
Peanut
Shellfish Containing Products
Acetaminophen

Code Status: None on file
Infection: None
Isolation: None
Case Classification: Class E (elective)

In Room Time: 1515
Incision Time: None
Proj End Time: 1910
Delay/Early: None

Medical History

Timeouts

Timeout

Anticipated Post-Op Disposition

- Contents Yes
- Allergies Yes
- BLOOD GLUCOSE Yes
- Antibiotics Ordered and Given
- SCD Yes
- Prophylaxis No
- Safety Precautions Yes
- SITE PREP SOLUTION Yes
- Required Products Yes
- Essential Imaging Yes

Post-op Destinati...

All Time Out Questions Answered:

All answers will display and “No” answers will stand out in RED.

Once the timeout is verified or pended, it will revert back to the main flight board display screen

The screenshot shows the Epic Monitor Dashboard for patient Brett Cbistest. The patient's information includes: Patient Class: Inpt, Height: 180.3 cm (5' 11"), Weight: 81.6 kg (180 lb), and BMI: 25.10 kg/m². The allergies listed are Latex, Natural Rubber, Dog Dander, Egg Derived, Peanut, Shellfish Containing Products, and Acetaminophen. The Code Status is None on file, Infection is None, Isolation is None, and Case Classification is Class E (elective). The In Room Time is 1515, Incision Time is None, Proj End Time is 1910, and Delay/Early is None.

The 'Timeouts' window is open, displaying the message 'All questions answered' in large blue text. The list of questions and answers is as follows:

- ✓ Patient Yes
- ✓ Consents Yes
- ✓ Allergies Yes
- ✓ BLOOD GLUCOSE Yes
- ✓ Antibiotics Ordered and Given
- ✓ SCD Yes
- ! Prophylaxis No
- ✓ Safety Precautions Yes
- ✓ SITE PREP SOLUTION Yes
- ✓ Required Products Yes
- ✓ Essential Imaging Yes
- ✓ Post-op Destination PACU


Main screen will display when timeout is not being performed:

1st case of the day will show on the flight board 30 minutes before scheduled start time and after the patient prior is OUT of ROOM.

APPTTESTMONPOC - Configuration Manager Remote Control

Epic Monitor - Dashboard Connected with "UCMED\jhasse1" Refresh 0 min ago Change Theme Turn Off Display 2:55 PM

Epic



Cbistest, Brett
 Male, 37-year old, 08/28/1983
 MRN: 5006456

Patient Class: Opd
 Height: 180.3 cm (5' 11")
 Weight: 81.6 kg (180 lb)
 BMI: 25.10 kg/m²

Allergies: **Latex, Natural Rubber**
Dog Dander
Egg Derived
Peanut
Shellfish Containing Products
Acetaminophen

Code Status: None on file
 Infection: None
 Isolation: None
 Case Classification: Class D (semi-elective)

In Room Time: 1415
 Incision Time: None
 Proj End Time: 1519
 Delay/Early: None

Case Info

Appendectomy-Midline

John C Alverdy, M.D.

Anesthesia: ATTENDING
 ANES STAFF

Staff: CIRC NURSE
 SCRUB NURSE

Anes Type: GENERAL

Post-op Destination: Not Applicable / Not Any
 Floor Bed: OPD

Timeouts

Pre-incision V01 03/11 1439

Labs

Name	Last Value	Date/Time
Sodium	140 mmol/L	03/02 1019
Potassium, Ser/Plasma	4.0 mmol/L	03/02 1019
Glucose, Ser/Plasma	134 ↑ mg/dL	03/02 1019
Hb A1C	5.0 %	03/02 1019
WBC	4.0 10 ³ /uL	03/02 1505
Hemoglobin	12.0 ↓ g/dL	03/02 1505
Hematocrit	40.1 ↓ %	03/02 1505
Platelet Count	230 10 ³ /uL	03/02 1505
INR	1.0	03/02 1019
Units Ordered	0	03/02 1019
ABO/Rh(D)	AB POS	03/02 1019
Crossmatch Expiration	03/05/2021,2359	03/02 1019
Antibody Screen	NEG	03/02 1019

Medications

Antibiotic	dose	Date/Time
ceFAZolin (ANCEF) 100 mg/mL IV (PEDS)	100 mg	03/11 1430
vancomycin 1 g in D5W 200 mL IV	1 g	03/11 1416

Medical History

Medical History: COPD (chronic obstructive pulmonary disease)
 Smoking

APPTTESTMONPOC

2:55 PM 3/11/2021

Death in the OR Checklist

Circulating RN

Circulator in the Operating Room (OR) should follow these steps:	
Document the name of the person who pronounced the time of death in Epic Intraoperative Electronic Medical Record (EMR) nurse's note.	
Complete the Dr. Cart record on the crash cart clip board (if applicable).	
Notify the Charge RN. <ul style="list-style-type: none"> Be in contact with Charge RN regarding if family will be viewing body or if patient will be going directly to the morgue. 	
Complete final count. (Exception: Emergency procedure).	
Order RFO x-ray (per policy under significant intraoperative event. This cannot be waived.)	
Complete Epic Intraoperative Surgical Debrief.	
Notify Gift of Hope of death, Phone number: 800-545-4438 (Exception: Gift of Hope donation case).	
Prompt the attending to contact ME office (Phone number: 312-666-0200). (All surgical cases are a Medical Examiner (ME) case unless otherwise instructed by the Attending Physician or it is a Gift of Hope case).	
Ensure the attending/fellow/resident completes the Epic Expired Navigator, Physician Form. Epic Downtime: Death Pack forms [Death Notice, Consent for Release, and Autopsy Authorization forms (Exception: Gift of Hope)].	
Complete the Epic Expired Navigator, Nurse Section.	
Obtain a post mortem body bag located in Core of OR department.	
General Care of the Body (See PC 108 Care of Patient after Death): <ul style="list-style-type: none"> Maintain patient tubes, lines (if ME case). Place body bag under patient, Patient's Ident-a-band must be the on wrist, Body bag Ident-a-bands on toe, outside of body bag, and on patient's belongings (if applicable, belongings will stay with patient). Cleanse body and dress wound with absorbent pads. Place clean sheet over body. Place patient in the post mortem body bag (unless going for family viewing, then tuck the body bag under patient and lay clean sheet on top of patient for viewing). 	
Complete an electronic event report .	
Mark Periop Care Complete in the Event Log of the Epic Intraoperative EMR when the patient leaves the OR.	

Reference: Care of the Patient after Death, Patient Care Policy PC108.

<https://services.uchospitals.edu/sites/PoliciesAndProcedures/Patient%20Care/PC%20108%20Care%20of%20the%20Patient%20After%20Death%20track%20changes%20accepted.pdf#search=Care%20of%20the%20Patient%20after%20Death>

Operating Room Management Approved February, 2021

Death in the OR Checklist

Charge Nurse Standard Work in Case of Death in the OR

Charge RN should follow these steps after notification of OR Death:	
Obtain Death in the OR Checklist for Circulating RN and send any free staff members to assist in the OR with the patient death. Epic Downtime: Death Pack forms [Death Notice, Consent for Release, and Autopsy Authorization forms (Exception: Gift of Hope)].	
Notify the following:	
<ul style="list-style-type: none"> • The OR Manager • Patient’s original nursing unit (if applicable) • HIM Office (23107, pager 3236) • Chaplain Office (26246, pager 7008) • Additional resources: <ul style="list-style-type: none"> ○ Trauma Violence Recovery (if applicable, 11181) ○ Patient Experience (773-702-5015, if family/surgeon requests extra counseling) 	
Consult the PACU Charge RN to arrange location for the family to view the body, if applicable.	
Order delivery of morgue cart via Epic.	
Epic Downtime: Completed Death Pack forms will be faxed or emailed to HIM office (Fax 24220 , email #HIMExpirations@uchospitals.edu , Exception: GOH patient).	
Patient Chart: <ul style="list-style-type: none"> • If the body will be transported back to the floor: send the patient chart and death pack with the body. • If the body is being moved to the morgue: the patient chart will be placed in top drawer in preop area with medical records of discharged patients. 	
Discharge the patient in Epic when the patient has left the OR.	

Reference: Care of the Patient after Death, Patient Care Policy PC108.

<https://services.uchospitals.edu/sites/PoliciesAndProcedures/Patient%20Care/PC%20108%20Care%20of%20the%20Patient%20After%20Death%20track%20changes%20accepted.pdf#search=Care%20of%20the%20Patient%20after%20Death>

Operating Room Management Approved February, 2021

Dr. Cart in the OR Procedure

ACTIVATE THE EMERGENCY SYSTEM:

D-CAM OR AND COMER OR:

- CALL ANESTHESIA STAT TO OR ____ ON THE OVERHEAD INTERCOM (REPEAT) & CONTACT CHARGE RN.
- COMER: 85
- DCAM: 000

CD OR:

- THE OR STAFF USING THE NURSE CALL SYSTEM: PRESS CODE BLUE BUTTON ON THE WALL MOUNT. TO TURN OFF THE CODE ACTIVATION, PRESS THE GREEN ALARM BUTTON ON THE ACTIVATED WALL MOUNT.
- ADDITIONAL PERSONAL: USE THE WAYFINDING CEILING LIGHTS (SOLID WHICH WILL DIRECT YOU TO THE OR WITH THE CODE (DR.CART) ACTIVATION. THE NURSE CALL LIGHT ABOVE THE OR DOOR(S) WILL BE SOLID BLUE).
- THE SUB COMMAND DESKS (EAST AND WEST) AND COMMAND CENTER HAS A RAULAND NURSE CALL WHICH WILL ALARM AND DISPLAY THE OR NUMBER AND LOCATION.
- THE ANESTHESIOLOGIST, PHARMACY, AND CHARGE RN CISCO PHONES WILL BE ACTIVATED TO NOTIFY OF CODE ACTIVATION AND OR NUMBER.



BLUE),



Circulator:

- RECORD THE EXACT TIME OF ARREST AND OBTAIN ADDITIONAL ASSISTANCE AS REQUIRED.
- ASSIST THE SURGEON AND ANESTHESIA PROVIDER AS NEEDED.
- DOCUMENT THE EVENT, CARE GIVEN, AND PATIENT OUTCOMES.
- NOTIFY APPROPRIATE PERSONNEL (IE. RESIDENT, CHAPLIN) AS NEEDED OF PATIENT'S CHANGING CONDITION OR PASTORAL NEEDS.

Scrub Technician

- MAINTAIN A STERILE FIELD.
- ASSIST WITH CPR AS NEEDED.
- PREPARE INSTRUMENTS AND SUPPLIES AS NEEDED FOR ADDITIONAL EMERGENCY PROCEDURES.

PHARMACY

- THE PHARMACIST (IF AVAILABLE) ASSUMES PRIMARY RESPONSIBILITY FOR PREPARATION OF MEDICATION AS WELL AS TO:
 - CALCULATE IV DRIP RATES AS REQUESTED BY OTHER MEMBERS OF THE TEAM
 - PROVIDE DRUG INTERACTION INFORMATION AS NEEDED.

PHARMACY SATELLITE OR HOURS:

COMER: 5:45 AM- 10:45 AM & 11:45 AM – 2:15 PM

DCAM: 6:00 AM – 10:45 AM & 11:45 AM -4:30 PM

CD-OR: 6:00 AM- 6:00 PM

Compressions

Once you/OR team have identified that the patient is in need of life saving measures, effective chest compression's need to be performed according to AHA standards.

- ✓ Compress at a rate of at least 100-120 per minute and a depth of at least 2 inches
- ✓ Deliver compressions at an interval of 30 compressions: 2 breaths
- ✓ Allow for complete recoil by coming completely off the chest and minimizing interruptions of compression's to less than 10 seconds
- ✓ If the PETCO₂ is <10mmHG improve your CPR quality
- ✓ REMINDER: USE THE Q-CPR CABLE/COMPRESSION "PUCK" CPR METER

DESIGNATE **ONE PERSON** TO DIRECT THE RESUSCITATION EFFORT, I.E. RUN THE CODE (USUALLY THE ANESTHESIA PROVIDER).

Defibrillator

CIRCULATOR SHOULD RETRIEVE THE CRASH CART TO THE ROOM.

THE CHARGE RN WILL ASSIST IN CONTACTING ADDITIONAL PERSONNEL (PHARMACIST, ANESTHESIA TECH, IF AVAILABLE).

- ✓ IF THE DEFIBRILLATOR IS CONNECTED TO A POWER SOURCE FOR BATTERY CHARGE, DISCONNECT THE POWER CORD FROM THE POWER SOURCE AND TURN ON THE DEFIBRILLATOR.
- ✓ RN is responsible for proper defibrillator attachment and shock delivery if advised.
- ✓ If shock is determined by the OR team, ensure defibrillator pads are attached to the patient or appropriate shock delivery device (internal or external paddles) are provided to the sterile field.
- ✓ Follow prompts: Clear area and deliver shock if advised in less than 2 minutes

Time keeper/recorder

This RN is responsible for documentation of the cardiac arrest event.

DESIGNATE AN RN TO RECORD (THE CIRCULATOR CAN DELEGATE THE ROLE OF RECORDER, PACU RN MAY BE AVAILABLE).

- ✓ Keep track of time intervals between appropriate interventions
- ✓ Inform team leader of time intervals and interventions performed

- ✓ Accurate documentation on Cardiac Arrest Record
- ✓ **Document:**
 - Date, location and time of arrest, diagnosis and primary service, time chest compressions are initiated, backboard (if used) and intubation (patient may be intubated prior to code, document this fact).
 - Use the horizontal time columns to document events as they occur during the code.
 - Vital signs will be recorded into the anesthesia electronic medical record. On the code sheet, make a notation in the comment box to see anesthesia record for recorded vital signs.
 - The defibrillator time and energy joules will need to be documented on the code sheet.
 - Document the medication used from the crash cart on the Code sheet. All additional drugs will be documented in the anesthesia electronic medical record. On the code sheet, make a notation in the comment box to see anesthesia record for any additional drugs/medications/drips.
 - The recorder should use the same time source throughout the code.
 - The completed White copy is placed in the patient's chart (progress note section). The Pink copy is sent to pharmacy.
 - All pertinent EKG strips from the anesthesia machine/defibrillator monitor should be mounted appropriately and placed in hard copy chart. The initial arrest rhythm is the most important strip to document, defibrillated; if appropriate, also includes a strip of the patient's post-code rhythm.
 - The circulator must document the pre-code events and patient's post-code status on the OR record. Events recorded on the Cardiac arrest record do not need to be included in the note.

FORM 78.36 (REV 03)

THE UNIVERSITY OF CHICAGO MEDICINE
CARDIAC ARREST

ADDRESSOGRAPH

DATE ROOM TIME PATIENT FOUND AM / PM DIAGNOSIS PRIMARY SERVICE AT TIME OF ARREST

Chest compressions initiated at AM / PM Ventilation initiated at AM / PM
 Back board placed at AM / PM Mouth-to-mouth/bag and mask AM / PM
 Intubated at AM / PM

TIME	VITAL SIGNS				PUSH DRUGS										IV DRIP DRUGS (Concentration/Dose)										PROCEDURES			
	HR/Pulse	Rhythm	BP	Pulse Ox	TIME	Adenosine	Amiodarone	Atropine	Calcium Chloride	Etomidate	Lidocaine	Magnesium Sulfate	NaHCO ₃	Neostigmin	Other	TIME	Amiodarone	Dobutamine	Dopamine	Epi/epinephrine	Lidocaine	Norepi	Propofol	Vasopressin	Other	Blood Draw	TIME	Comment

COMMENTS: _____ TIME RESUSCITATION ENDED AM / PM OUTCOME _____

Dr. Card Signature _____ Date _____ Time _____ Recorder _____

Team Members _____

White - Patient Record Pink - Pharmacy

UNIVERSITY OF CHICAGO MEDICAL CENTER
PEDIATRIC CARDIOPULMONARY RESUSCITATION RECORD

Date / / Time Location: Hospital-wide Dr. Cart response activated? Yes time: No

PRESENTING HISTORY RELATED TO CODE

Witnessed event? Yes No On Cardiac monitor prior to arrest? Yes No DNR status Yes No

GLASGOW COMA SCALE: Eyes Open 4 3 2 1 Best Verbal Response 5 4 3 2 1 Best Motor Response 6 5 4 3 2 1 Total: _____ NICU patient (N/A)

Admitting Diagnosis: Family present? Yes No WEIGHT Observed from _____ kg ALLERGIES: _____
 Notified Yes No Preh. Cart Sheet Other Estimated

AIRWAY / VENTILATION

Breathing: Spontaneous Apneic Agonal Mechanically Ventilated
 Ventilation: Time of first assisted ventilation: _____
 Type: Bag Valve Mask ETT Trach Other: _____

Intubation: _____ Size: _____ Placement: _____ cm @ teeth/gum/nare
 Confirmation of Placement: Auscultation Exhaled CO₂ Other _____
 Placed by: _____
 Medications Used for Intubation: _____
 Drug: _____ Dose: _____ Route: _____ Time: _____
 Drug: _____ Dose: _____ Route: _____ Time: _____

CIRCULATION

Compressions started: Time: _____ Pacemaker: Yes No Type: Transcutaneous (pads) Epicardial Other: _____
 Backboard placed Time: _____ Mode: _____ Rate: _____ MA

IV Access

Prior to arrest: None PIV IO Central Line Other (s) _____ Initiated during arrest: Time: _____ Type: _____ Site: _____
 Time: _____ Type: _____ Site: _____

PEDIATRIC CARDIOPULMONARY RESUSCITATION RECORD

NAME: _____ WEIGHT _____ kg Obtained from: Preh Cart Sheet Broslow Estimated Other _____

Time	Vital Signs				Treatments										Comments: i.e. Line Placement, ECG, Chest tube, Response to Interventions									
	Respirations (rate)	Pulse (Y) or (N)	Compressions (✓)	Rhythm / Rate	Defib	Bolus (mL/Route)					Continuous Infusions (Dose/Rate)													

ABG RESULTS

Time	Site	pH	PacO ₂	PacO ₂	HCO ₃	SiSat / Base	Other Labs

Team Members: _____ Printed Name _____ Signature _____

Recorder: _____
 Dr. Cart: _____
 Other Team Members: _____

RESPIRATIONS: _____

1618 8313

Legend: SI - Sine Bradyarrhythmia, ASY - Asystole, SV - Sinus Bradycardia, ECG - Prolonged Electrical Activity, V - Ventricular Fibrillation, VT - Ventricular Tachycardia, S - Sinus Tachycardia, ST - Sinus Tachycardia, SVT - Supraventricular Tachycardia, A - Asystole, P AVB, 2nd AVB, 3rd AVB, A - Asystole, A - Asystole

White - Inpatient Chart Yellow - Billing Pink - Pharmacy

Airway

IF NOT ALREADY ESTABLISHED, THE AIRWAY SHOULD BE ESTABLISHED BY ARTIFICIAL VENTILATION. DURING A SURGICAL CASE, ANESTHESIA PROVIDER/CRNA WILL MAINTAIN THE AIRWAY

When anesthesia provider/CRNA is not available, the RN is responsible for providing bag-mask ventilations according to AHA standards.

- ✓ Attach ambu bag/mask OR bag/tube to oxygen source
- ✓ Attach peep valve and set accordingly (if applicable)
- ✓ Perform head tilt chin lift
- ✓ Deliver 2 ventilations in approximately 5 seconds after every 30 compressions

Tips for Successful Resuscitation

- Know where the emergency equipment is located on the unit you are working and how to use it
- Know how to activate a Dr. CART in the operating room.
- Know the roles of each OR team member and their responsibilities during the cardiac arrest
- Communicate effectively by providing clear messages.
- Don't be afraid to speak up

OBTAINING A NEW OR CRASH CART:

INFORM CHARGE RN OF THE NEED FOR A NEW CRASH CART.

CHARGE RN WILL CALL PHARMACY TO ARRANGE THE CRASH CART EXCHANGE:

CD OR: 2-1299

DCAM OR: 47002/ 44493

COMER OR: 50093

- AFTER A CODE IN THE OR, THE PHARMACY TECH BRINGS UP A NEW CART.
- THE PHARMACY TECH REVIEWS A CHECKLIST WITH A NURSE VERIFYING THE CONTENTS. THE NURSE & PHARM. TECH SIGN OFF IN A LOG BOOK.
- REMOVE ZOLL DEFIBRILLATOR AND PORTABLE SUCTION MACHINE FROM USED CRASH CART.
- CLEAN ZOLL DEFIBRILLATOR AND PORTABLE SUCTION MACHINE WITH ANTISEPTIC WIPES AND PLACE ON THE NEW CRASH CART.
- REMOVE MEDICATION TRAY AND PROVIDE TO PHARMACY WITH PINK COPY OF RESUSCITATION RECORD.

CRASH CART STOCK ITEMS AND ADDITIONAL STERILE ITEMS

- PRE-PACKAGED CRASH CART SUPPLIES (LOCATED ON THE SIDE SHELF OF CRASH CART): EKG LEADS, DEFIBRILLATOR LINED PAPER, DEFIBRILLATOR PADS (PEDIATRIC AND ADULTS).
- ADDITIONAL STERILE SUPPLIES/INSTRUMENTS:
 - CCD OR: TRACHEOSTOMY TRAY, TRACHEOSTOMY TUBES, STYKER STERNAL SAW AND SAW BLADE, AND INTERNAL PADDLES
 - COMER OR: TRACHEOSTOMY TRAY, THORACOTOMY TRAY, AND INTERNAL PADDLES
 - D-CAM OR: TRACHEOSTOMY TRAY, STYKER STERNAL SAW & STERNAL BLADE (LOCATED ON THE D-CAM CORE EMERGENCY CART) AND INTERNAL PADDLES.
- STERNAL SAW- USE THE STRYKER SAW WITH BATTERY.
 - THE STERNAL SAW BLADE IS KEPT IN THE TRAUMA SUPPLY CARTS.



Connection of Internal Paddles to Zoll Defibrillator Connection Cord

Locate the internal paddles (CCD & D-cam OR: Top of each crash cart; Comer OR: Shelf above the Crash Cart) and open aseptically to sterile field.



1. Remove the Zoll Defibrillator pads from the connector cord by pressing on the release switch.



2. Scrub technician/nurse will handoff the connector end of the internal paddles.
3. Connect by aligning the grooves together on the portion of the cord that juts out furthest.



4. Disconnect the internal paddles from the Zoll Connection cord by pressing down on the button and pulling apart.



CRASH CART AND DEFIBRILLATORS LOCATIONS

CD OR

IN CCD OR, ALL **ADULT** CRASH CARTS HAVE A ZOLL DEFIBRILLATORS. THERE ARE **NO** ZOLL DEFIBRILLATORS ON PEDIATRIC CRASH CARTS.

- WEST CORE: ADULT & PEDIATRIC CRASH CARTS AND ZOLL DEFIBRILLATOR
- CENTRAL WEST CORE: ADULT CRASH CART ONLY & ZOLL DEFIBRILLATOR
- CENTRAL CORE: ADULT & PEDIATRIC CRASH CARTS AND ZOLL DEFIBRILLATOR
- EAST CORE: ADULT & PEDIATRIC CRASH CARTS AND ZOLL DEFIBRILLATOR
- OR # 0: ZOLL DEFIBRILLATOR
- OR #1: ZOLL DEFIBRILLATOR
- OR #2: ZOLL DEFIBRILLATOR
- OR #3: ZOLL DEFIBRILLATOR
- OR #4: ZOLL DEFIBRILLATOR
- OR #5: ZOLL DEFIBRILLATOR
- OR #17 (TRAUMA ROOM): ZOLL DEFIBRILLATOR

COMER OR

- PEDIATRIC CRASH CARTS: ACROSS FROM OR 2 & 3
- PEDIATRIC DEFIBRILLATOR: OPERATING ROOM: OR 1

D-CAM OR

- LOCATED IN THE STERILE CORE NEXT TO THE ELEVATOR.

Zoll Defibrillator Check- Policy Emergency Readiness

Zoll R-Series Defibrillator Readiness Verification

1. Confirm Defibrillator is plugged into a red emergency wall outlet for Manual Defibrillator test:
 - a. Connect unopened OneStep electrodes to the OneStep cable, or confirm connected
 - b. Turn the Mode Selector to ON
 - c. Press the MANUAL Soft Key below the screen to switch to manual mode
 - d. Press the ENERGY SELECT buttons to set the energy to 30 joules
 - e. Press the CHARGE button on the front panel
 - f. When the charge-ready tone sounds, press the ENERGY SELECT buttons to set the energy to 20 joules; the defibrillator will disarm itself
 - g. Press the ENERGY SELECT buttons to reset the energy to 30 joules
 - h. Press the CHARGE button on the front panel
 - i. When the Ready tone sounds, press the SHOCK button on the front panel until the shock is delivered
 - i. The unit displays the message 30J TEST OK and prints a strip indicating 30J TEST OK and the delivered energy
 - ii. If the message 30J TEST FAILED appears, contact Clinical Engineering
2. Look at the ✓/x Code Readiness indicator to confirm a green “✓” is displayed.
 - a. If the Code Readiness indicator displays a red “X”, turn the unit off and then on again and perform a Manual Defibrillator test, described above (steps a-h).
 - b. If the unit continues to display a red “X”, contact Clinical Engineering
3. Verify the following components are attached to the Defibrillator:
 - a. OneStep Cable
 - b. ECG lead cables are available and neatly coiled
 - c. Pads are resting on top of defibrillator:
 - i. Adult Crash Cart: One set of Adult-sized defibrillator pads
 - ii. Pediatric Crash Cart: BOTH Adult-sized AND Pediatric-sized defibrillator pads
 - d. SpO2 sensor (on some devices)
 - e. End Tidal CO2 adapter present (on some devices)

Zoll Defibrillator Testing Quick Tip Sheet (Attached to each Defibrillator in the OR)



Supplies location

Zoll Defibrillator pads:

Extra Defibrillator pads located in the East, Center and West Cores.

Defibrillator lined paper: Extra paper located in the Center and West Cores.

Steps:

1. Turn on the defibrillator and push the Manual Mode option soft key.



2. Ensure the Zoll defibrillator pads are connected to the pad connection. The defibrillator pads have a ground so can be used for testing.



Note: When testing at 30 J, you should see on the display DEFIB PAD SHORT which indicates you have the Zoll Defibrillator pads with the ground.

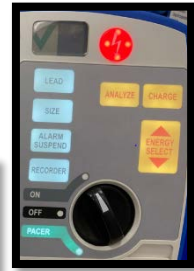




3. Using the Energy Select keys Down Arrow, Charge button.



Select 30 J and push the

4. Once the Defibrillator reaches 30 J and Shock Button lights up. Push the Energy Select keys down arrow to 20J.
(Note: To check the disarm capability of the Defibrillator).

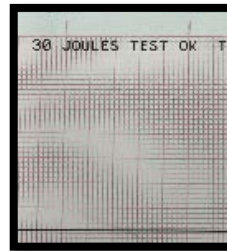


5. Push the Energy Select keys up arrow to 30 J and push the Charge button. The Shock button will light up.  Push the Shock button. 



6. The defibrillator will display 30J Test OKAY. Prints a strip indicating 30J Test OKAY.

Note: If message displays 30J Test Failed, contact Clinical Engineering.



Testing the Crash Cart Suction

1. Turn on the Crash Cart Suction. Ensure suction is plugged into the outlet for full battery charge.
2. Ensure a suction canister is attach to suction.
3. Close all ports of the suction canister lid and check the vacuum regulator.
4. The vacuum regulator should be in the green zone. If vacuum regulator is not in the green zone, move the dial until the arrow reaches the green zone.



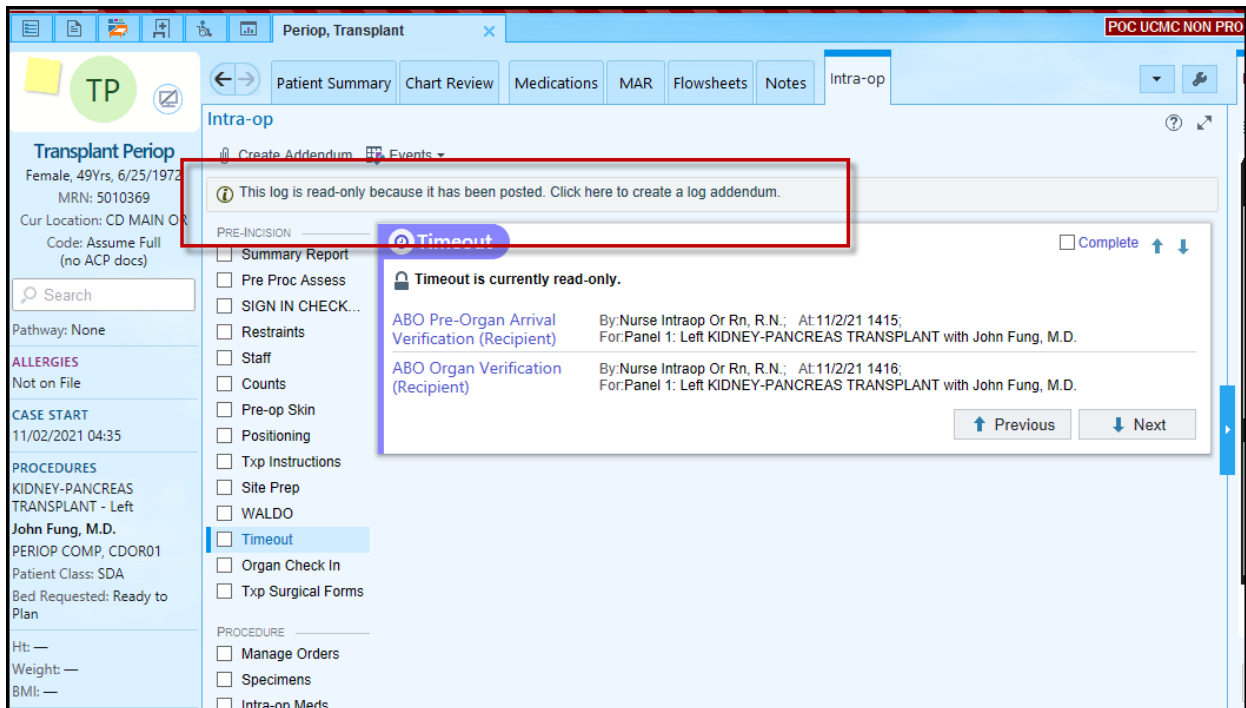
Epic Tip Sheet: OpTime HPK: Addend Surgical Log and Complete ABO Verifications

Summary

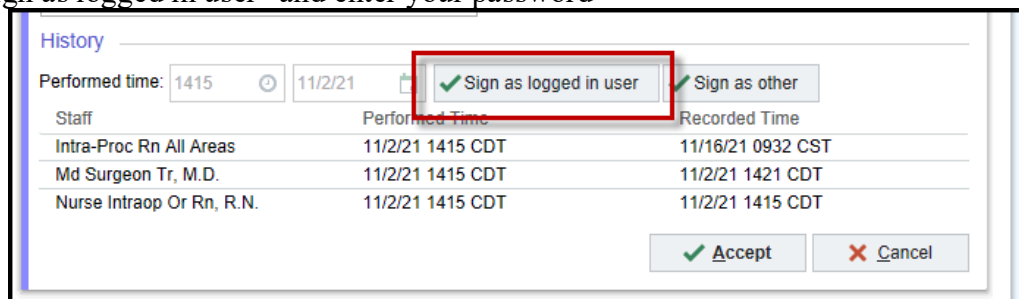
This tip sheet will show you the steps to addend a surgical log and sign the ABO verification for transplant surgeries.

Step-by-Step

1. Go to the date of the surgery on the **Status Board**
2. Find the patient that needs an ABO verification & double click on them to open the surgical log
3. Access the **Intra-op** navigator
4. The log will be “read-only”. **Click on the addendum ribbon (this will allow you to addend the log)**



5. **Open** the timeout that needs to be signed
6. Click “Sign as logged in user” and enter your password



Epic Tip Sheet: OpTime

HPK: Addend Surgical Log and Complete ABO Verifications

Date	Summary of Revisions	User
04/06/22	Converted to new format	Kaitlyn Burns

Epic Documentation Workflow

Before Procedure:

1. Click on Epic Helios Icon
2. Choose status board – CCD OR Main (500710); Dcam OR Main (10035); Comer OR Main (144442)
3. To open patient chart, choose correct OR and double click.
4. Location of Electronic consent (hard copy not completed)– Epic Chart Review, media tab
5. Procedure Section: Confirm schedule procedure
6. Preprocedural verification Section – Completed after Preoperative Patient interview and before patient arrives in the OR.
7. PreProcedure Assessment – Complete after the Preoperative patient interview to document patient pre-procedural baseline.

Patient Arrival in the OR

1. Event section “ In Room” document Patient arrival time to the OR
2. Sign – in Section: completed when the patient arrives in the OR before the Patient transfer to the OR bed.

Pre incision:

1. Restraints section:
 - a. Completed for all intraoperative patients. Patients under general anesthetic, the restraints will be removed for the procedure per surgical provider. Ensure to document D/C for each restraint. Notify next phase of care in hand-off regarding the possible need for restraints.
 - b. Local anesthetics – if restraints are maintained, appropriate documentation (restraint flowsheets) must be completed.
2. Staff: Document all staff including residents, medical students, visitors, etc. who are present in the OR during the surgical procedure.
3. Counts- Complete and Document initial count before patient arrives in the OR, if possible.
4. Pre-op Skin section:
 - a. Document overall pre-procedural skin condition of patient, including presence of jewelry, piercing, and tattoos.
 - b. Document skin condition under tourniquet, Grounding pad, and body warming devices.
5. Positioning section: document positioning devices, padding, & times of different positions
6. Skin preparation Section – documentation application of skin preparation
7. Time Out section
 - a. Use the time out side bar report to assist with the Time Out.
 - b. For specific Time Outs: Trauma Class A; Transplant cases only: Transplant verification.
 - c. Additional Side bar report: Trauma narrative (ER timeline of patient care)
8. Event Section: Procedural start time
 - a. One procedure panel = procedural/incision start time.
 - b. Two or more procedures starting at different times – document separate incision times.

Intraprocedural:

1. WALDO section – document locations of incisions, presence of peripheral IVs & access lines.
2. AVATAR – located in the documentation flowsheets “WALDO”
 - a. Document on an patient image: grounding pad, electrodes, incisions, etc.
3. Intra-Meds: document time, site, route, and who administered.
4. Implants – use Helios scanner to scan implant items with RIFD tag
5. Supplies –
 - a. Use Helios scanner to scan supplies with RIFD tag
 - b. Document high dollar items (locate the \$\$ near the supply item listed)

Epic Documentation Workflow

6. Equipment/Instr Section: document the following equipment serial number and settings (if indicated)
 - a. Electrocautery, warming blanket, tourniquet, etc.
 - b. Flexible scope – document pre-cleaning process
 - c. Laser – document laser safety measures
7. Manage orders
 - a. Enter stat/just in time verbal orders – click on order entry and type order name in search field. Complete the order click Accept and Sign, click on ordering mode “intraoperative verbal with readback” and type in ordering provider.
 - b. Order entry: ability to modify or discontinue order
 - c. Acknowledge orders: click on tab to find the order to acknowledge (activate)
 - d. Orders for collection (i.e.lab) must be documented time and collected by.
 - e. Signed and Held orders: orders which are placed and held for a later time must be released than acknowledged.
8. Specimens (Pathology, Cytology, & Microbiology):
 - a. Click on Add button to choose Source Specimen.
 - b. Pathology specimens are alphabetical; Cytology & Microbiology are numerical.
 - c. Once Source Specimen is chosen, click on correct test (microbiology, Pathology, etc.).
 - d. Enter descriptor of the specimen.
 - e. Once the Specimen fields are entered, click on print labels. This will create a specimen order for the lab.
 - f. Once Marked as Sent is clicked, no more edits can be completed on the Specimen Documentation.

Before Closing:

1. Counts section – second, subsequent counts, final counts documentation
2. Procedure section- If no change in scheduled procedure name, no action needed. If the procedure changes, document the new procedure name in comments.
3. Debrief Checklist: to document Surgical Debrief, use the OR Debrief Side bar report to assist.

Post procedural:

1. Event Section: Procedural stop time
 - a. One procedure panel = procedural stop time.
 - b. Two or more procedures starting at different times – document separate incision closures times.
2. WALDO section – document incisional dressings sites and dressing applied, packing, drains, chest tubes, etc.
3. Site completion- Document incisional dressing site and dressing applied.
4. Post-op Skin: Document
 - a. Document overall post-procedural skin condition of patient, including presence of jewelry, piercing, and tattoos.
 - b. Document skin condition under tourniquet, Grounding pad, and body warming devices.
5. PNDS (nursing dx outcomes): document interventions; only add & document additional nursing diagnosis if applicable
6. Core Measures
7. Hand-off: report given to PACU/receiving unit
8. Nursing notes: any additional documentation which needs to be documented.
9. Hand-off report: provides an overview of procedure to assist with hand-off to receiving unit.
10. Verify: complete the OR record ensure there is no missing documentation.
11. Events: Document out of the room time
12. Events:
 - a. Perioperative Care Complete: close encounter if patient is sent directly to ICU from OR.
 - b. Procedure Not performed- if procedure is cancelled once patient is in OR.

Epic Tip Sheet: OpTime HPK: Documenting a Tissue Implant

Summary

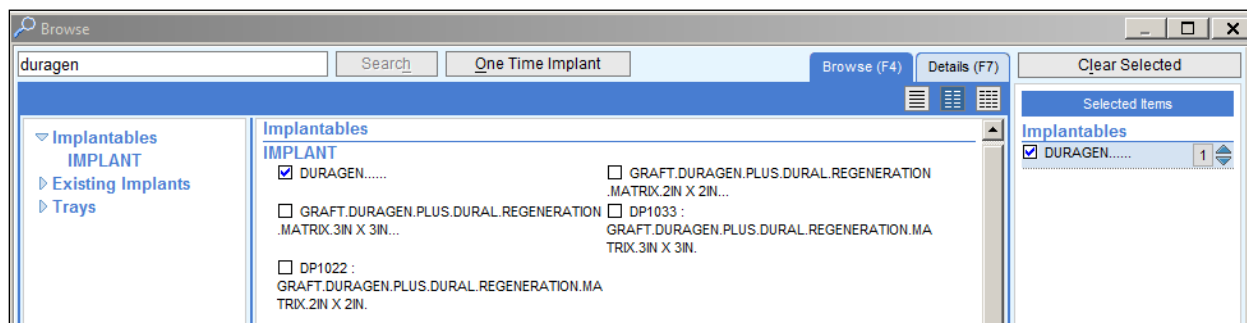
Document tissue implant information in the Implants section of the Intra-op navigator. Prior to performing these steps in Epic, the following must occur:

- The OR Circulating Nurse places a patient sticker Tissue Sign-Out Log Sheet (green), and fills out a request for tissue on the back of sheet.
- After the tissue is removed from storage, the CDOR Charge Nurse documents package integrity, date and time sent on the Tissue Sign-Out Log Sheet (green), which stays with the implant record.

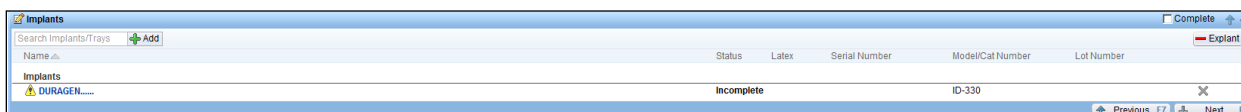
Note: If tissue is not used (returned to cabinet or discarded), the Circulating Nurse will return the tissue and green sheet to the CDOR Charge Nurse, who will document the time returned, package integrity and disposition on the Tissue Sign-Out Sheet (green).

Step-by-Step

1. Pull the sticker from the tissue implant which contains the lot number and expiration date. Place this sticker on the “Patient Implant & Extraordinary Supply Record”.
2. Open the patient’s record in Epic. From the **Intra-op** navigator, open the **Implants** section.
3. Search for and select the patient implant record then click **Accept**.



4. Click the hyperlink to complete the required documentation.



5. The implant details screen opens. Complete the required information on the form.
 - In the “**Is this implant a Tissue?**” field, click the **Yes** button. This opens additional required fields.

Epic Tip Sheet: OpTime HPK: Documenting a Tissue Implant

Tissue

Is this Implant a Tissue? Yes No

Reception of the Tissue

Received By: MEAD R.N. KELLY

Time Received: 01:43 PM 11/5/13

Implantation

Present with Ice: Ice Dry Ice

Documentation

Tissue Integrity Maintained? Yes No

Preparation

Preparation Method: Reconstitution Rinsing Thawing

Tissue Type: Skin Bone Other Vessel

Solution: Saline Water Antibiotic LR Other

Solution Strength and Amount: Sterile Saline 0.9%

Solution Lot Number: 123456A

Solution Expiration Date: 11/5/14

Start Time: 01:54 PM 11/5/13

End Time: 01:59 PM 11/5/13

Tissue Description

Accept Cancel

Date	Summary of Revisions	User
06/28/22	Converted to new format	Kaitlyn Burns

Epic Tip Sheet: OpTime HPK: Implant Documentation

Summary

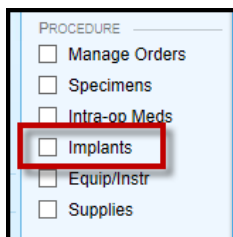
All implants are documented in Epic. Helios scanning devices are used to scan items into Epic but there are times when you will need to document implants manually.

This tipsheet will show you how to:

- Document an Implant
- Document an Implant Tray

Document an Implant

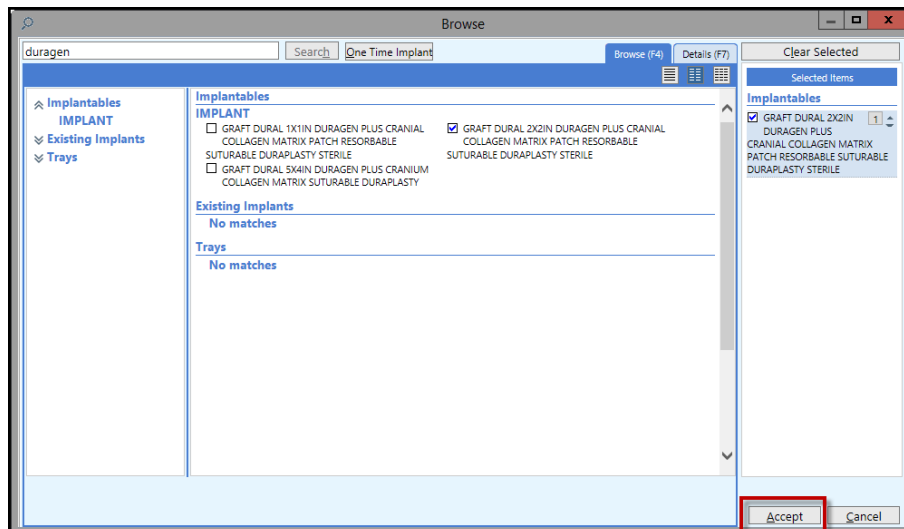
1. From the Intraop Navigator, click on “Implants”



2. In the search field, type in the implant and click Add.



3. In the Browse box, select the correct implant and click Accept.



Epic Tip Sheet: OpTime HPK: Implant Documentation

4. Click on the Implant to document all necessary information.



GRAFT DURAL 2X2IN DURAGEN PLUS CRANIAL COLLAGEN MATRIX PATCH RESORBABLE SUTURABLE DURAPLASTY STERILE - LOG2882

We reordered this form to make finding important data easier. Inventory Info displays info relevant to the inventory item. Unique Device Identifier displays info relevant to the specific implant. Got it

Inventory Info

Implant name: GRAFT DURAL 2X2IN DURAGEN PLUS CRANIAL COLLAGEN MATRIX PATCH RESORBA

Inventory item: GRAFT DURAL 2X2IN DURAGE

Supply type: IMPLANT

Model/Cat no.: DP-1022

Supplier: INTEGRA LIFE SCIENCES

SMDA?

Inventory location:

Implant type: DERMAL TISSUE

Manufacturer: INTEGRA LIFE SCIENCES

Size:

Unique Device Identifier

Serial no.:

Lot no.:

Device Identifier Type:

Date of Manufacture:

Expiration date:

Device Identifier:

Usage Details

Action:

Number implanted: 1

Site:

Laterality:

Implanted by:

Time of implant: 9/6/2019

Implant Description

Is this implant part of a clinical trial?

Tissue

Is this implant a tissue?

Epic Tip Sheet: OpTime HPK: Implant Documentation

5. If the implant is a tissue, you will be prompted to add additional information.

The screenshot shows the Epic OpTime HPK: Implant Documentation form for tissue implants. It is divided into two main sections: 'Reception of the Tissue' and 'Preparation'.

Reception of the Tissue:

- Is this implant a tissue? (Yes/No buttons)
- Is this tissue autologous (from the same patient)? (Yes/No buttons)
- Received By: (Searchable text field)
- Time Received: (Time and Date pickers, Now button)
- Implant ID (TrackCore): (Text field)
- Tissue not expired? Package Integrity Intact? Acceptable Temperature? (Pass/Fail buttons)
- Implantation Temperature: (Text field)
- Present with Ice (Ice/Dry Ice buttons)

Preparation:

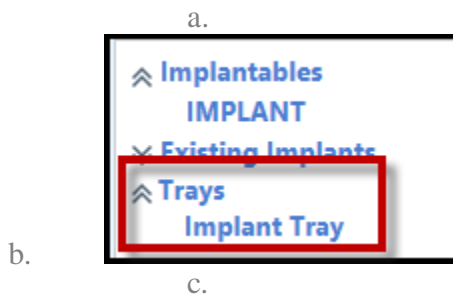
- Prepped By: (Searchable text field)
- Tissue Prep Method: (Reconstitution/Rinsing/Sterilization/Thawing/No Prep buttons)
- Tissue Type: (Skin/Bone/Other/Vessel buttons)
- Tissue Prep Instruction Source: (No Prep Required/Manufacturer Instructions/Per Intraop/Surgeon Instructions buttons)
- Tissue Prep Solution: (Table with columns: Prep Solution, Lot #, Expiration Date)
- Solution Strength and Amount: (Text field)
- Start Time: (Time and Date pickers, Now button)
- End Time: (Time and Date pickers, Now button)

Document an Implant Tray

Implant Trays are a grouping of individual implant components. These components may be implanted together.

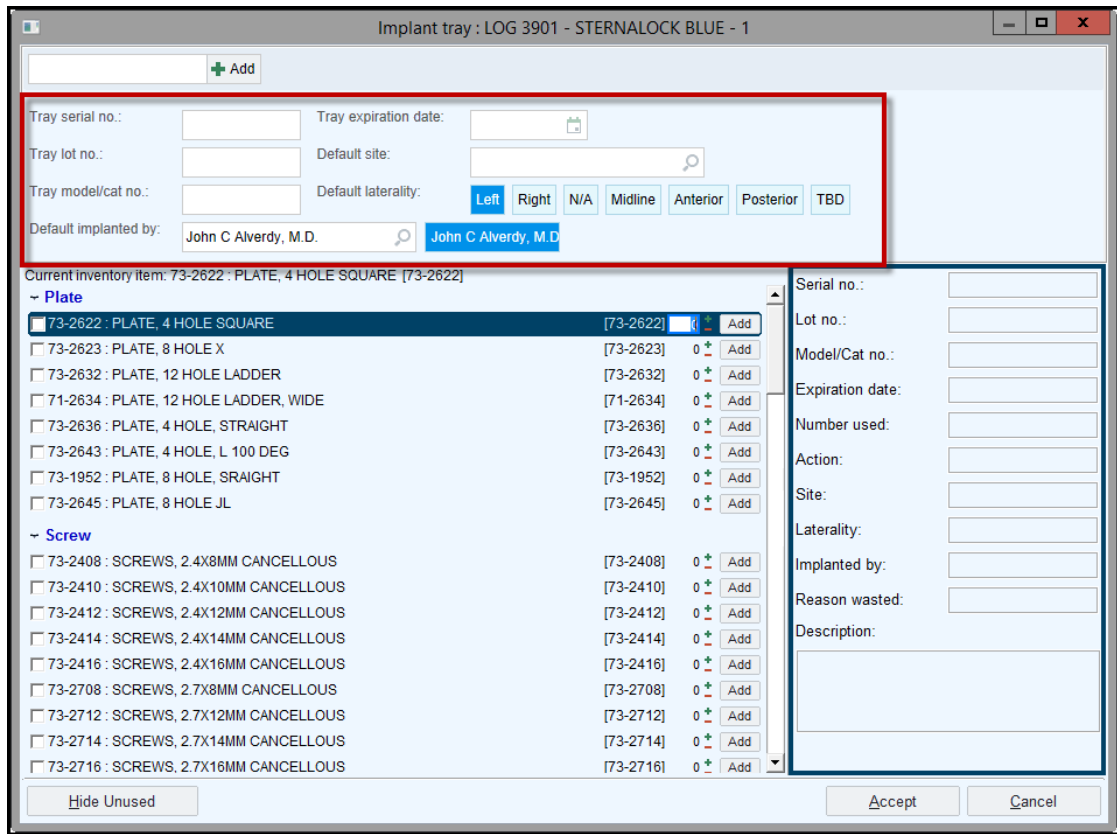
When you select an implant tray in Epic, all components of that tray are displayed so you choose the items and quantities used or wasted during the procedure.

1. From the Implant section, search for the implant tray.
2. On the left side of the search window, select Trays to view the Implant Trays. Select the Implant Tray you would like to add.

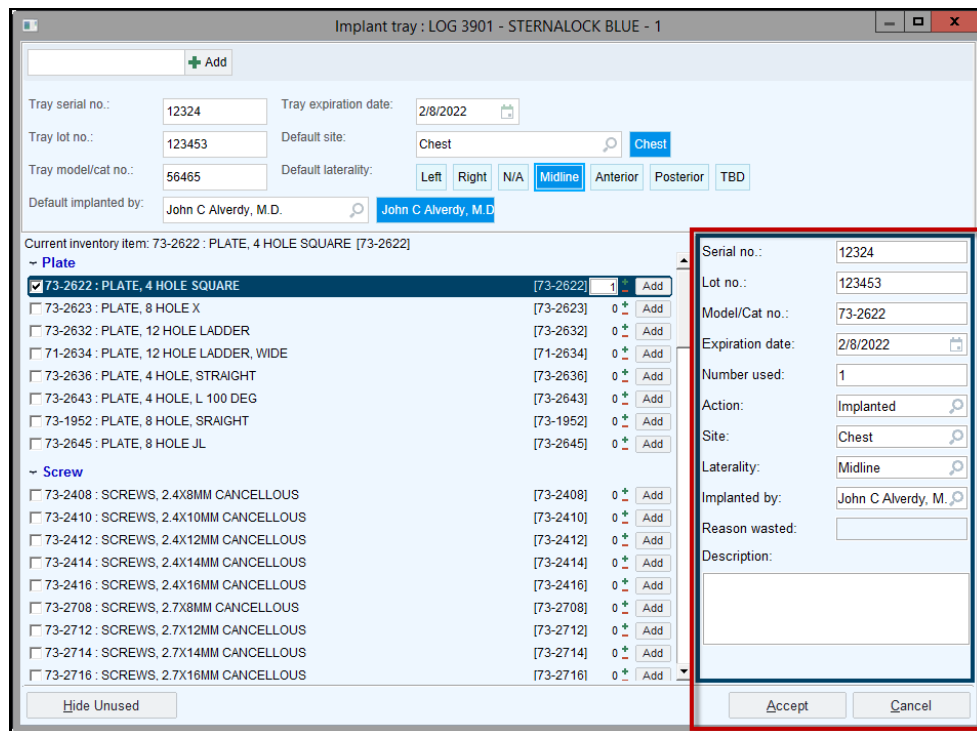


3. The Implant Tray window appears. Ensure to enter default implanted by, default site, and/or default laterality. These details will be inherited by each implant component you select. Therefore, ensure these fields are correct before choosing items.

Epic Tip Sheet: OpTime HPK: Implant Documentation



4. Select the items implanted by checking the box next to each item. Always review/update the information on the right side, such as, the action, site, laterality, etc.



Epic Tip Sheet: OpTime HPK: Implant Documentation

5. To adjust the quantity implanted, click on the plus and minus signs or type the number in the number used field.
6. If an item was Wasted, update the action and enter a Reason Wasted.

Date	Summary of Revisions	User
06/29/22	Converted to new format	Kaitlyn Burns

Epic Tip Sheet: OpTime

Intra-Procedure Specimen Documentation for a Locked Specimen Section

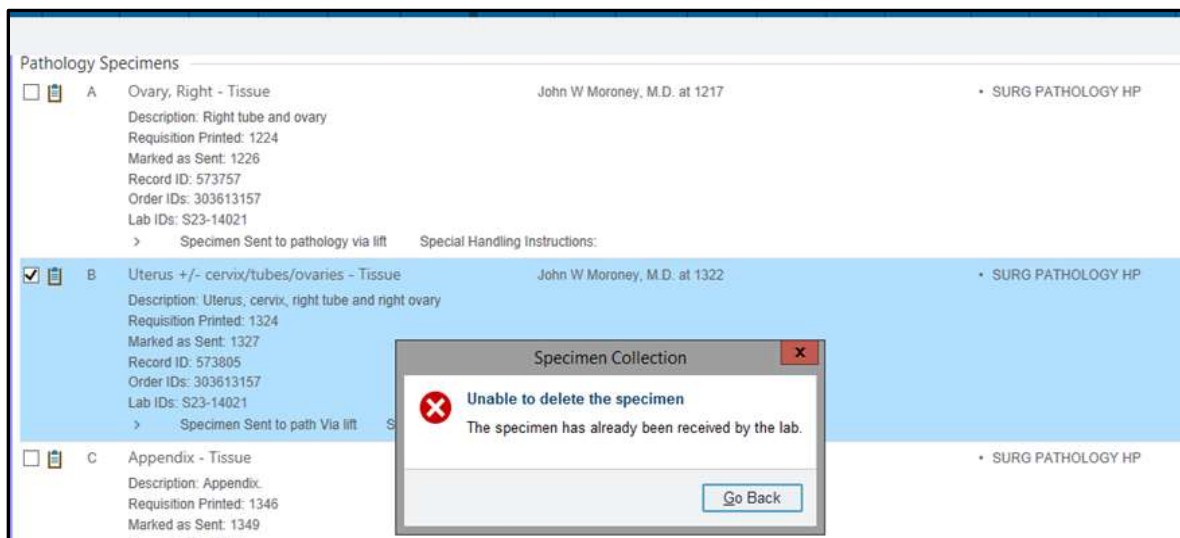
Summary

When an Intra-Procedure RN needs to delete a specimen in the intraop specimen section to correct the specimen documentation, a locked specimen can occur. At this point, the specimen and work on the specimen has started by the Lab, which placed it in a preliminary status and locked documentation in the intraop specimen section. The lock on the specimen after work by the lab has started is a security measure for the specimen. Below are the steps to complete to resolve this incident.

Step-by-Step

Documentation for a Locked Specimen Section

1. **Incident:** An Intra-Procedure RN needs to *delete* a specimen but the intra-procedure Specimen documentation is *locked* after a specimen is removed, the order has been placed (via the *Print Labels* button) and the specimen has been Marked as Sent to the lab.



Resolution:

- a. The Intra-Procedure Nurse should *call* the Lab and ask the Lab to delete the specimen that needs to be corrected or cancel the case number in the Beaker application. In addition, the Intra-Procedure RN will inform them of the error that has occurred, the new specimen documentation will be charted and a new specimen order will be placed.

- b. The Intra-Procedure Nurse will ***re-document*** the specimen, which will create a ***new order***, and reprint the specimen label(s). The reprinted labels will need to be hand delivered to the lab for placement on the specimen container and sign off on Pathology correction forms.

Date Created/Updated	Summary of Revisions	User
05/14/23	Tip sheet created	Cassandra Pryor
05/26/23	Minor edit	S. Webb

Epic Tip Sheet: OpTime HPK: RFO Orders

Summary

When a retained foreign object is suspected, order the appropriate imaging in Epic. The database contains RFO-specific imaging orders.

Step-by-Step

1. In the Manage Orders activity, open the **Order Entry** tab.
2. In the search field, enter *rfo*.
3. RFO-specific imaging orders appear (“RFO” appears at the end of the order name). Select the order.

The screenshot shows the 'Order and Order Set Search' window in Epic. The search term 'RFO' is entered in the search field. The results are categorized into 'Order Sets & Panels', 'Medications', and 'Procedures'. The 'Procedures' section is expanded, showing a list of RFO-specific imaging orders. The first row is highlighted in blue.

Name	Px Code	Pref List	Cost to Org
XR P RFO Port Abdomen 1 View (aka RFO)	RADP3915	SURGERY INTRA-OP RA...	
XR P RFO Port Chest 1 View (aka RFO)	RADP3914	SURGERY INTRA-OP RA...	
XR P RFO Port Pelvis 1 View (aka RFO)	RADP3916	SURGERY INTRA-OP RA...	
XR RFO Port Abdomen 1 View (aka RFO)	RAD3915	SURGERY INTRA-OP RA...	
XR RFO Port Cervical Spine 1 View (aka RFO)	RAD9352	SURGERY INTRA-OP RA...	
XR RFO Port Chest 1 View (aka RFO)	RAD3914	SURGERY INTRA-OP RA...	
XR RFO Port Elbow 1 View, LT (aka RFO)	RAD9366	SURGERY INTRA-OP RA...	
XR RFO Port Elbow 1 View, RT (aka RFO)	RAD9367	SURGERY INTRA-OP RA...	
XR RFO Port Elbow 2 Views, LT (aka RFO)	RAD9368	SURGERY INTRA-OP RA...	
XR RFO Port Elbow 2 Views, RT (aka RFO)	RAD9369	SURGERY INTRA-OP RA...	
XR RFO Port Femur 1 View, Lt (aka RFO)	RAD9339	SURGERY INTRA-OP RA...	
XR RFO Port Femur 1 View, Rt (aka RFO)	RAD9340	SURGERY INTRA-OP RA...	
XR RFO Port Femur 2 Views Min, Lt (aka RFO)	RAD9341	SURGERY INTRA-OP RA...	
XR RFO Port Femur 2 Views Min, Rt (aka RFO)	RAD9342	SURGERY INTRA-OP RA...	
XR RFO Port Forearm 1 View, LT (aka RFO)	RAD9364	SURGERY INTRA-OP RA...	
XR RFO Port Forearm 1 View, RT (aka RFO)	RAD9365	SURGERY INTRA-OP RA...	

4. The Order Composer opens. Change the **Priority** to “STAT with Interpretation.”
5. Address all hard stops. Select the **RFO trigger** and enter the **Suspected RFO location, Name of the suspected RFO**, and the **Attending surgeon and pager**.

Epic Tip Sheet: OpTime HPK: RFO Orders

XR P Port Abdomen 1V - RFO

Priority: STAT with Ir. ROUTINE STAT w/o Interpretation **STAT with Interpretation**

RFO trigger:

Surgery length greater than 8 hours Pregnant and BMI over 50 BMI over 40

Urgent change in planned procedure Multiple surgical teams Removal of intentional RFO Cardiac arrest

Incorrect count R/O RFO Intentional RFO Organ Procurement Organ Transplant

Suspected RFO location:

Name of suspected RFO:

Attending Surgeon name/pager:

Body Mass Index (BMI):

Class: Normal Normal Research

Comments: Surgical Case Information
Procedure(s): Procedure(s):
EP ATRIAL FLUTTER ABLATION
Operating Room: CDOR 06 WEST
Surgeon(s) and Role:

Phase of Care:

CC Results: Recipient Modifier Add PCP Add My List

Next Required Link Order Accept Cancel

6. In the **Comments** field, the surgical case information auto-populates. Edit or add to it as necessary.
7. In the **Phase of Care** field, select “Intra-op.”

Comments: Surgical Case Information
Procedure(s): Procedure(s):
EP ATRIAL FLUTTER ABLATION
Operating Room: CDOR 06 WEST
Surgeon(s) and Role:

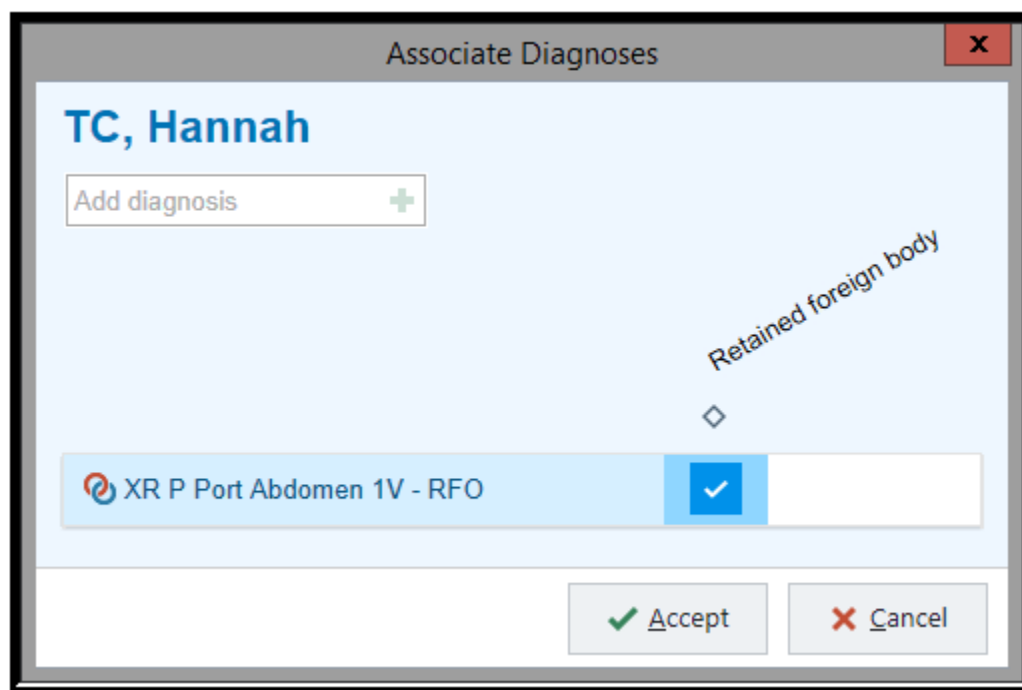
Phase of Care: INTRA-OP

CC Results: Recipient Modifier

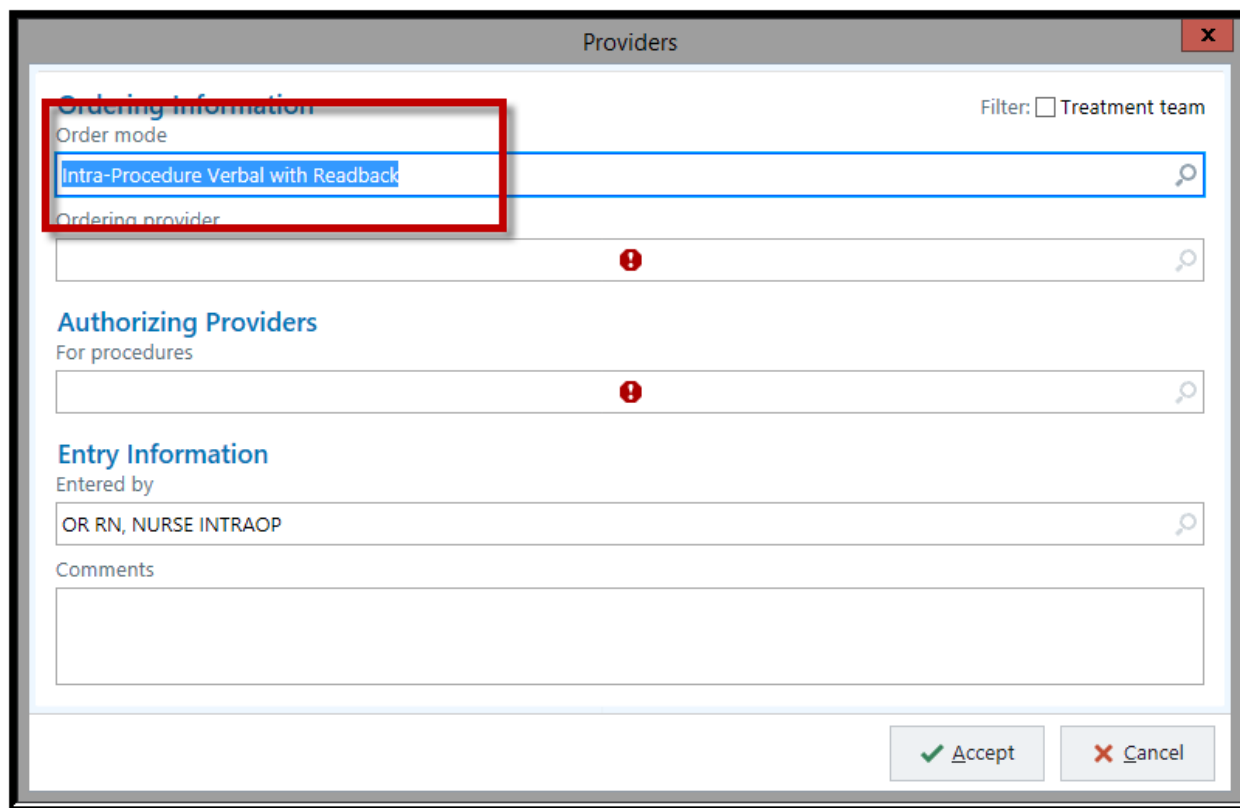
8. Click the **Sign** button.
9. Associate the RFO order to the “Retained Foreign Body” diagnosis.

Note: If the Retained Foreign Body diagnosis does not appear, enter “retained foreign body” in the **Diagnosis** field and click the + icon. Select “Retained Foreign Body,” diagnosis code V90.9.

Epic Tip Sheet: OpTime HPK: RFO Orders



10. In the Providers window, select the “Intra-Procedure Verbal with Readback” **Order Mode**. Enter the case surgeon as the **Ordering Provider** and enter yourself in the **Entered By** field. Finish signing the order.



Epic Tip Sheet: OpTime

HPK: RFO Orders

Date	Summary of Revisions	User
07/01/22	Converted to new format	Kaitlyn Burns

Epic Tip Sheet: OpTime HPK: SANDPO and Status Board Icons

Summary

The OR Status Boards display a variety of icons to communicate information.

SANDPO Triggers

S	The Surgical service member (MD, DO, APN, PA) clicks the Surgeon Ready button to indicate surgical service is available and the patient may be taken to the operating room.
A	The Anesthesiologist (Attending only) clicks the Anesthesia Pre-Op Complete button to indicate that the assessment is complete.
N	The Pre-op Nurse clicks the Pre-op Nursing Ready button to indicate the nursing documentation is complete. Note: Optionally, the Nurse can click the Events button and enter a Time In next to IN PRE NURSING READY .
D	Appears automatically when the six required Pre-op Checklist flowsheet rows have been populated: <ul style="list-style-type: none">• Signed Consent in Chart• Procedure/Surgery Site/Laterality Written• Valid H&P Present• Procedure/Surgery Site/Laterality Marked by Proceduralist/Surgeon• Procedure/Surgery Site/Laterality Matches Patient Response• Procedure/Surgery Site/Laterality Matches Status Board
P	The Pre-op Nurse clicks the Patient Ready button to indicate the patient is ready to go to surgery Note: Optionally, the Nurse can click the Events button and enter a Time In next to IN PRE PATIENT READY .
O	The Circulating Nurse documents the case tracking event “ ROOM READY FOR PATIENT ” once the room is clean and ready for the next patient and he/she is confident that all supplies and equipment will be available when needed.

Epic Tip Sheet: OpTime HPK: SANDPO and Status Board Icons

Status Board Icons

Legend x

Nurse Ready

Pre-Op Nursing Ready	Pre-Op Nursing Ready - Set by Default -ICU
----------------------	--

Anes Ready

No anesthesia Services Required	Anesthesia Pre-Op Ready
---------------------------------	-------------------------

OR Room Ready

Room ready For Patient - From ICU	Room Ready For Patient
-----------------------------------	------------------------

Surgeon Ready

Surgeon Ready

Green Light

Green Light

DC PACU

PACU DC Orders

Docs Ready

Documentation Ready	Documentation Ready - From ICU
---------------------	--------------------------------

Pt. Ready

Patient Ready	Patient ready - From ICU
---------------	--------------------------

Add-on

The case is an add-on.	The case is a scheduled add-on.
------------------------	---------------------------------

Latex Allergy

Latex Allergy

Enc Closed

Encounter closed

Other

Issues with ADT Contact	Cases notes
Pending Orders	Orders Need Acknowledged
Orders Stat	Anesthesia Note Present
OR Delay Documented	Discharge
Appointment notes	Enhanced Recovery

Close

Epic Tip Sheet: OpTime HPK: SANDPO and Status Board Icons

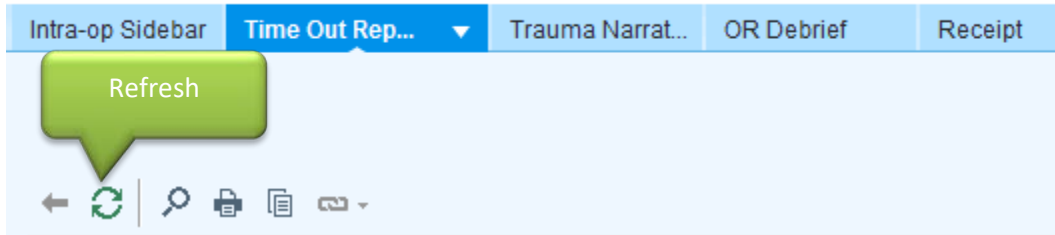
Date	Summary of Revisions	User
07/01/22	Updated & converted to new format	Kaitlyn Burns

Sidebar Report

Refresh

To ensure up-to-date and accurate data, be sure to “refresh” at the start of EVERY Pre-Incision TimeOut & OR Debrief

The Sidebar Report can also access the Trauma Navigator and Receipt events.

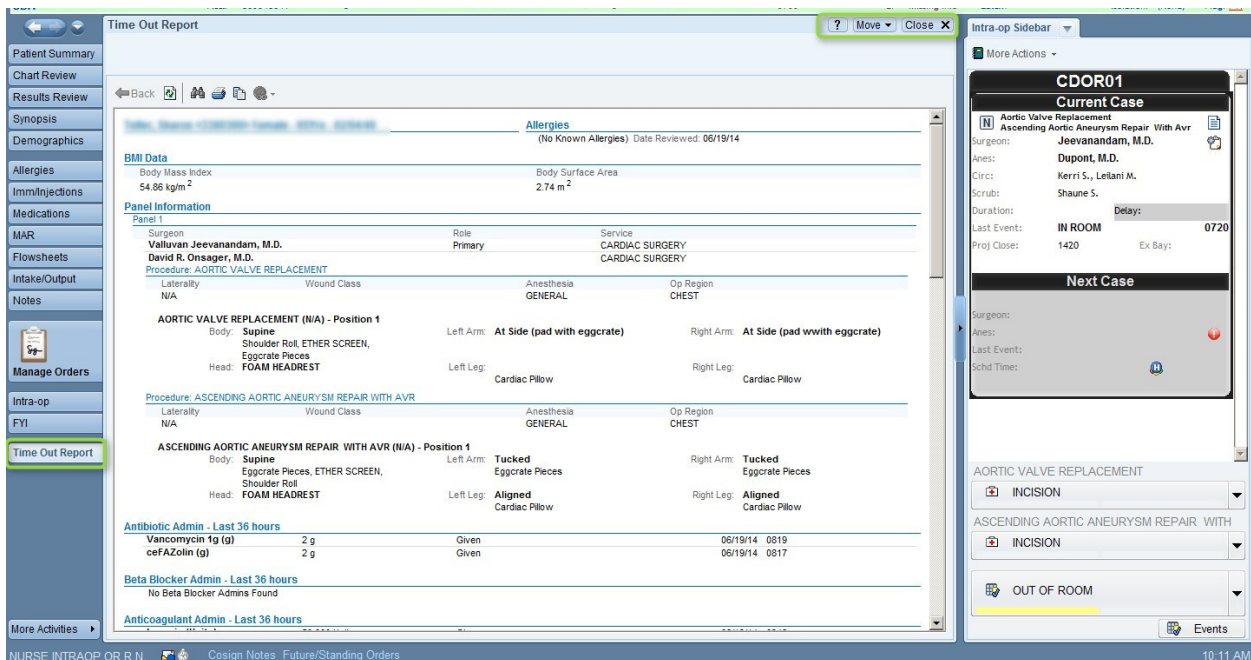


Various options for moving sidebar information



A view of the Time out Report when “moved to left pane”, notice the tab has been removed from the sidebar area.

1. Move options: “Move to sidebar” and “Move to Floating Window”.
2. Sidebar reports will remain with other activities if “close” is selected, user can select the Time Out Report from the left and restore it to previous location.



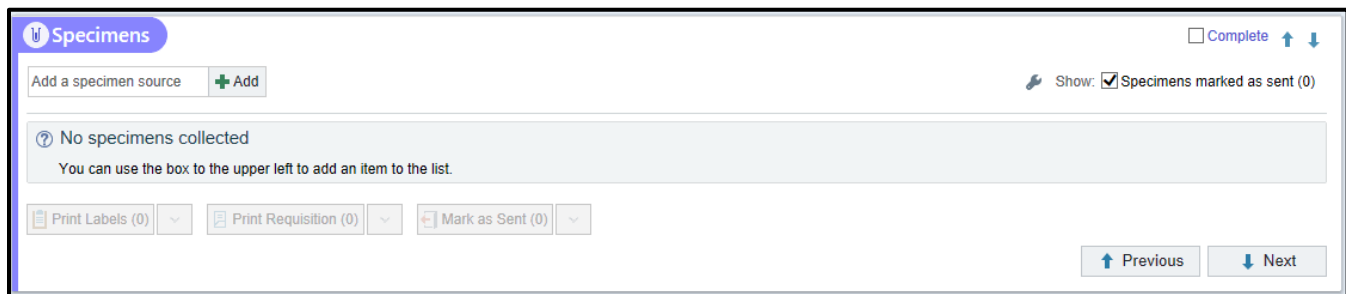
Epic Tip Sheet: OpTime HPK: Documenting Specimens

Summary

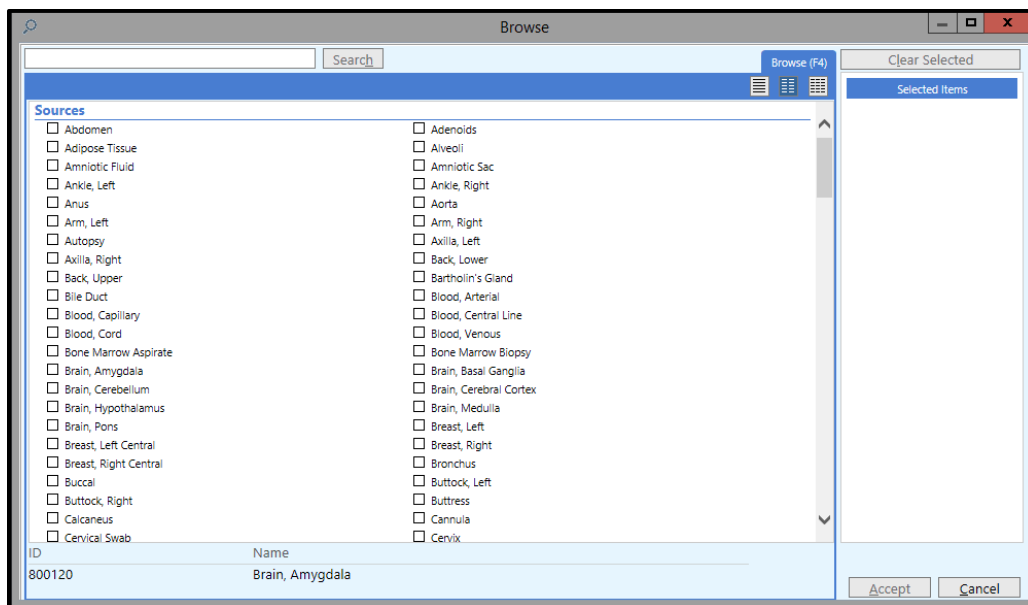
You will document specimens in the “Specimen” activity located in the intra-op navigator.

Step-by-Step

1. From the intra-op navigator, open the **Specimen** section.



2. Click **+Add**
 - Specimens can default based on preference card information. If nothing defaults, select the appropriate specimen source:
3. Select the appropriate specimen source(s) by selecting the checkbox adjacent to the source. The source is the location in the body from which the specimen was collected.



Epic Tip Sheet: OpTime HPK: Documenting Specimens

4. Click **Accept**
5. Select a test. After selecting the source, the system may suggest a common type and a common test.
 - If the appropriate type or test is not present or you desire to make changes, *click* the selection tool or the [+Add] button.
 - By selecting a test, notice that the stop sign by Specimen ID disappears.

Abdomen -

Type: Tissue

Tests: SURG PATHOLOGY HP OB SURG PATHOLOGY
 CULTURE, WOUND CULTURE, ANAEROBIC
 CULTURE, FUNGAL CULTURE & STAIN, AFB
 HEMATOPATHOLOGY, NON-BONE MARROW

Authorized by: John C Alverdy, M.D.

Collected by: John C Alverdy, M.D.

CC Recipients:

Specimen ID: A

Collected at: 1217

Marked as Sent:

Description:

Frozen?

FNA Immediate Adequacy:

6. Notice the Authorized By and Collected By fields automatically default with the surgeons name
7. The cc recipient section allows you to send the results to others, such as the attending physician.
8. Update the specimen collection time if needed (it will automatically put the time you opened the specimen form)
9. **Do not** update the “Marked as Sent” time. We will mark the item as sent at the end.
10. Add a description
 - a. **NOTE:** only about 25 characters will print out on the label. Type the most important part of the description first so it can be printed on the label. The lab staff will be able to see the entire description in Epic. Also, the full description will print out on the requisition.
2. Document any additional information, as needed
 - FNA Immediate Adequacy - Fine-needle aspiration is a minimally invasive way to obtain a cell sample to confirm a diagnosis or guide treatment. Fine-needle aspiration is an alternative to more invasive methods such as incisional or excisional biopsy.

Epic Tip Sheet: OpTime HPK: Documenting Specimens

- Non-frozen attributes
- Time placed in formalin

3. Select an appropriate priority

4. Click **Accept** to save the specimen

11. Notice that the **Diagnosis code** pulls in from the case. If it is not documented, you will need to enter it.

The screenshot shows the Epic Specimens interface. At the top, there is a search bar for 'Add a specimen source' and a '+ Add' button. On the right, there is a 'Complete' checkbox and a 'Show: Specimens marked as sent (0)' filter. Below this is a table with columns for 'ID', 'Specimen', 'Collected by', and 'Tests'. A single entry is visible: 'A Abdomen - Tissue' collected by 'Surgeon W/ Sched Ucmc, M.D. at 1155' with tests 'SURG PATHOLOGY'. Below the table is a 'Description' field. Under 'Additional Information', there is a 'Diagnosis codes' section with a '+ Add' button and a dropdown menu showing 'Appendicitis with abscess [K35.33]'. There is also a 'Comments' section with a rich text editor. At the bottom, there are three buttons: 'Print Labels (1)', 'Print Requisition (1)', and 'Mark as Sent (1)'. There are also 'Previous' and 'Next' navigation buttons.

12. Click “Print Label” and “Print Requisition”

- **Print Labels** will print the label that you need to adhere to the specimen(s). This also generates the order in the background. You are completing the documentation and placing the order in one step.
- **Print Requisition** will print the requisition that you should send with the specimen(s) to the lab.

This screenshot is identical to the one above, but with a red rectangular box highlighting the three buttons at the bottom: 'Print Labels (1)', 'Print Requisition (1)', and 'Mark as Sent (1)'. The rest of the interface, including the specimen entry and diagnosis code, remains the same.

Epic Tip Sheet: OpTime HPK: Documenting Specimens

13. Place the correct specimen label on the right specimen.

- This is a critical step and can impact the lab workflow if not done correctly.

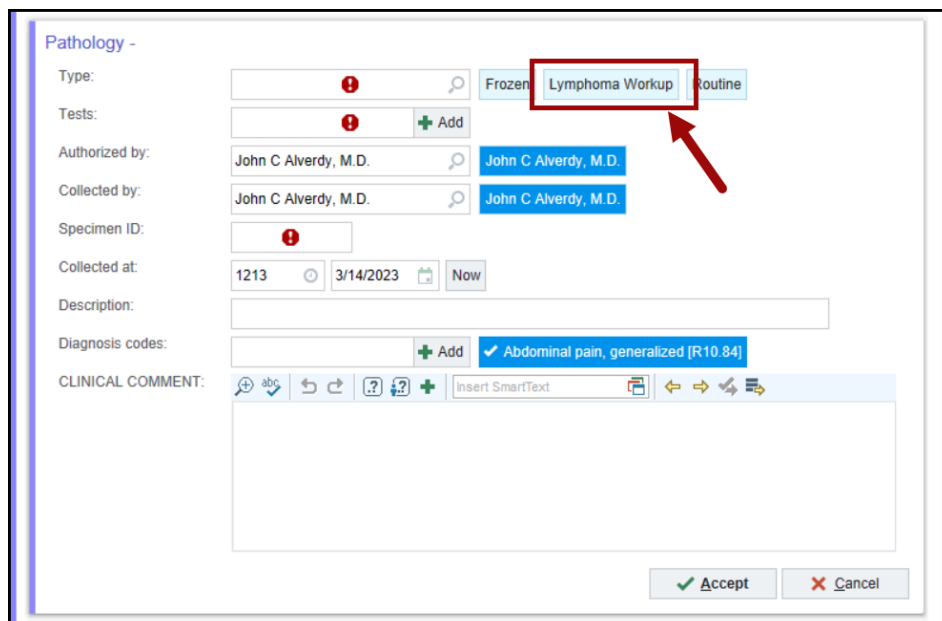
14. Send the specimen(s) to the lab and click “Mark as Sent”

- This records the time that you sent the specimens to the lab. If labs are sent individually, you can always document this for the individual specimen.
- The specimen will gray-out once “Mark as Sent” is selected. You will not be able to make any changes. If edits are needed, call the lab to cancel the order and re-enter the specimen in Epic.

“Lymphoma Workup” is now called “Hematopathology, Non Bone Marrow”

When you need to send a specimen for a lymphoma workup, the test you will select is called “hematopathology, non bone marrow”.

Current State:



The screenshot displays the Epic Pathology form interface. The 'Type' field is set to 'Frozen Lymphoma Workup Routine', with 'Lymphoma Workup' highlighted by a red box and a red arrow. The 'Tests' field is empty with an 'Add' button. The 'Authorized by:' and 'Collected by:' fields are both populated with 'John C Alverdy, M.D.'. The 'Specimen ID:' field is empty with a red error icon. The 'Collected at:' field shows '1213' and '3/14/2023'. The 'Description:' field is empty. The 'Diagnosis codes:' field has 'Abdominal pain, generalized [R10.84]' selected. The 'CLINICAL COMMENT:' field is empty with a text entry area and 'Insert SmartText' button. At the bottom right, there are 'Accept' and 'Cancel' buttons.

Epic Tip Sheet: OpTime HPK: Documenting Specimens

Future State:

The screenshot shows the Epic OpTime interface for documenting a specimen. The form is titled "Abdomen -". The "Type" field is set to "Tissue". The "Tests" section includes checkboxes for "SURG PATHOLOGY HP", "OB SURG PATHOLOGY", "CULTURE, WOUND", "CULTURE, ANAEROBIC", "CULTURE, FUNGAL", "CULTURE & STAIN, AFP", and "HEMATOPATHOLOGY, NON-BONE MARROW". The "HEMATOPATHOLOGY, NON-BONE MARROW" checkbox is highlighted with a red box, and a red arrow points to it. The "Authorized by" and "Collected by" fields are both set to "John C Alverdy, M.D.". The "CC Recipients" section includes "Attending", "Referring", and "Surgeons". The "Specimen ID" field is empty. The "Collected at" field is set to "1217" and "3/14/2023". The "Marked as Sent" field is set to "Now". The "Description" field is empty. The "FNA Immediate Adequacy" section has "Yes" and "No" buttons. The "Non-frozen attributes" section has a "Fixed In Formalin" button.

Date	Summary of Revisions	User
02/23/23	Tip sheet created	Kaitlyn Kucia
03/14/23	Updated	Kaitlyn Kucia

Epic Tip Sheet: OpTime HPK: Ordering Blood Products in the OR

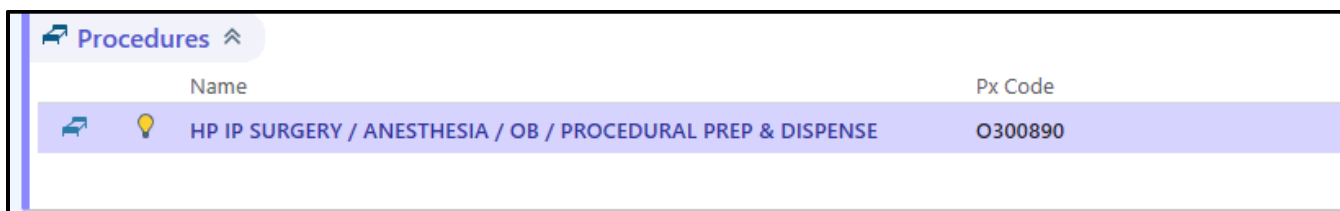
Summary

When ordering blood products in the operating room for a case WITH anesthesia, use the HP IP SURGERY/ANESTHESIA/OB/PROCEDURAL PREP AND DISPENSE order.

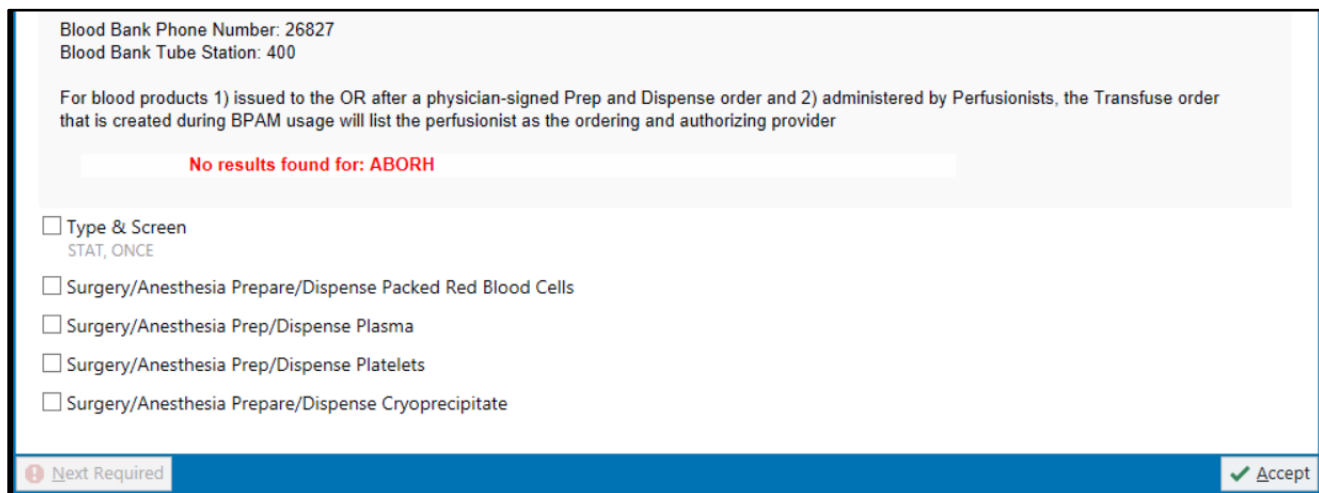
When ordering blood products outside of the operating room or for a case WITHOUT anesthesia, use the HP IP/ED: Blood Product Transfusion Order order set.

Order Blood Products for a Case with Anesthesia

1. Go to Manage Orders
2. In the Order Entry sidebar, search for “Prep and Dispense”
3. Select the HP IP SURGERY/ANESTHESIA/OB/PROCEDURAL PREP AND DISPENSE order



4. Select the order(s) you want to place and enter the order details



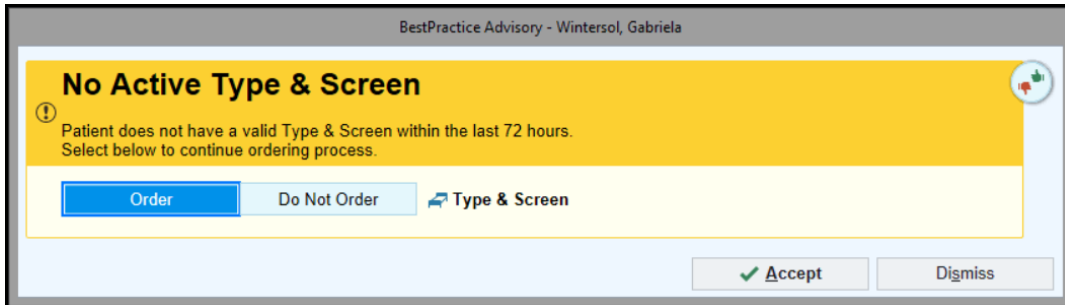
5. Sign the order(s)

Order Blood Products for a Case without Anesthesia

1. Go to Manage Orders
2. In the Order Entry sidebar, search for “IP Blood”

Epic Tip Sheet: OpTime HPK: Ordering Blood Products in the OR

3. Select the **HP IP/ED: Blood Product Transfusion Orders (591)** order set
4. Select a blood product order
5. If a type and screen is needed, you will receive a BPA pop-up prompting you to order the type and screen. Click **Accept**



6. Complete all required fields for the type & screen and prepare and transfuse orders
 - o Notice that there are two separate orders, a prepare order and a transfuse order. **Both orders are required!**
 - Prepare order: The prepare order is for blood bank. This will alert blood bank that a blood product is needed.
 - Transfuse order: The transfuse order allows the nurse to document the blood transfusion in the flowsheet activity



7. Sign the orders

Epic Tip Sheet: OpTime

HPK: Ordering Blood Products in the OR

Date	Summary of Revisions	User
03/14/23	Tip sheet created	Kaitlyn Kucia

Epic Tip Sheet: OpTime Intra-op Specimen Navigator Miscellaneous Tests

Summary

When the test to be ordered in the specimen navigator cannot be found, utilize the specimen source and specimen type of other to add the miscellaneous test request. In the specimen description field, enter the name of the test to be performed.



This is a temporary workflow until the specimen navigator can be enhanced post go-live during optimization.

Step-by-Step

Miscellaneous Sendout Request

1. In the Add a specimen source field, select **Other**.
2. Select **Other** for the specimen type.
3. In the **Tests** search box, lookup **UCM_LAB MISCELLANEOUS SENDOUT REQUEST**.
4. Enter the **name of the test to be performed** in the specimen **description**.
 - Example 1: OCCULAR FLUID – CMV FLUID SENDOUT
 - Example 2: OCCULAR FLUID – LYSOZYME
5. Continue documenting the specimen collection as normal, **Print Labels**, and **Mark as Sent**.

The screenshot shows the 'Specimens' interface with the following elements highlighted:

- 1**: The '+ Add' button next to 'Add a specimen source'.
- 2**: The 'Other' selection in the 'Type' dropdown menu.
- 3**: The 'UCM_LAB MISCELLANEOUS SENDOUT REQUEST' selection in the 'Tests' dropdown menu.
- 4**: The text 'OCULAR FLUID - CMV FLUID SENDOUT' entered in the 'Description' field.

Wound Classification Definitions in Epic

The screenshot displays the Epic EMR interface for a procedure. The main window is titled 'Procedures' and shows a 'Panel 1' with a list of surgeons. Below this, there is a section for 'FEMORAL ARTERY REPAIR' with various input fields for laterality, site, anesthesia type, and wound class. The wound class options are: CLASS I - CLEAN WOUNDS, CLASS II - CLEAN-CONTAMINATED WOUNDS, CLASS III - CONTAMINATED WOUNDS, and CLASS IV - DIRTY OR INFECTED WOUNDS. On the right side, there is an 'Intra-op Sidebar' with a 'More Actions' menu. A black arrow points to the 'Wound Classification Definitions' option in this menu. Below the sidebar, there is a 'Next Case' section and a 'FEMORAL ARTERY REPAIR' section with a dropdown menu showing 'INCISION' and 'OUT OF ROOM'.

Surgeon	Role	Service
[Redacted] M.D.	Primary	VASCULAR SURGERY
[Redacted] M.D.	Resident - Assisting	
[Redacted] M.D.	Assisting	VASCULAR SURGERY

Wound Classification Definitions:

- CLASS I - CLEAN WOUNDS
- CLASS II - CLEAN-CONTAMINATED WOUNDS
- CLASS III - CONTAMINATED WOUNDS
- CLASS IV - DIRTY OR INFECTED WOUNDS

Wound Classification Definitions in EPIC

Wound Classifications

WOUND CLASSIFICATION DEFINITIONS

Class I / Clean

An uninfected operative wound in which no inflammation is encountered and the respiratory, alimentary, genital, or uninfected urinary tract is not entered. In addition, clean wounds are primarily closed and, if necessary, drained with closed drainage. Operative incisional wounds that follow non-penetrating (blunt) trauma should be included in this category if they meet the criteria.

Examples of "Clean" cases include: mastectomy, vascular bypass graft, exploratory laparotomy, hernia repair, thyroidectomy, total hip or knee replacement, total hip replacements for avascular necrosis, removal of 'old' hardware without evidence of infection.

Class II Clean/Contaminated

An operative wound in which the respiratory, alimentary, genital or urinary tracts are entered under controlled conditions and without unusual contamination. Specifically, operations involving the biliary tract, appendix, vagina, and oropharynx are included in this category, provided no evidence of infection or major break in technique is encountered.

Examples of "Clean/Contaminated" cases include: uncomplicated cholecystectomy, colectomy, colostomy reversals, roux-en-Y, laryngectomy, small bowel resection, transurethral resection of the prostate, Whipple pancreaticoduodenectomy.

Class III Contaminated

Open, fresh, accidental wounds are included. In addition, operations with major breaks in sterile technique or gross spillage from the gastrointestinal tract, and incisions in which acute, non-purulent inflammation is encountered including necrotic tissue without evidence of purulent drainage (e.g., dry gangrene) are included in this category.

Examples of "Contaminated" cases include: appendectomy for acute appendicitis, cholecystectomy for acute cholecystitis, or open surgical wounds returning to the OR.

Examples of major break in sterile technique include but are not limited to non-sterile equipment or debris found in the operative field.

Class IV Dirty/Infected

Old traumatic wounds with retained devitalized tissue and those that involve existing clinical infection or perforated viscera. This definition suggests that the organisms causing postoperative infection were present in the operative field before the operation.

Examples of "Dirty/Infected" cases include: excision and drainage of abscess, perforated bowel, peritonitis, ruptured appendix, gangrenous gallbladder.

Wound classification determines the level of contamination of the surgical wound by estimating the bacterial load at the surgical site at the time of the principal operative procedure. ACS NSQIP Wound Classification (Last updated ACS NSQIP Operational Manual, Chapter 4, pages 72-73, 7/1/2014)

Epic Documentation

Find the wound classification agreed upon during the surgical debriefing by the attending surgeon

Click on procedures in the Intraop Navigator to find wound classification

The screenshot shows the Epic Intraop Navigator interface. On the left, there is a navigation pane with sections for 'Pre-Incision' and 'Procedure'. The 'Procedures' section is selected. The main area displays 'Panel 1: UROLOGY with [redacted] M.D.' and lists 'Surgeons' and 'Procedures'. The 'Procedures' section is expanded to show details for 'ROBOTIC ASSISTED LAPAROSCOPIC PROSTATECTOMY W/PELVIC LYMPH NODE DISSECTION'. The 'Wound class' field is highlighted with a red arrow, showing four options: 'CLASS I - CLEAN WOUNDS', 'CLASS II - CLEAN-CONTAMINATED WOUNDS', 'CLASS III - CONTAMINATED WOUNDS', and 'CLASS IV - DIRTY OR INFECTED WOUNDS'. Other fields include 'Approach' (N/A), 'Site' (ABDOMEN), and 'Anesthesia type' (GENERAL).

Epic Documentation

The screenshot displays the Epic Intra-op interface. On the left is a navigation pane with sections for Pre-Incision, Procedure, and Closing. The main area is titled 'Procedures' and shows a panel for 'UROLOGY with [redacted] M.D.'. Below this, there are sections for 'Surgeons' and 'Procedures'. The 'Procedures' section is active, showing a procedure entry for 'ROBOTIC ASSISTED LAPAROSCOPIC PROSTATECTOMY W/PELVIC LYMPH NODE DISSECTION'. The 'Wound class' dropdown menu is open, showing four options: 'CLASS I - CLEAN WOUNDS' (highlighted), 'CLASS II - CLEAN-CONTAMINATED WOUNDS', 'CLASS III - CONTAMINATED WOUNDS', and 'CLASS IV - DIRTY OR INFECTED WOUNDS'. A large black arrow points from the left side of the screen towards the 'Wound class' dropdown. The procedure details include 'Approach: ABDOMEN' and 'Anesthesia type: GENERAL'. The procedure description is 'Procedure performed: Robotic Assisted Laproscopic Prostatectomy with Bilateral Pelvic Lymph Node Dissection.' The interface also includes a 'Complete' checkbox, 'Previous' and 'Next' navigation buttons, and an 'Exclude from time averaging?' checkbox.

Procedures Complete

Panel 1: UROLOGY with [redacted] M.D.

Surgeons

Surgeon	Role	Service
[redacted] M.D.	Primary	UROLOGY
[redacted]	Fellow	UROLOGY

Procedures

ROBOTIC ASSISTED LAPAROSCOPIC PROSTATECTOMY W/PELVIC LYMPH NODE DISSECTION

Approach: **ABDOMEN**

Anesthesia type: **GENERAL**

Wound class: **CLASS I - CLEAN WOUNDS** | CLASS II - CLEAN-CONTAMINATED WOUNDS | CLASS III - CONTAMINATED WOUNDS | CLASS IV - DIRTY OR INFECTED WOUNDS

Comments: Procedure performed: Robotic Assisted Laproscopic Prostatectomy with Bilateral Pelvic Lymph Node Dissection.




Exclude from time averaging?

Previous F7 | Next F8

Epic Documentation Surgical Debriefing

Debrief Checklist

Complete  

Time taken:    Values By

Show: Row Info Last Filed

DEBRIEF CHECKLIST- Debrief Items Discussed(Place a check in the corresponding box if the Debrief Timeout item was discussed; otherwise leave blank)

Review of the actual procedure(s) performed

Need for RFO X-ray and Pause for Gauze (Final Count) before drape removal discussed

Wound Classification reviewed

Incision Closure reviewed

Specimen Labeling instructions

Review estimated blood loss, IV fluid/blood products given, intraoperative urine output

Post-op Antibiotic plan discussed

Post-op VTE plan

Post-op foley plan

Post-op wound care plan discussed

Key concerns for recovery, post-op management/protocol alterations discussed

Expected Disposition (airway, condition, location, monitoring and Anticipated Date of Discharge (ADOD) discussed

ID band present on patient

Equipment issues addressed

Equipment Comments

Surgeon(s) Name

Event Reporting

UChicago Medicine Intranet Home page

Access and click on the Patient Quality & Safety Tab

A new page will display and click on "Patient Safety & Risk Management"

Locate "Event Reporting System" on the right side of the intranet page.

Click on Log in with Event Reporting (enter a new event report).



Event Reporting

AT THE FOREFRONT
UChicago
Medicine

powered by
riskconnect

General Information

Surgery

Submit

What is being reported?

Incident
 Near Miss
 Unsafe Condition

Patient Lookup

Patient First Name

Patient Last Name

Patient DOB

Patient MRN

Event Description

Date of Event

Time of Event

FIRE SAFETY IN THE OR

RACER

R-Rescue

A-Alarm

C-Contain

E-Extinguish

R-Relocate

Fire Alarm Codes

CD OR

Dr. Red, 6th floor, building location (east, central, West), North

COMER

- Fire Alarm Code OR: 321
- Fire Alarm Code PACU: 311

D-CAM

- Fire Alarm Code OR: 271 & 251
- Fire Alarm Code PACU: 251

Alarm Pull Stations

CD OR:

1. Near Fire Exit Stairwells
2. Double doors of the building separations

Comer:

- Across from Female locker room entrance by the fire exit, **321**
- Across from OR 4 in the clean core by the fire exit, **321**

Alarm Pull Stations

DCAM:

- Near the Double doors (red lines)
by OR 5, **271**
- Across from x-ray equipment (North) storage area by the
fire exit, **271**
- Across from the decontamination room, **271**
- Near OR 3 OR doors, **251**
- Near Clean Case Cart elevator (in sterile Core), **271**

Red phones

- In the event of a phone system failure, you would communicate with other areas in the organization via the **red phones**.
- The location of the **red phones** in all 3 ORs are at the **control desk/Command Center**.
- In addition, CD-OR has a **red phone** at the Command Center and East & West Nurse's Desk.

Extinguish

- P- **Pull** the pin. This will allow you discharge the extinguisher
- A- **AIM** at the base of the fire. If you aim at the flame, the extinguishing agent will fly through the fire. You want to hit the fuel.
- S- **Squeeze** the top handle or lever. This depresses a button that releases the pressurized extinguishing agent to extinguisher.
- S- **Sweep** from side to side. Until the fire is completely out. Start using the extinguisher from a safe distance away (Stand about 6' – 8' back from the base of the fire), then move forward. Once the fire is out, keep an eye on the area in case it reignites.

Fire Extinguisher Locations

CD OR:

- **Water** : Command Center, West & East Nurse desks.
- Other locations:
 - Near the Fire exits and the double doors for the building separation

COMER:

- Outside Main OR doors by the Control Desk.
- Across from OR 2 (K383) CO2

DCAM:

- Across from OR 5, CO2
- Across from OR 1, CO2

Relocation

- Patient (s) should be relocated **horizontally** to a safe zone on the same floor (this is designated by the safety department, fire department, and charge nurse) and is shown on the relocation maps by the pull stations.
 - Safe Zones:
 - Comer and D-cam: PACU if no event is occurring there as well
 - CD-OR: RELOCATION OF PATIENT SHOULD BE TOWARD THE NEAREST BUILDING (EAST, WEST, OR CENTRAL THEN TO THE PACU.
 - Building separation is four (4) hours (i.e. from DCAM to Comer).
 - Operating rooms and sub zones have minimal time. (Have at least 1 hour).

(AORN, 2007 and AORN, 2009)

Relocation

- After relocation of OR room, last person must close all OR doors (Clean/Sterile Core included) and place wet towels at base of the door
- Do not remove any item (s) or equipment from the affected operating room until cleared by the Safety and Fire Department.

(AORN, 2009)

OPERATING ROOM FLEXIBLE SCOPE PROCESS

Obtain a Flexible Scope Process:

CCD OR PROCESS to Remove a Flexible Scope from Scope Room:

When removing a scope from the scope room, please place a patient sticker in the binder located in the Scope Room, CCD OR room #6980 A.

Document in the log the following from the green tag on the Flexible scope:

The Cycle number

Serial Number

Expiration date

In addition, Document your initials, the date, and where the scope is going (OR #, ICU, Unit, patient room, etc.).

If the scope was not used or in a patient's OR/room: document on the corresponding flexible scope line.



Scope Tracking Log - CDOR

Procedure Date	Scope Tag Expiration Date	Initials	Patient Name & MRN (Affix Patient Sticker Here)	Scope Serial Number	OR Room	EPS Steris Cycle
9/18/17	9/27/17	GG	(affix pt label)	2945	18	5530

rioperative_Services\CSP\CSP\00 DAILY WORK FORMS_MAINTENANCE LOG SHEETS\Scope Processing Tracking Log v1182016_CDOR.docx

COMER OR PROCESS:

- **COMER HAS ONE SCOPE TOWER. PAGE MARK HERNANDEZ IF NO AVAILABLE TOWER.**
- **OBTAIN A "COLON KIT" LOCATED IN COMER CORE: BOTTOM BIN #23**
- **OR OBTAIN RED TUB & LID TO TRANSPORT (IN DECONTAMINATION ROOM-CALL 2-4398 & LET THEM KNOW YOU NEED A RED TUB)**

DCAM OR PROCESS:

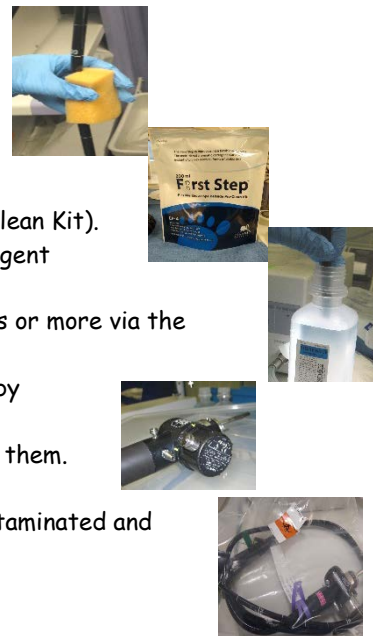
- **CALL THE CCD OR SCOPE PERSON, #68840 OR PAGER #5361. THIS IS USUALLY REQUESTED THE DAY PRIOR.**
- **MARK HERNANDEZ, PAGER #3186, WILL BRING OVER TO DCAM OR.**

OPERATING ROOM FLEXIBLE SCOPE PROCESS

Flexible Scope Pre-cleaning

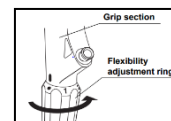
ALL Flexible scopes (Bronchoscopes, Gastrosopes, Sigmoidscopes, colonoscopies):

1. Turn off video system center and light source off.
2. When using the biopsy valve, close the biopsy valve's cap.
3. Wipe down the insertion tube with detergent soaked sponge (located in the First Step Pre-Clean Kit).
4. Place distal end of scope into a bowl or package of Detergent (First Step Pre-Clean Kit).
Note: First step Pre-clean kit solution can be poured into a bowl. Suction Detergent solution through the scope for **30 seconds** via the suction valve.
5. Immerse the distal end of the scope in the water. Suction water for 10 seconds or more via the suction valve.
6. Remove the distal tip from the water solution and aspirate air for **10 seconds** by depressing the suction valve (located on the scope).
7. Remove the disposable suction & biopsy valves (single use items) and dispose of them.
8. **Note: Only need the water resistant cap for the EXERA II 180 scopes.**
9. Place flexible scope in a scope bag with Biohazard sticker for transport, decontaminated and cleaning process.



Gastrosopes, Colonoscopes, Sigmoidscopes: Air/Water (AW) Channel

1. Ensure the insertion tube is set to the most flexible by aligning the " " mark on the flexibility adjustment ring with the mark at the bottom of the grip section.
2. Following the steps to Pre-clean the Suction line (See All Flexible Scopes).
3. Turn Light Source **ON**
4. Turn **OFF** the airflow regulator on the light source.
5. Detach the air/water valve from the endoscope and place it in detergent solution. Attach **air/water channel (AW) cleaning adapter**.
6. Place distal end of scope into a bowl of water and set the airflow regulator on the light source to **HIGH**.
7. Depress the air/water channel cleaning adapter and flush for **30 seconds**.
8. Remove distal end from water, release the air/water cleaning adapter for **10 seconds** or more and flush channel with air.
9. Turn **OFF** light source.
10. Disconnect all removable and reusable parts from the endoscope.
11. Place flexible scope in a scope bag with Biohazard sticker for transport, decontaminated and cleaning process.



Sigmoidscopes: elevator-wire channel/auxiliary-water channel - Only for scopes with an auxiliary water inlet

1. Clean the **auxiliary water feeding channels**.
2. Obtain a 30 ml syringe and a disposable EndoGator connector. Attach the EndoGator to the 30 ml Syringe.
3. Place the distal end of the Flexible scope in a container of clean water.
4. Flush detergent solution through the auxiliary water inlet using a 30 ml syringe with attached EndoGator until no bubbles exit the distal end.
5. Flush clean water through the auxiliary water channel using a 30 ml syringe with attached EndoGator several times.
6. Flush air through the auxiliary water channel using a 30 ml syringe with attached EndoGator until steady stream of air bubbles exit the distal end.
7. Disconnect all removable and reusable parts from the endoscope. Place in a scope bag with Biohazard sticker for transport, decontaminated and cleaning process.



OPERATING ROOM FLEXIBLE SCOPE PROCESS

Reminder:

- **Sigmoidscopes:** Always flush the auxiliary port on flexible scopes. This a vital part of the pre-cleaning process. The auxiliary port has a very small lumen and pre-cleaning of this port is critical to patient safety.
- Always wear gloves when handling scopes. This includes when removing the sterilized scope from the cabinet.

Flexible Scope pre-cleaning Documentation & EPIC documentation

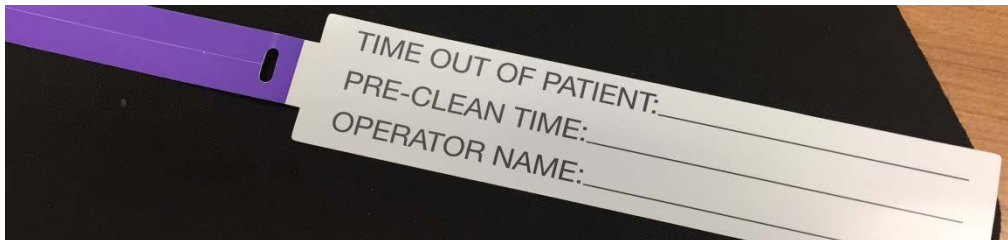
To increase patient safety and regulatory compliance the following standard must be adhere to when endorsing a dirty lumen/non-lumen device to the reprocessing area.

FAILURE TO COMPLY WILL RESULT IN A REPROCESSING DELAY OF THE DEVICE AND ESCALATION TO HOSPITAL/MEDICAL CENTER LEADERSHIP

1. Purple side of tag MUST have a patient label affixed.



2. White side of tag must include manual entry of the following:
 - a. Time scope is removed from the patient
 - b. Time scope is pre-cleaned
 - c. Printed first and last name of the staff pre-cleaning the scope.

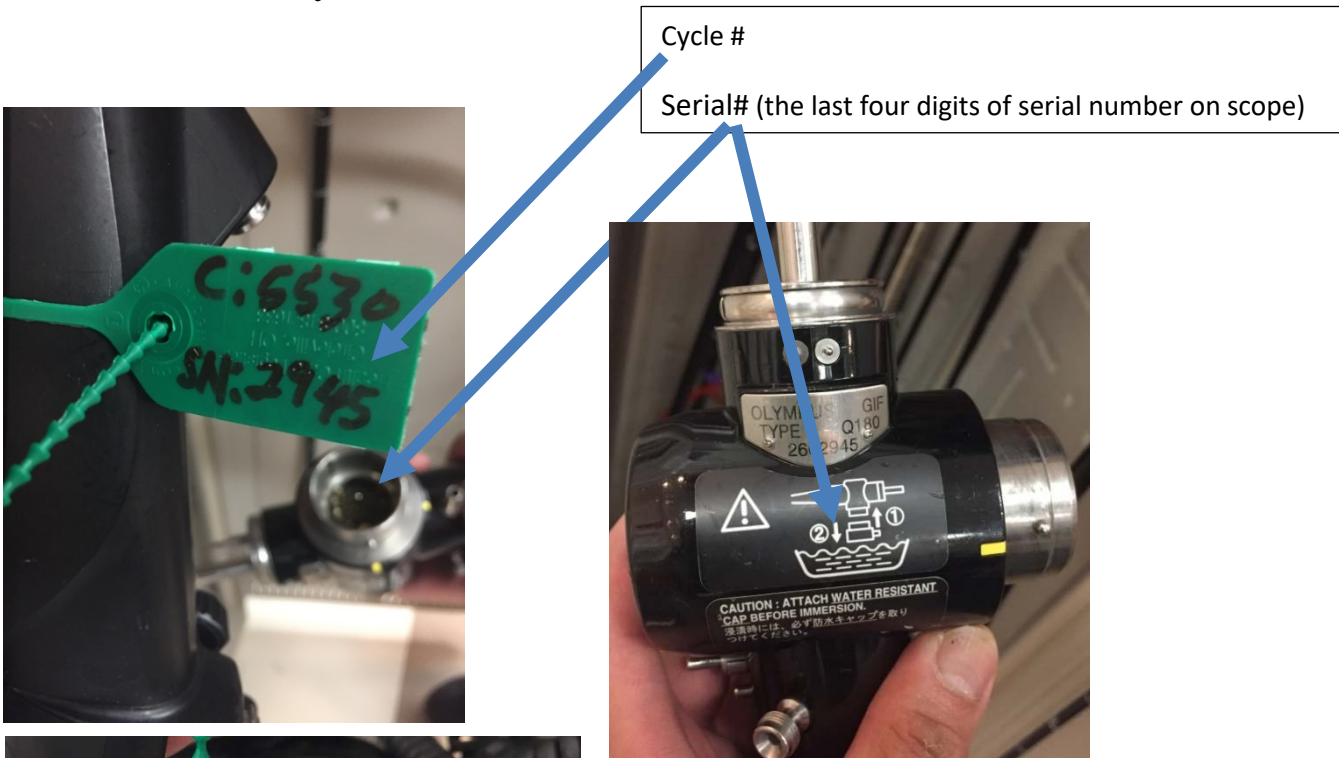


OPERATING ROOM FLEXIBLE SCOPE PROCESS

- Secure tag to scope prior to placement in a biohazard labeled clear bag for transport.



- A tagged device must be received by the re-processing area within **60 minutes** after removal from the patient. Times of 60 minutes or more, regardless of proper tagging will result in a reprocessing delay.



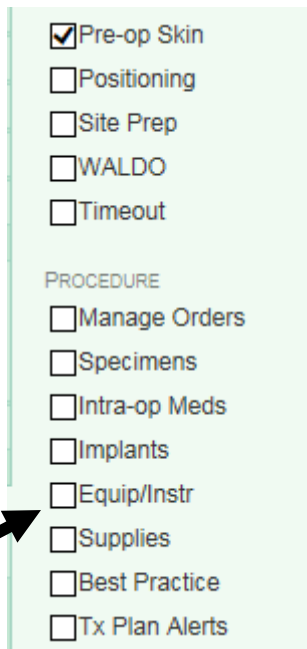
DO NOT USE THE SCOPE IF THERE IS NO GREEN TAG!

OPERATING ROOM FLEXIBLE SCOPE PROCESS

Flexible Scope Pre-Cleaning Documentation in Epic

Flexible Scope Pre-cleaning documentation must be completed after pre-cleaning. The documentation includes serial number, steris cycle number, Time out of the patient, Time pre-cleaning started and the staff completing the pre-cleaning process.

1. Click on the Equipment/instr in the Epic Intraoperative Navigator.

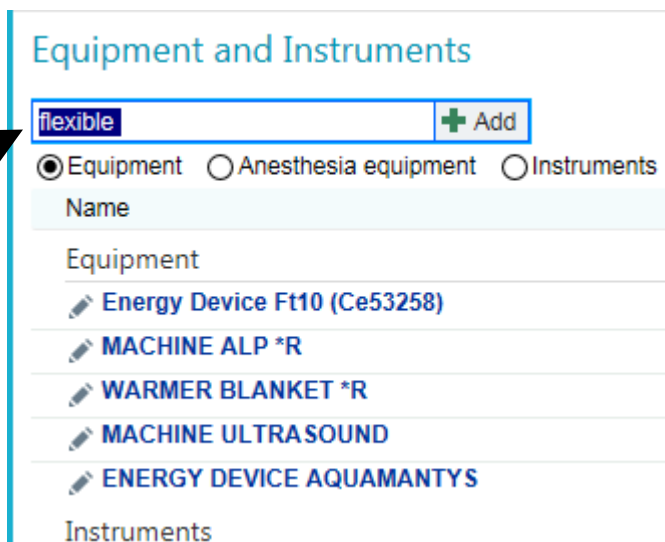


Pre-op Skin
 Positioning
 Site Prep
 WALDO
 Timeout

PROCEDURE

Manage Orders
 Specimens
 Intra-op Meds
 Implants
 Equip/Instr
 Supplies
 Best Practice
 Tx Plan Alerts

2. Enter "Flexible" in search field to find the flexible scope.



Equipment and Instruments

flexible + Add

Equipment Anesthesia equipment Instruments

Name

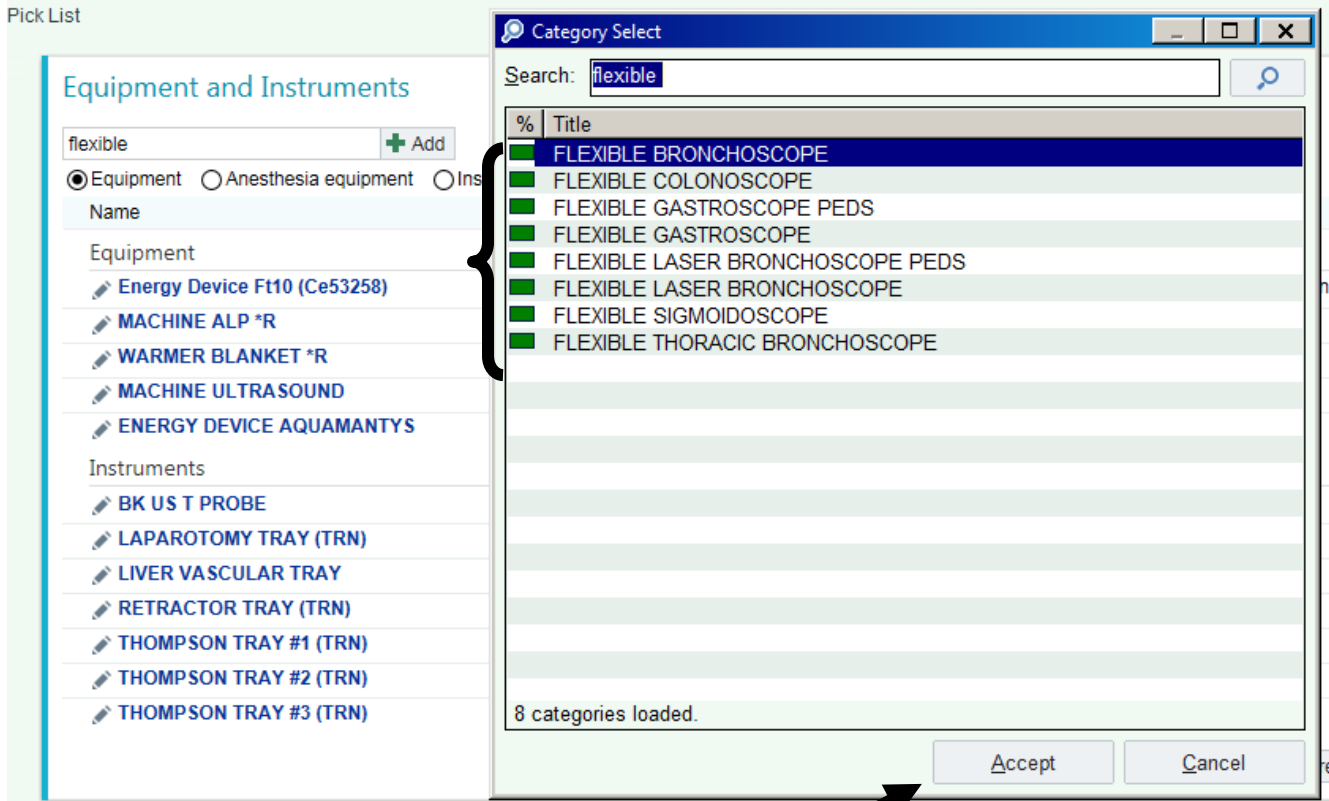
Equipment

- Energy Device Ft10 (Ce53258)
- MACHINE ALP *R
- WARMER BLANKET *R
- MACHINE ULTRASOUND
- ENERGY DEVICE AQUAMANTYS

Instruments

OPERATING ROOM FLEXIBLE SCOPE PROCESS

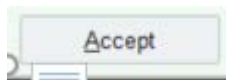
3. Select the flexible scope from the pop-up screen. Click on Accept.



4. The flexible scope screen will open and you will need to document the following fields:

- a. Serial number (the last four digits of the serial number)
- b. Cycle (steris) number
- c. Scope time out of the patient
- d. Scope precleaning performed by
- e. Time precleaned

5. Click accept.





Adrenal Vein Sampling for Aldosteronoma Localization

Attach EPIC label here

Sample Collection/Requisition

[Send this page along with samples to the Laboratory Service Center (TW005)]

Attending Interventional Radiologist: _____

Samples Collected by: _____ Collection Date: _____

**Entering collection time is confirmation that Cortisol and Aldosterone will be ordered on the sample collected*

Sample Number	Sample Location	Time Collected	Accession # (LSC - Attach Label)	Lab Ordered Tests	Tube Type(s)
	Right Adrenal Vein (RAV)			LABCHAVSRAV Cortisol & Aldosterone	1 FULL Red Top (6 mL)
	Left Adrenal Vein (LAV)			LABCHAVSLAV Cortisol & Aldosterone	1 FULL Red Top (6 mL)
	Inferior Vena Cava (IVC)			LABCHAVSIVC Cortisol & Aldosterone	1 FULL Red Top (6 mL)
	Right Adrenal Vein (RAV)			LABCHAVSRAV Cortisol & Aldosterone	1 FULL Red Top (6 mL)
	Left Adrenal Vein (LAV)			LABCHAVSLAV Cortisol & Aldosterone	1 FULL Red Top (6 mL)
	Inferior Vena Cava (IVC)			LABCHAVSIVC Cortisol & Aldosterone	1 FULL Red Top (6 mL)
	Right Adrenal Vein (RAV)			LABCHAVSRAV Cortisol & Aldosterone	1 FULL Red Top (6 mL)
	Left Adrenal Vein (LAV)			LABCHAVSLAV Cortisol & Aldosterone	1 FULL Red Top (6 mL)
	Inferior Vena Cava (IVC)			LABCHAVSIVC Cortisol & Aldosterone	1 FULL Red Top (6 mL)

Related Documents:

1. UCMC 6152 – AVS Form and CORS sample workflow
2. UCMC 6197 – AVS LSC Specimen Handling Procedure
3. If samples are QNS, page the Chemistry On-Call director (p1769)
4. Send samples to Mayo for both Cortisol & Aldosterone testing



Adrenal Vein Sampling for Aldosteronoma Localization

[Print on backside of page 1 if additional samples are collected]

Attach EPIC label here

Additional Samples (if necessary):					
Sample Number	Sample Location	Time Collected	Accession # (LSC - Attach Label)	Lab Ordered Tests	Tube Type(s)
				Cortisol & Aldosterone LABCHAVSRAV – Right LABCHAVSLAV – Left LABCHAVSIVC – Inferior	1 FULL Red Top (6 mL)
				Cortisol & Aldosterone LABCHAVSRAV – Right LABCHAVSLAV – Left LABCHAVSIVC – Inferior	1 FULL Red Top (6 mL)
				Cortisol & Aldosterone LABCHAVSRAV – Right LABCHAVSLAV – Left LABCHAVSIVC – Inferior	1 FULL Red Top (6 mL)
				Cortisol & Aldosterone LABCHAVSRAV – Right LABCHAVSLAV – Left LABCHAVSIVC – Inferior	1 FULL Red Top (6 mL)
				Cortisol & Aldosterone LABCHAVSRAV – Right LABCHAVSLAV – Left LABCHAVSIVC – Inferior	1 FULL Red Top (6 mL)
				Cortisol & Aldosterone LABCHAVSRAV – Right LABCHAVSLAV – Left LABCHAVSIVC – Inferior	1 FULL Red Top (6 mL)

NOTE – LSC Staff:

If additional samples are collected, order with test code pertaining to the anatomic site indicated in the “Sample Location” column:

- LABCHAVSRAV = Right Adrenal Vein
- LABCHAVSLAV = Left Adrenal Vein
- LABCHAVSIVC = Inferior Vena Cava

Selective Venous Sampling for Parathyroid Hormone (PTH)



Attending Interventional Radiologist: _____

Attending Endocrine Surgeon: _____

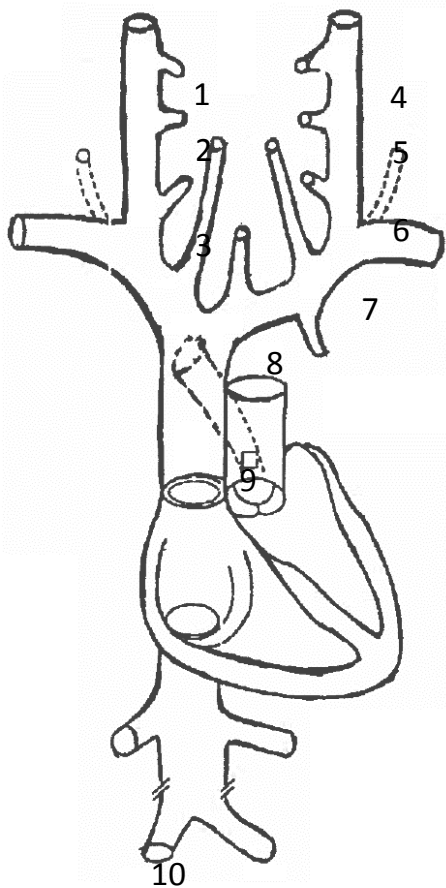
Specimens Collected By: _____ Collection Date: _____

Instructions:

- Place order in EPIC for **LABCHPTHSVS**.
- Collect specimens in **LAVENDER** top tubes.
- Each tube must have attached:
 - Patient label
 - Specimen location
 - Time collected
- All specimens must be **hand delivered** to Lab Services Center (LSC, TW005) along with this form.

Attach EPIC label here

LSC Staff: Using the collection task in Beaker, correlate each specimen location with time collected listed below and the date and collector information listed above.



#	Specimen Location	Time Collected	Accession #
1	Right Upper IJV		
2	Right Mid IJV		
3	Right Lower IJV		
4	Left Upper IJV		
5	Left Mid IJV		
6	Left Lower IJV		
7	Left Innominate Vein		
8	Innominate Vein Junction		
9	Superior Vena Cava		
10	Femoral Vein		

IJV = Internal Jugular Vein

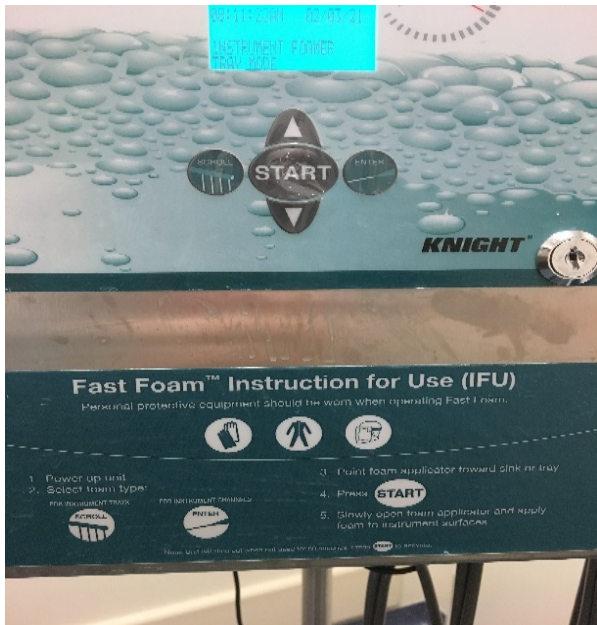
Decontamination of Instruments

The Fast Foam is located in the Decontamination Rooms for the return of Dirty Case Carts.



Pre-Klenz

Located in each OR



INFECTION CONTROL- see General Infection Control Policy for the Operating and Recovery Room (Surgical) Suites IC 03-19

(UChicagoMedicine Intranet/ Policies & Procedures tab/ search)

Creutzfeldt Jakob Disease

Creutzfeldt Jakob Disease (CJD) is an extremely rare degenerative brain disorder characterized by sudden development of rapidly progressive neurological and neuromuscular symptoms. In some rare cases, CJD may take an infectious form.

Thought to be associated with genetic factors that influence susceptibility, the prion may be dormant for more than 20 years before onset of symptoms. Disease then progresses rapidly, leading to coma & death usually within 2 years.

- Mode of Transmission
 - Unknown
 - Ocular infection following corneal transplant & intracerebral infection from contaminated stereotactic electrodes have been documented.

Types of CJD:

1. Classic

- 3 subtypes:
 - Sporadic (sCJD)**most CJD cases are sCJD. Patients die within a year.
 - Familial or genetic (fCJD)- 50% of cases have no family history. Caused by a gene mutation.
 - Iatrogenic (iCJD)-routine sterilization resistance leading to transmission by hospital acquired contamination.

2. new variant

- vCJD
 - Condition acquired through the consumption of meat that is contaminated with bovine spongiform encephalopathy.
 - In the US, the most recent confirmation of this type was in June 2014, in Texas.

Instrumentation decontamination

- The WHO recommends the use of disposable surgical instruments that are incinerated postoperatively.
- [Contact CSP for instrument decontamination.](#)
Electric Drills should not be used. Surgeon to use manual drills

In summary CJD

- CJD is a rare but lethal prion disease.
- The cardinal sign of CJD is a rapid, progressive dementia.
- Death usually occurs within a year in 90% of patients diagnosed.

ISOLATION PRECAUTIONS

The purpose of the hospital policy on isolation is to ensure proper implementation of precautions and isolation techniques in order to prevent the spread of healthcare associated infections to:

Patients
Personnel
Visitors

■ HOW DO I KNOW WHEN I SHOULD TAKE PRECAUTIONS?

- Isolation placards should be placed on the patient’s chart and on the door of the patient’s room.
- If in receiving report from the previous caregiver it is indicated that the patient is in isolation on their unit, precautions should also be taken in the operating room.

■ HOW DO I KNOW WHEN I SHOULD TAKE PRECAUTIONS?

- Icons depict the isolation type (airborne, strict, droplet, contact, protective, special handling)
- Contact Isolation:
 - MRSA = Methicillin Resistant Staph Aureus
 - VRE = Vancomycin Resistant Enterococcus
 - CRE = Carbapenem-Resistant Enterobacteriaceae
 - Other = See below:
 - 1-Gram-negative bacteria resistant to two (2) of the three (3) aminoglycoside antibiotics (Amikacin, Gentamicin, Tobramycin)
 - 2 – Gram-negative bacteria resistant to Ceftazidime
 - 3 – All Acinetobacter, regardless of antibiotic susceptibility
 - 4 – All Stenotrophomonas, regardless of antibiotic susceptibility

Epic Infection Control Icons

	contact plus
	Strict isolation
	Droplet isolation
	Airborne isolation
	Contact isolation
	Protective isolation
	Special handling isolation
	Contact - MDRO

Who can remove a patient from M, V and O Isolation precautions?

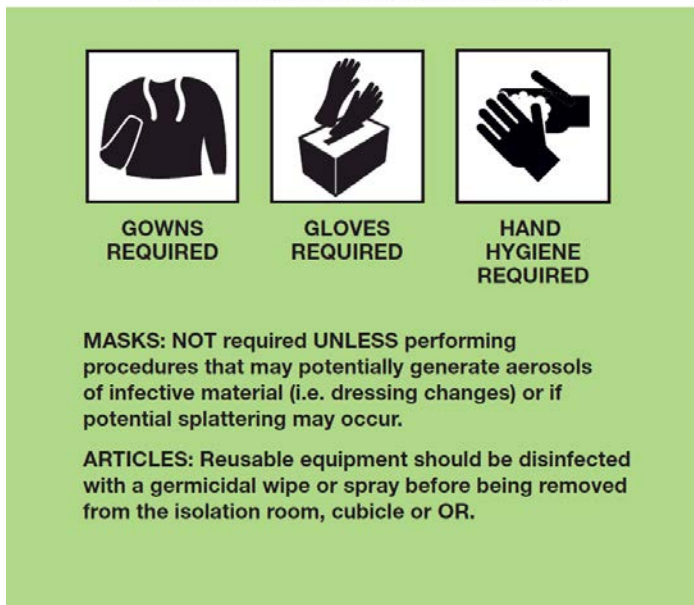
ONLY the Infection Control Program (NOT the physician or resident) can change an Isolation Precaution status. This is done if the patient meets the criteria established by the Infection Control Program which is based on published guidelines.

Categories of Precautions

Contact: Gloves, Gown and hand hygiene.

Contact Precautions

Visitors - Report to Nurses' Station Before Entering Room



- These precautions are designed to prevent TRANSMISSION OF ORGANISMS BY DIRECT OR INDIRECT CONTACT WITH SECRETIONS OR EXCRETIONS FROM AN INFECTED OR COLONIZED BODY SITE.
- Gowns and Gloves MUST be worn by all persons entering the patient's room or cubicle.
- Masks required during procedures which may generate aerosols of infective material and if splattering is anticipated
- Linen should be placed in an impervious linen bag and labeled "ISOLATION".
- Use disposable items when possible (e.g. B/P cuff)
- Reusable items should be disinfected before they are removed from the room or the next patient is brought into the room.
- Hands MUST be washed upon leaving the room

Reasons for Contact Precautions:

- Patients with suspected or confirmed GI pathogens (*Salmonella*, *Shigella*, and *Rotavirus*)
- Organisms with high antibiotic resistance including MDROs (Multi-drug resistant organisms) like MRSA and VRE.

Clinical FAQ for Carbapenem-Resistant *Enterobacteriaceae* (CRE)

What is CRE? What is KPC?

CRE stands for Carbapenem-resistant *enterobacteriaceae* and refers to any gram negative enteric bacteria that produces an enzyme to break down carbapenem antibiotics.

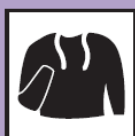
Does my patient need special precautions?

- Yes. All patients with CRE must be on **contact** precautions to prevent the spread of this dangerous microorganism.

Contact Precautions PLUS: gloves, gowns, hand washing soap and water and bleach wipes.

Contact Precautions PLUS

Please Report to the Nurses' Station Before Entering the Room



GOWNS
REQUIRED



GLOVES
REQUIRED



WASH HANDS WITH
SOAP & WATER



BLEACH WIPES
REQUIRED

Use for patients with known or suspected:

- C. difficile infections
- Diarrhea
- Adenovirus
- Norovirus

MASKS: Not required **UNLESS** performing procedures that may generate aerosols of infective material (i.e. dressing changes) or if splattering may occur.

ARTICLE: Reusable equipment must be disinfected before being removed from the patient room, cubicle or other patient care area.

ENVIRONMENTAL SERVICE PERSONNEL:

Terminal clean at discharge.

- Cleaning supervised to ensure all surfaces have been disinfected
- Use bleach to disinfect surfaces
- Replace privacy curtains
- Wash walls

Please note
the key
differences

Droplet Precautions: Mask, Hand Hygiene.

These precautions are design to prevent transmission of INFECTIOUS DISEASES THAT ARE SPREAD PRIMARILY OVER SHORT DISTANCE THROUGH THE AIR

PRECAUTIONS

- Gloves required if coming in contact with respiratory secretions or other potentially infective material
- Gowns not required
- Masks **MUST** be worn by any person who is susceptible to the disease
- Linen should be placed in an impervious linen bag and labeled "ISOLATION".
- Articles contaminated with respiratory secretions **MUST** be decontaminated or discarded in a red isolation bag
- **Patient should wear a mask when outside his/her room**
- The door to the patient's room should remain closed for at least **23 minutes** after the patient leaves the room.

Reasons for Droplet

- Meningococcal disease
- Pertussis
- Diphtheria
- Mumps

Airborne Precaution :

N95 mask and hand hygiene.

This isolation category is designed **TO PREVENT THE SPREAD OF TUBERCULOSIS (TB).**

- Gowns and Gloves are not required
- **N95 Particulate Respirators ARE required.**
- Linen and other articles contaminated with infective material should be placed in an impervious bag and labeled "ISOLATION"
- Patients should not leave the room without wearing a surgical mask
- Hands must be washed before and after touching the patient or after contact with potentially contaminated articles
- The door to the patient's room should remain closed for at least **23 minutes** after the patient leaves the room.
- **Remind Anesthesia Tech prior to patient entry to the OR of the Isolation Type.**
- **Special filter required for particular isolation types**

Droplet Precautions

Visitors - Report to Nurses' Station Before Entering Room



**MASKS
REQUIRED**



**HAND
HYGIENE
REQUIRED**

GLOVES: NOT required UNLESS potential contact with respiratory secretions or other potentially infectious material may occur.

TRANSPORT: Patient should NOT leave the room unless absolutely necessary and should wear a surgical mask.

Airborne Precautions

Visitors - Report to Nurses' Station Before Entering Room



**N95
MASKS
REQUIRED**



**HAND
HYGIENE
REQUIRED**

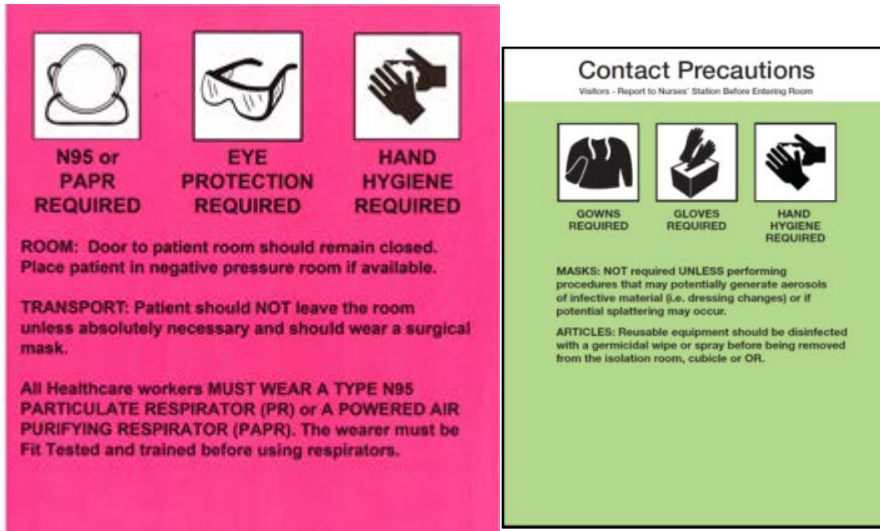
MASKS: Visitors must wear a surgical mask. ALL HEALTHCARE WORKERS MUST WEAR A TYPE N95 PARTICULATE RESPIRATOR (PR) or MORE PROTECTIVE RESPIRATOR (PAPR). The wearer must be Fit Tested and trained before using respirators.

ROOM: Patient must be in negative pressure room. Door to patient room should remain closed for 45 minutes after patient leaves room (or 23 minutes in OR).

TRANSPORT: Patient should NOT leave the room unless absolutely necessary and should wear a surgical mask.

Special Respiratory & Contact Precautions: COVID, PUI

Post both signs:



**PPE for all PUI or Positive COVID-19 OR Cases
and all Trauma Class “A” that are direct from ED:**

Don the following PPE

- Eye protection (e.g., face shield or goggles)
- **N95 Respirator**
- Gown
- Gloves
- Shoe Covers (*non-waterproof shoes*)

NOTE: Personal, prescription eyeglasses **DO NOT SUBSTITUTE** as eye protection!



PAPR –you must be cleared by Occupational Medicine prior to use:


Special hood for those unable to wear N95 masks, i.e. individuals with beards. It is preferred that the PAPRs not be worn in the OR during a procedure due to possible sterile field contamination from air turbulence created by the PAPR.

Infection Control: Comprehensive Training for Direct Patient Care

Chapter 9: Personal Protective Equipment | Proper Use and Limitations of PAPRs

Powered Air Purifying Masks (PAPR)

- ✓ A Powered Air Purifying Respirator (PAPR) is an advanced form of respiratory protection. Wear as an alternate to N95 respirator, if you did not pass fit-testing.
- ✓ Use includes, but is not limited to, preventing exposure to highly infectious organisms, such as SARS. Required for **intubation of highly infectious patients**. Consult with Infection Control (pager 7025) if you are unsure.
- ✓ You must be medically cleared by Occupational Medicine prior to use.
- ✗ Must be kept charged. May impair visibility. Not MRI safe.



FYI: PAPRs are available in mounted cabinets in CCD and are available for check-out from the Mitchell Public Safety desk. For a list of locations, refer to [Policy IC 02-14c Appendix C](#).

Don the following PPE:




- N95 **AND eye protection** (e.g., face shield or goggles)
- Gown
- Gloves
- Shoe Covers (*non-waterproof shoes*)

NOTE: Personal, prescription eyeglasses **DO NOT SUBSTITUTE** as eye protection!



Contact Precautions

Visitors - Report to Nurses' Station Before Entering Room

		
GOWNS REQUIRED	GLOVES REQUIRED	HAND HYGIENE REQUIRED

MASKS: NOT required UNLESS performing procedures that may potentially generate aerosols of infective material (i.e. dressing changes) or if potential splattering may occur.

ARTICLES: Reusable equipment should be disinfected with a germicidal wipe or spray before being removed from the isolation room, cubicle or OR.

Intubation and Extubation for all OR Patients

- ✓ Staff will remain in the operating room unless requested to exit by the anesthesia team.

Intra-op Staff Workflow in the OR for PUI or Positive COVID-19 Cases

- Eye protection and N-95 masks are to be worn for all OR cases.
- N-95 masks are located in the manager's office.
- Pick up a **Special Precautions sign** and **Eye wear** from the Manager's office door and hang on OR door.

Use of PPE during OR procedures

Cases Involving N95 Respirator

Option 1:

- Use a cleanable face shield or goggles with an N95 respirator. When cleanable face shield is unavailable, proceed to option 2.

Option 2:

- Use a surgical mask w/ face shield (figure 2) over an N95 respirator (figure 3) to reduce surface contamination of the respirator.



Extended Use and Limited Reuse of Equipment



Care of eye protection and N95 mask after Use:

- Eye protection should be removed and disinfected if it becomes visibly soiled or difficult to see through.
- If you remove your eye protection, it must be disinfected with a PDI wipe (orange/purple) immediately. After disinfecting, it can be stored for future use.
- **Eye protection must be discarded if it becomes damaged** (for example, face shield can no longer be securely fastened or visibility is obscured and reprocessing does not restore visibility).
- **PAPRs must be disinfected after use, as always.** The lens cuff also may be disinfected and re-used.

Care of Eye Protection and N95 Mask after Use:

MASKS

- Facemasks and respirators should not be routinely re-used after removing, but we are recommending **extended use** at this time. This means wearing a facemask or N95 respirator for multiple patients in a row or for an extended period of time.
- **Once the mask needs to be removed, it must be discarded.** If you need to displace the mask in order to eat or drink or to reach your mouth or nose, it should be removed and discarded and your hands cleaned.
- Do not replace with another mask until it is required for patient care.
- Be sure to also discard an extended-use mask when it is damaged or soaked through.



Strict Isolation: Gowns, Gloves,
Hand Hygiene.

This isolation category is designed TO PREVENT TRANSMISSION OF HIGHLY CONTAGIOUS OR VIRULENT ORGANISMS THAT MAY BE SPREAD BY BOTH THE AIRBORNE AND CONTACT ROUTES, SUCH AS CHICKENPOX.

Gowns, Gloves and Masks MUST be worn
Linen MUST be placed in an impervious linen bag and labeled "ISOLATION"

Use disposable items when possible (e.g. B/P cuff)

Reusable items should be disinfected before they are removed from the room or the next patient is brought into the room.

Strict Isolation

Visitors - Report to Nurses' Station Before Entering Room



**GOWNS
REQUIRED**



**GLOVES
REQUIRED**



**HAND
HYGIENE
REQUIRED**

MASKS: Surgical masks must be worn by all persons susceptible to chicken pox.

ROOM: Patient must be in negative pressure room. Door to patient room should remain closed for 45 minutes after patient leaves room (or 23 minutes in OR).

TRANSPORT: Patient should NOT leave the room unless absolutely necessary and should wear a surgical mask.

Protective Isolation: Hand Hygiene.

This isolation category may be used for IMMUNOCOMPROMISED PATIENTS.

- Gloves not required unless coming in contact with blood or other potentially infectious material
- Gowns not required
- Masks not required except for individuals with suspected URT infections
- The patient should wear a mask when outside the room
- Articles such as stethoscopes should be wiped with alcohol before using on patient
- STRICT hand washing should be performed before and after contact with the patient

Protective Isolation

Visitors - Report to Nurses' Station Before Entering Room



**HAND
HYGIENE
REQUIRED**

GLOVES: NOT required UNLESS potential contact with blood or other potentially infectious material may occur.

MASKS: The patient should wear a mask when outside the room.

ROOM: Door to patient room should remain closed. Persons with suspected upper respiratory tract infections should NOT enter.

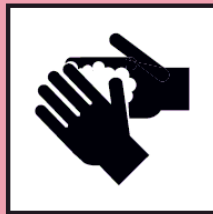
Special Handling Precautions: Hand Hygiene

This isolation category describes the necessary precautions FOR PATIENTS WITH SUSPECTED OR CONFIRMED Creutzfeldt-Jakob Disease (CJD), A PROGRESSIVE, FATAL NEUROLOGIC DISEASE CAUSED BY A PARTICLE CALLED A PRION WHICH IS FOUND IN THE BRAIN, SPINAL CORD, CEREBROSPINAL FLUID (CSF) AND BLOOD.

- Gloves and Gowns MUST be worn by ALL persons having contact with the patient's cerebrospinal fluid or blood.
- Hands MUST be washed after contact with the patient or if contaminated by cerebrospinal fluid or blood, even if gloves are worn.

Special Handling Precautions

Visitors - Report to Nurses' Station Before Entering Room



**HAND
HYGIENE
REQUIRED**

GOWNS: NOT required UNLESS potential contact with blood or cerebral spinal fluid may occur.

GLOVES: NOT required UNLESS potential contact with blood or cerebral spinal fluid may occur.

MASKS/EYEWEAR: NOT required UNLESS potential splattering of blood or cerebral spinal fluid may occur.

ARTICLES: require special precautions if contaminated with CSF or blood. Use disposables whenever possible, and discard in red bag or, if sharps, in sharps container. If reusable critical (enters normally sterile tissue or area through which blood flows) or semi-critical (comes in contact with mucous membranes) items become contaminated with CSF or blood, they must be sealed in a bag or rigid container (if sharp), labeled with a copy of this placard, and sent to the decontamination area of Central Sterile Processing for sterilization. Non-critical items (come in contact with intact skin and not mucous membranes) and surfaces, such as countertops and floors, can be decontaminated using household bleach (undiluted or diluted 1:10) or 1N sodium hydroxide. (Refer to general Infection Control Policy "Disinfection and Sterilization" for further information.) Linen soiled with CSF or blood should be disposed of in a red biohazardous waste container.

LABORATORY SPECIMENS: container cerebrospinal fluid, tissue, or blood must be labeled with a pink label specifying "special handling precautions" and placed in a plastic ziplock bag.

Things to Consider When Planning for a Case

- Restrict OR Traffic
- Remove all unnecessary equipment and supplies from the room
- Do NOT use supplies that require ethylene oxide sterilization
 - Ethylene oxide is ineffective against CJD; therefore instruments requiring this method of sterilization MUST NOT be used
- Use disposable supplies when ever possible
- Instruments with small lumens that are too difficult to clean should not be used
- Limit the amount of fluids placed on the field as all fluids must be contained and incinerated
- Cover all equipment that cannot be removed with disposable drapes (including anesthesia machine with a clear drape). Cuff the drapes for easy removal and take care not to contaminate underlying surfaces when removing
- If possible, a second circulator should to assigned to the room as a “runner” outside the room, monitor traffic, assist with specimens, and help with preparation and clean up room. This person will ensure that personnel leaving the room remove personal protective equipment (PPE) and provide replacement hair covers
- Personal protective equipment (PPE) must include disposable eye protection (splash shields), disposable scrubs over regular scrubs, hair and shoe covers
- When leaving the room after the case, disposable scrubs are to be removed and placed in the designated hazardous waste bag at the door of the room
- Protective attire is to be disposable, contained and incinerated after use
- Upon exiting the room, personnel are to don new hair cover

Special Handling: Equipment and Instrumentation

- A minimum amount of instrumentation, supplies and equipment are to be employed
- Whenever possible, use disposables
- Laundry/linen are to be disposed of in a biohazardous bag at the completion of the case
- Do NOT use supplies that require ethylene oxide sterilization
 - Ethylene oxide is ineffective against CJD; therefore instruments requiring this method of sterilization MUST NOT be used
- Do not use power equipment: Power surgical equipment MUST NOT be used (increased chance of exposure and potential damage of equipment through required prolonged steam sterilization)

At the completion of the case, the scrub person opens all box locks/jaws/hinges of surgical instruments and disassembles as appropriate (towel clips are also to be opened for sterilization. After sterilization and before they are sent to CSP, they should be closed

- Wipe instruments off before sterilizing with a disposable sponge dampened with water (do not use bleach)

Special Handling Decontamination

- Contain all hazardous waste according to hospital policies (including liquid waste and water)
- Disinfect all surfaces, including the OR table, mayo stand, the floor and any other tables/equipment that may have been exposed (and retained liquids) with a 1:10 solution of bleach for **one hour**.
- Linen from a patient on CJD precautions that is contaminated with blood or spinal fluid should be discarded into a biohazardous waste container.

Masks

- According to draft guidance issued by the Food and Drug Administration on May 15, 2003, surgical masks are evaluated using standardized testing procedures for fluid resistance, bacterial filtration efficiency, differential pressure (air exchange), and flammability in order to mitigate the risks to health associated with the use of surgical masks. These specifications apply to any masks that are labeled surgical, laser, isolation, or dental or medical procedure (www.fda.gov/cdrh/ode/guidance/094.html#4).
- Surgical masks do not protect against inhalation of small particles or droplet nuclei and should not be confused with particulate respirators that are recommended for protection against selected airborne infectious agents, (e.g., *Mycobacterium tuberculosis*). (138)

The screenshot shows a web interface for 'Infection Control: Comprehensive Training for Direct Patient Care'. It features a 'Resources' section with a shield icon and a 'Phone' icon. The 'Resources' section lists several links: 'UCM Infection Control Manual', 'UCM Exposure Control Plan', 'OSHA Bloodborne Pathogen Standard', and 'CDC National Institute of Occupational Safety and Health (NIOSH)'. The 'Phone' section contains a table with contact information for various departments.

Infection Control On-Call	Pager 7025
Infection Control Office	2-1365
Occupational Medicine	2-6757
Needlestick Hotline	2-6800
Patient Safety Hotline	2-5544
Environmental Health and Safety Office	5-SAFE (5-7233)

(Reference: 1-21 Infection Control FY21 CBT)

Hand Hygiene

- HAND HYGIENE has been cited frequently as the SINGLE MOST IMPORTANT PRACTICE to REDUCE THE TRANSMISSION OF INFECTIOUS AGENTS IN HEALTHCARE SETTINGS Health care–associated infections (HAIs) are a significant issue in the United States and throughout the world, but following proper hand hygiene practices is the most effective and least expensive way to prevent HAIs.
- The term “hand hygiene” includes both hand washing with either plain or antiseptic-containing soap and water, and use of alcohol-based products (gels, rinses, foams) that do not require the use of water.
- This type of hand hygiene process should take 20 to 30 seconds to complete.

According to WHO, x2WHO Guidelines on Hand Hygiene in Health Care. World Health Organization, Geneva, Switzerland; 2009
http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf. (Accessed September 9, 2013)

- **Pump “in” Pump “out”**
- **THE EFFECTIVENESS OF HAND HYGIENE CAN BE REDUCED BY THE TYPE AND LENGTH OF FINGERNAILS (559, 718, 719).**
- Individuals wearing artificial nails have been shown to harbor more pathogenic organisms, especially gram negative bacilli and yeasts,
- on the nails and in the subungual area than those with native nails (720, 721).
- In 2002, CDC/HICPAC recommended (Category IA) that artificial fingernails and extenders not be worn by healthcare personnel who have contact with high-risk patients (e.g., those in ICUs, ORs) due to the association with outbreaks of gram negative bacillus and candidal infections as confirmed by molecular typing of isolates (30, 31, 559, 722-725).
- UCMC has a Human Resources policy (HR 602, Dress & Personal Appearance) that supports this recommendation. It states that artificial fingernails are prohibited for employees who have direct contact with patients or patient supplies/equipment, handle sterile items, are involved in sterilization of sterile instruments, or are involved in the preparation or delivery of food.

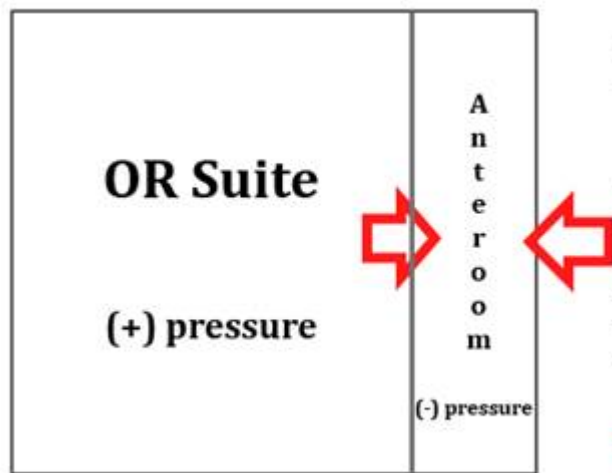
Negative pressure anterooms

The operating room suite itself remains as a positive pressure room. However, the anteroom is negative pressure. In order to protect yourself, i.e., if a COVID -19 positive patient, while in the operating room, you must wear your N95 mask, PPE, keep the doors closed to the operating room.

“This is how negative pressure airflow works in the OR suites for easier visualization.

- The OR suite is at (+) pressure so air blows OUT of the room as depicted by the arrow. This allows rooms to maintain a sterile environment by keeping “bad material” out.
- The anteroom is at (-) pressure which keeps “potentially contaminated” air INSIDE the anteroom (that blows out of OR suite) which will be HEPA-filtered. This prevents the “potentially contaminated air” from going into the hallway.

For these reasons, one door must be opened/closed at any one time!



UNIVERSITY OF CHICAGO MEDICAL CENTER

POLICY NAME: MEDICATION ADMINISTRATION ON TO A STERILE FIELD

POLICY NUMBER: OR – PC 13

ISSUE DATE: DECEMBER, 2004

REVISED DATE: February, 2016, February, 2019, February, 2022, June, 2022

PURPOSE:

Purpose: To provide a clear protocol for identifying, preparing and administering medications for the sterile field.

DEFINITIONS:

Compounding (Ad-Mixing): The process of combining two or more different medications. Compounding does not include mixing, reconstituting, or similar acts that are performed in accordance with the directions contained in approved labeling provided by the product's manufacturer or other manufacturer directions consistent with that labeling.

POLICY:

1. All medication placed on a sterile field must be carefully identified, prepared and labeled to assure accuracy and safety in administering that medication to patients.
2. Intraoperative personnel who administer medications will implement safe medication practices which include right patient, right medication, right dose, right time, right route, right indication and right documentation.
3. Intraoperative personnel who administer medications should verify using at least two patient identifiers before administering medication.
4. Refer to Intraoperative Procedure for the Medication Administration On to a Sterile Field (Appendix A).

REFERENCES:

Guidelines for Perioperative Practice (2021). *Medication Safety*, pp. 464-499 Denver, CO: AORN, INC.

The Joint Commission (2022). *National Patient Safety Goals 2022, NPSG 03.04.01*. The Joint Commission Resource e edition.

CROSS-REFERENCES:

1. University of Chicago Medical Center. (2019). Medication labeling on and off the sterile field. *University of Chicago Medical Center Policy and Procedure Manual, Patient Care Policy, PC 147*.
2. University of Chicago Medical Center. (2022). Use of multiple and single dose medication vials. *University of Chicago Medical Center Policy and Procedure Manual, Infection Control Policy, IC 02-13*

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3. University of Chicago Medical Center. (2022). Beyond–use dating of compounded preparations. *University of Chicago Medical Center Policy and Procedure Manual, Pharmacy, PH 02-316.*
4. University of Chicago Medical Center. (2021). Pharmacy. *University of Chicago Medical Center Policy and Procedure Manual, Infection Control, IC 03-22.*
5. Elsevier Skills
 - Medication Administration: Verbal Orders (Perioperative)
 - Sterile Field: Labeling Medication (Perioperative)
 - Sterile Solution: Pouring (Perioperative)

Approved by Perioperative Leadership and Perioperative Medical Director.

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Appendix A: Procedure for Medication for the Sterile Field

1. The medication will be confirmed with the surgeon for the surgical procedure using a verbal order, surgeon's preference or, electronic medical record (EMR) order set. All verbal medication orders should be confirmed via a read back verification method.
2. The circulating RN will verify the medication in the prepared original container for the correct name, strength, and route.
3. Prior to delivering a medication to the sterile field, the circulating RN will verify verbally and visually the medication with the surgical team members (scrub RN/technician and/or surgeon). The verification will include:
 - a. Medication name, strength, dose, and expiration date.
 - b. Diluent name and volume (if not apparent from the container).
 - c. Amount of medication or solution containing medication (if not apparent from the container).
4. The circulator RN will aseptically deliver the medication to the sterile field. If indicated, the circulator nurse will use a sterile transfer device to aseptically deliver the medication to the sterile field.
5. The circulator RN will deliver one medication and/or solution at a time to the sterile field and the scrub RN/technician will receive one medication/solution at a time and immediately label the medication/solution.
6. Upon receipt of each medication and/or solution, the scrub RN/technician will immediately label each medication and/or solutions with the medication and/or solution name, strength, volume/amount and date and time accepted to the sterile field.
 - a. If not used within 24 hours, the expiration date is documented on the sterile field label.
 - b. If expiration time occurs less than 24 hours, the time must be documented on the sterile field label.
7. After a medication is transferred to the sterile field, a license personnel/circulator nurse and the scrub nurse/technician should concurrently verify the label of the medication container on the sterile field.
8. If even only one medication or solution is used on the sterile field, the medication and solution must be labeled.
9. If an unlabeled medication or solution is found on the sterile field or in the operating room, the medication must be discarded.

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10. When medication admixing occurs in the intraoperative setting, the circulator RN will verify the medication and/or solution's concentration and dose with the surgeon.
 - a. Medications admixed in the operating room for the sterile field:
 - i. Are for immediate use.
 - ii. Will be patient specific.
 - iii. Should be used within four hours.
 - iv. Will be under continuous observation on the sterile field.
 - b. The admixed medication label should include date and time prepared and diluent, refer to Medication Labeling On and Off the Sterile Field, PC 147.
11. Intraoperative irrigation solutions will be prepared using aseptic technique. The prepared irrigation solution will be aseptically transferred to the sterile field.
12. The original medication containers must remain in the operating room until the conclusion of the surgical procedure. At the end of the surgical procedure, the medication containers will be discarded.
13. During shift change or reliefs (lunch/break), all medication and solutions and their labels are reviewed by entering and exiting personnel.
14. Documentation:

The circulator RN will document the medication in the EMR Epic Intraoperative Navigator medication section and/or Epic medication administration record (MAR). The following will be documented:

 - a. Medication name
 - b. Amount
 - c. Time
 - d. Routes
 - e. Surgical team member administering the medication

Operating Room Nurse Patient Flow

1. 7:00 am starts only: "O" in SANDPO – need to be completed by 7:20 am.
2. Image stream issues: CCD OR: Use Nurse Call Monitor to click ISM button. D-cam OR: Call Image stream at 866-376-6800
3. Equipment: CCD OR: Use nurse call monitor to click on Equipment button. D-cam OR: Call Equipment Tech 68901
4. CSP: 6-1885 & 6-1887
 - a. Instrument and Tray request: Use nurse call monitor to click on Instrument button.
5. Supplies: each core is service specific utilizing the Kanban system. Central: 6-8651, East: 6-8634, west 6-8643. After hours 6-8637; Manager #: 68636; Dcam OR: 68635/6
6. Check patient in the Preoperative area.
 - a. Consent: check patient folder or for electronic copy: EPIC "media" tab.
 - b. Count sheet in patient folder.
7. Collect procedural medications from satellite pharmacy or Omnicell.
 - a. Pharmacy charge sheet in patient folder.
 - b. Pharmacy hours: CCD OR: 6:00am-6:00pm. Closed weekends & holidays. D-cam OR: 6 am- 4:30 pm (no pharmacist 11a-12p), Comer OR:
8. Surgicount (manual count of sponges must occur):
 - a. Initial: Scrub RN/Tech Scan: bar code Lap & Baby sponges, ray techs.
 - b. Intra-procedure: Circulator Scan sponges, ray tech before aseptically passing to sterile field.
 - c. Sponges passed off sterile field the circulator will scan before placed in the sponge counter bags.
 - d. Final count: All sponges will be scan before End the case on SurgiCount Tablet
 - e. Incorrect sponge Count: use the SurgiCount scanner to located the missing sponge either on the sterile field and/or surrounding area or trash.
9. Once SANDPO is complete, patient will be transferred to the OR by surgical resident and anesthesia personnel.
10. EPIC- use Helios live icon. Implants RFID tagged items only: use Helios scanner. CCD & D-cam OR: Tissue implants use Track Core badge to access. Comer OR sends a tissue log and ordering form to CCD OR.
11. Patient arrival to OR room (before transferring to OR bed). Sign in completed by OR nurse, anesthesia provider and ST.
 - a. Exception: Emergency patients
12. Patient is transferred to the OR bed.

Operating Room Nurse Patient Flow

13. Scheduled cases only: Antibiotics ordered via pre-op order set will be located in patient folder.
14. Lift Help: Use Nurse Call monitor "lift help" button. Comer/Dcam OR: Call overhead for lifting help.
15. Skin preparation and foley preparation either by the RN or resident (depending on service).
16. Time out occurs before the incision, preferably after prepped and draped.
 - a. CCD OR: change screens to Time Out mode in Video integration System.
 - b. D-cam and Comer: Use the Flight Board
 - c. Access Time out documentation & Time out side bar report to review antibiotics, procedure scheduled, etc.
 - d. Attending Surgeon must be present; attending surgeon/designee will perform time out. Cannot be a nurse.
17. Call for next patient (if applicable) 60 minutes: SDA and Outpatient, 90 minutes: inpatient.
18. PACU/receiving unit report (ICU) – Call 15 minutes before leaving the OR. D-cam OR: Call 10 minutes (no more than 15 min) before leaving the OR.
19. Surgical Debriefing – Attending surgeon performs the surgical debriefing.
 - a. CCD OR: change screens to Time Out mode in Video integration System. Dcam/Comer: surgeon will move to the computer workstation.
 - b. Access Surgical Debriefing documentation & Surgical Debrief side bar report.
20. Post Procedure:
 - a. Turn over: Use Nurse Call Monitor to click on EVS Layer/ need EVS button. Dcam/Comer: Overhead page SPSA and Anesthesia tech to turn over the OR.
 - b. Turn Over: Use Nurse call monitor to click on Anesthesia Tech button
 - c. CCD OR Turn Over time: wheels out of previous patient to wheels in of next patient is ≤ 40 minutes; between surgical cases: "O" patient within 34 minutes.
21. Case Cart:
 - a. 1st surgical case: case cart and supplies will be in the OR
 - b. 2nd surgical case: case cart and supplies will be outside the OR
 - c. Subsequent surgical cases: Case cart and supplies by the Clean elevators.

University of Chicago Medical Center
 Perioperative Chemotherapy Precautions Checklist

OR Personnel should follow these steps listed

OR Staff in the Operating Room (OR)	
Pre-Procedure	
Circulator	
All Chemotherapy cases: Chemotherapy Signs place on OR Doors	
Retrieval of Cytotoxic Agent From Pharmacy	
Retrieve hazardous drug agent from Pharmacy Surgeon Releases order for medication	
Nurse checks with Surgeon regarding when they want the hazardous drug agent prepared.	
Nurse will Text Page the chemotherapy Pharmacy pager 9013 Nurse will include in the pager text Surgeon's name, Patient's name, DOB and MRN # and OR number; and will request a call back to the OR for pager text message verification.	
Nurse call the OR Satellite pharmacy to let them know the hazardous drug agent is being sent over from chemotherapy pharmacy.	
Chemotherapy Pharmacy sends medication to OR satellite pharmacy.	
Obtain ice packs and cold sterile saline	
Intra procedure	
Chemotherapy	
Attending Physician and register nurse/perfusionist must verify patient's identification and check hazardous drug agent preparation with the electronic medical record (EMR) chemotherapy order to verify the accuracy of the drugs(s), dose(s), volume and date.	
Circulating RN will document the administration of hazardous drug agent and the two verifying license personnel in the EMR intraoperative documentation.	
HIPEC	
Pre-infusion: a warming blanket will be placed on the patient before the procedure to ensure to reduce the risk of hypothermia	
Pre-infusion and closure of abdomen, a surgical sponge count must be completed.	
Use the smoke evacuator. (The use of the smoke evacuator will reduce the exposure of hazardous drug agent smoke to the surgical team).	
Hazardous drug agent irrigation must be disposed using a suction canister connected to wall suction. [A waste management system (i.e. Neptune) must <u>not</u> be used. Hazardous drug agent waste <u>cannot</u> be flush into the sewage system.]	
Urine waste and feces can be placed in the sewage system.	
Dispose of Hazardous Drug Agent Exposed items in the correct waste collection device - Refer to Hazardous Drug Agent Waste Disposal of Hazardous Drug Agent Exposed Items on this checklist	

University of Chicago Medical Center
 Perioperative Chemotherapy Precautions Checklist

Sterile Personnel – PPE	
Gloves: Apply double gloves [Double gloves (chemotherapy tested)] and powder free (powder can absorb the chemotherapy and may be avenue for dermal exposure). The surgical gloves at sterile field must be changed immediately if the gloves are torn or puncture, splashed, or saturated and after 30 minutes of use.	
Gowns The surgical team at the sterile field must change an IMPERVIOUS gown if splashed or saturated and after 2-3 hours of wear.	
Eye and Face Protection Must wear eye protection with face shield attached.	
Mask Protection If there is a risk of airborne aerosols of the hazardous drug agent, a respirator (fit tested N-95 mask) must be worn.	
Non- Sterile Personnel (including anesthesia providers and personnel)	
Gloves: Apply Double gloves [Double gloves (chemotherapy tested)] non-sterile disposable gloves The non-sterile surgical team must change gloves (chemotherapy tested) if punctured, splashed or saturated.	
Gown: If there is a risk of splashing of the cytotoxic agent, the non-sterile surgical team member must wear a non-sterile chemotherapy tested gown.	
Eye and Face Protection Must wear eye protection with face shield attached.	
Mask Protection If there is a risk of airborne aerosols of the hazardous drug agent, a respirator (fit tested N-95 mask) must be worn.	
Post Procedural	
The operating room nurse will provide a handoff report to the post anesthesia recovery unit (PACU) nurse, which will include information regarding the hazardous drug agent used during the surgical case.	
Dispose of Hazardous Drug Agent Exposed items in the correct waste collection device - Refer to Hazardous Drug Agent Waste Disposal of Hazardous Drug Agent Exposed Items on this checklist	
The operating room staff will place a yellow biohazard sign on the case cart to alert the central sterile processing department.	
All instrument trays must be wrapped in yellow chemotherapy bag(s).	
Hazardous Drug Agent exposed instrumentation must be transported on a case cart and enclosed in a yellow chemotherapy bag to prevent cross contamination of the Hazardous Drug Agent.	

University of Chicago Medical Center
 Perioperative Chemotherapy Precautions Checklist

The OR staff must notify the central sterile process (CSP) regarding the exposure to hazardous drug agent.	
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Post Anesthesia Recovery	
The PACU nurse will receive the patient and will use hazardous drug agent precautions when disposing of body fluids (refer to PPE guidelines in this checklist).	
c. The PACU nurse will dispose of the hazardous drug agent exposed PPE (refer to cytotoxic disposal guidelines in this checklist).	
d. The PACU RN will provide hand-off report to the receiving unit regarding the start time and the continuation of the hazardous drug agent precautions in the PACU. Note: hazardous drug agent precautions must be in place 48 hours after the completion of hazardous drug agent administration.	

Adverse Advents	
Accidental Exposure	
The nurse will report the exposure to OR charge RN, the occupational medicine department and complete an electronic event report.	
If hazardous drug agent skin exposure occurs, the operating room staff personnel must remove gown and gloves and cleanse the affected area immediately with soap and water for 15 minutes.	
If hazardous drug agent eye exposure occurs, the operating room staff personnel will flush the affected eye with clean water. If the eye is in direct contact with the hazardous drug agent, the eye must be flushed for 15 minutes with clean water.	
Hazardous Drug Spill	
If the spill is < 5 ml of fluid:	
<ol style="list-style-type: none"> 1. The operating room staff personnel will double glove and don gown and eye protection. 2. The operating staff will wipe the spill area with an absorbent gauze pad, clean the area with a damp gauze pad and dry the affected area. 3. Place waste materials in yellow waste container, per the Hazardous Drug Agent Spill Response policy, S04-11. 	
If the spill is > 5 ml of fluid,	
<ol style="list-style-type: none"> 1. The operating room personnel will obtain a chemotherapy spill kit, double glove, apply N95 mask, and eye protection. 2. The operating room personnel will apply the kit contents per the manufacturer's instructions. 3. Dispose of spill contents per the Hazardous Drug Agent Spill Response policy, S04-11. 4. After cleaning up the spill, notify Safety Department at 5SAFE and notify Environmental Services to do a final rinse of the spill area. 	

University of Chicago Medical Center
Perioperative Chemotherapy Precautions Checklist

5. The operating room personnel will need to complete an electronic event report.	
Cardiopulmonary arrest	
The operating room staff will follow the cardiopulmonary resuscitation procedure as outline in the cardiopulmonary resuscitation policy (OR -PC08) and complete an event report.	
During a HIPEC/infusion procedure, the non-sterile surgical team will attire themselves in non-sterile, impervious cover gowns.	
The perfusionist and surgical team at the sterile field will suction the patient’s abdomen to remove the hazardous drug agent and irrigation. The suction canister content is to be sealed/clamped and placed in a yellow container	
Patient death	
The circulating nurse will page senior pathologist assistant (Monday – Friday) or pathology resident on call (weekends and evening).	
The decease patient will be placed in a shroud by the operating room staff. The identification tag should be documented as hazardous drug agent.	
An electronic event report must be completed.	

	Gloves	Gown	Eye & Face Protection	Respiratory Protection
Sterile Surgical Team	<ul style="list-style-type: none"> Double gloves (chemotherapy agent drug tested) and powder free (powder can absorb the hazardous drug agent and may be avenue for dermal exposure). The surgical gloves at sterile field must be changed immediately if the gloves are torn or puncture, splashed, or saturated and after 30 minutes of use. 	The surgical team at the sterile field must change an IMPERVIOUS gown if splashed or saturated and after 2-3 hours of wear.	Must wear eye protection with face shield attached.	If there is a risk of airborne aerosols of the hazardous drug agent , an N-95 mask must be worn.
Non-Sterile Surgical Team	<ul style="list-style-type: none"> Double gloves (chemotherapy agent drug tested) non-sterile disposable gloves The non-sterile surgical team must change gloves (chemotherapy drug agent tested) if punctured, splashed or saturated. 	If there is a risk of splashing of the hazardous drug agent, the non-sterile surgical team member must wear a non-sterile chemotherapy tested gown.	Must wear eye protection with face shield attached.	If there is a risk of airborne aerosols of the hazardous drug agent, an N-95 mask must be worn.
PACU Staff	The PACU nurse will double glove (chemotherapy drug agent tested) non-sterile disposable gloves.	If there is a chance of splashing of the hazardous drug agent exposed body fluids, a chemotherapy gown must be used.	If there is a chance of splashing of the hazardous drug agent exposed body fluids, eye protection must be used.	

University of Chicago Medical Center
Perioperative Chemotherapy Precautions Checklist

	Red bag	Yellow bag/ Container	Black Container	Regular trash	Toilet	Red Sharps	Linen bag
Sterile Surgical Team	<p>1. Do <u>not</u> place any hazardous drug agent exposed disposals in the red bag.</p> <p>2. Potentially infectious medical waste (PIMW) items that have not been in contact with hazardous drug agent; such as blood soaked items may be disposed in the red bag.</p>	<p>1. All disposables with incidental contact with hazardous drug agent; gowns, gloves, goggles, IV tubing, empty IV bags</p> <p>2. Hazardous drug agent exposed sharps.</p> <p>3. The closed system tubing and waste bag must be clamped or closed</p> <p>4. Any linen saturated with patient fluids mixed with hazardous drug agent (not metabolized by patient) from intra-procedure.</p> <p>5. No free liquids disposed (i.e. suction tubing with irrigation, etc.). For example: drain suction tubing into suction canister & clamp/seal suction canister.</p> <p>6. Hazardous drug agent: Empty to trace amounts of hazardous drug agent mixed with patient's fluid.</p>	<p>1. Unused or Expired hazardous drug agent in closed/clamped container that has <u>not</u> been mixed with patient fluids</p> <p>2. Spill materials that have <u>not</u> been mixed with patient fluids</p> <p>3. Overtly contaminated linen, PPE (eye wear, gloves, gowns) <u>not</u> mixed with patient's fluids must be disposed in the black container.</p> <p>4. No free liquids disposed.</p>	Nothing goes in regular trash during hazardous drug agent intraoperative procedure infusions/perfusion	Nothing goes in the toilet, during this type of case	Non-hazardous drug agent exposed Sharps	Linen in contact with the patient but has no gross hazardous drug agent contamination
Non-Sterile Surgical Team	Red bag	Yellow bag/ Container	Black Container	Regular trash	Toilet	Red Sharps	Linen bag
PACU Staff	Regular potentially infectious medical waste (PIMW) items; such as blood soaked items.	Any linen soaked with patient fluids mixed with hazardous drug agent from procedure (not metabolized by patient).	<p>1. Full, partial or empty unused or Expired hazardous drug agent in closed/clamped container that has <u>not</u> been mixed with patient fluids.</p> <p>2. Spill materials that have <u>not</u> been mixed with patient fluids.</p>	Waste Disposals <u>not</u> exposed to hazardous drug agent waste/body fluids.	Metabolites of patient excrement (urine, feces) from PACU or inpatient floor.	Non-hazardous drug agent exposed Sharps.	Linen in contact with the patient but has no gross hazardous drug agent contamination
	Regular potentially infectious	PPE exposed to hazardous drug agent body fluids, i.e.		Waste disposals items <u>not</u> exposed to hazardous drug	Metabolites of patient excrement		Linen in contact with the patient but

University of Chicago Medical Center
Perioperative Chemotherapy Precautions Checklist

medical waste (PIMW) items; such as blood soaked items.	chemotherapy gowns, gloves, and eye shields.		agent drugs.	(urine, feces) from PACU or inpatient floor.		has no gross hazardous drug agent contamination
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Hazardous Drug Agent	Sterile Glove Type	Non-Sterile Glove Type	Manufacturer Information On Hand
Cisplatin	Protexis (latex free)	Cardinal – 8852XPB Exam glove Nitrile Extended	Yes Cardinal
Doxorubicin	Gammex, Protexis (latex Free)	Cardinal – 8852XPB Purple nitrile Max Purple Nitrile Xtra-Halyard	Yes – Cardinal, Medline
Gemcitabine (Gemzar)	Biogel	Purple nitrile Max Purple Nitrile Xtra-Halyard	Molnlycke No information
Melphalan	Biogel	Purple nitrile Max Purple Nitrile Xtra-Halyard	Yes - Medline
Mitomycin	Biogel Protexis (latex free)	Purple nitrile Max Purple Nitrile Xtra-Halyard	Molnlycke
Avastin **	Standard Precautions	Standard Precautions	
Other Hazardous Drugs	Biogel	Purple Nitrile Xtra-Halyard	

**** Avastin (bevacizumab) not a hazardous drug agent use standard precautions.**

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GUIDELINE NAME: PERIOPERATIVE SERVICES SURGICAL COUNT PROCESS

ISSUE DATE: JANUARY, 2014

REVISED DATE: November, 2018, February, 2022, May, 2023

Purpose:

To provide guidance to perioperative personnel for the prevention of retained items during surgical or other invasive procedures.

Count Process Guideline:

1. The scrub person (scrub nurse/technician) & circulator nurse must perform counts together concurrently and aloud (one must be an RN).
2. All counts will be audible.
3. All counted items will be viewed by the scrub person and circulator nurse; soft goods will be fully opened (bands broken) and viewed concurrently.
4. Surgical counts should be conducted in the same sequence each time, in a logical progression from proximal (incision site) to distal (off the surgical sterile field), i.e. surgical site area, mayo stand, back table, items removed from the field
5. The surgical count will be completed in same sequence: soft goods, sharps, miscellaneous items and instruments.
6. It will be the responsibility of the circulating nurse to inform the surgical team that the counting process has been initiated.
7. All counts will be fully completed (initial, second, relief, final) of sponges, sharps, miscellaneous items, and instruments.
8. All count items will be maintained in the operating/procedure room during the case. Until, the patient has transferred from the operating/procedure room.
9. Relief Count: there should be a hand-off communication of the counts at the time of relief between the reliefs operating/procedural staff (circulating nurse and scrub nurse/technician) and outgoing operating/procedural staff (circulating nurse and scrub nurse/technician). Refer to Sponge, Sharp, Instrument, and Miscellaneous Count, PC 80.
10. Intentionally retained items: Refer to Sponge, Sharp, Instrument, and Miscellaneous Count, PC 80.

Surgical Soft Goods (sponges, towels, textiles)

- Keep to a minimum the amount, size and types of sponges opened for surgical and other invasive procedures.
- Do not remove any trash and linen containers or bags until all counts are completed and reconciled, and the patient has been transferred from the operating /procedural room. Only towels/Laps/Sponges with radiopaque markers will be used in the open wounds as packing, padding, or retracting.
- Blue towels without the radiopaque marker may be used for draping. They should not be placed in wounds or used near the wound.

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Sponge Counter Adjunctive Technology

- Manual count will be complete along with the use of the sponge counter adjunctive technology.
- Sponges: Laparotomy (Lap) sponges, Baby Laparotomy (Lap) sponges, and Ray Tech
- Circulator and scrub nurse/technologist will use the sponge counter adjunctive technology per the manufacturer's Instructions for Use (IFU).
- Circulator will enter the OR # and MRN number to start a case.
- Scrub nurse/technologist will scan the banded sponges using the sponge counter adjunctive technology scanner. The bands on the sponge/raytech bundles will not be broken until the manual count is performed by scrub nurse/technologist and circulator nurse.
- Intra-procedure: Before placing the sponges from the kick bucket/ring stand in the Sponge Counter Bag, the circulator nurse will scan the sponges.
- Post – procedure: All sponges will be removed from sterile field and must be scanned out via the sponge counter adjunctive technology scanner.
- Using the sponge counter adjunctive technology scanner, the circulator will close out the case per the manufacturer's IFU. Note: If the sponge counter adjunctive technology tablet has not been closed out and circulator is not from the previous case, the charge RN will be called to close out the sponge counter adjunctive technology tablet, so it can be used on subsequent cases and notify the OR department manager.

Sponge Counter Bag:

- Must be used on all cases.
- Raytec, laps, baby laps and tonsil sponges (balls) will be placed in individual slots in the sponge counter bag.
- Cottonoids and kitners will be kept together by type and will be bundled according to manufacturer increments (Example: Groups of 5 or 10).
- Fill bag from bottom to top.
- All sponges should be open, ensuring there are not two combined together.
- Place sponges in slot with x-ray detectable tag visible.
- If multiple sponge counter bags are used, full sponge counter bags should be visually and verbally verified.

Incorrect Sponge increments from Manufacturer

- Sponges, which present with incorrect increments from the manufacturer, will be removed from the sterile field and not included in the surgical count. Note: the sponge counter adjunctive technology scanner will not be able to scan the sponge bundle.
- The circulator will wrap the incorrect increment sponge pack and label to indicate not part of the surgical count. The circulating nurse will isolate the wrapped sponge pack away from the sterile field and Sponge Counter bags.
- At relief, the circulator will inform the relief-circulating nurse regarding the incorrect increment sponge pack.
- At the end of the procedure, send the incorrect increment sponges and completed manufacturer failed device form to Supply Chain.

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Sponges discarded from sterile field.

- Sponges that are not needed for the surgical case must be removed from the sterile field. The sponges will be isolated and labeled to indicate the sponges as not part of the surgical count.
- The circulator will inform the relief-circulating nurse the status of the isolated discarded sponges.
- At the end of the surgical case and all counts are completed, the discarded sponges will be disposed.

Sharps

- All sharps must be verbally announced before passing the sharp into the surgical sterile field.
- All suture needles, regardless of size, should be counted in all surgical and other invasive procedures.
- When receiving a needle packet to the sterile field, the packet should be counted and amount of needles confirmed with the circulating nurse at the time of use or receipt of suture packet.
- Needle count boxes must be used.
- Only one needle should be placed in each needle counter box slot.
- When a needle counter box is full on the surgical sterile field, an additional new needle counter box should be used. The full needle counter box will be included in the count and not removed from the operating room/procedural room until the final count is reconciled.
- Sharp item which is passed or dropped from the surgical field:
 - Should be shown to the scrub person (scrub nurse/technician).
 - Isolated from the surgical sterile field.
 - Placed in a needle counter box that is separate from the surgical sterile field.
 - Included in the final count.
- The needle counter box must stay in the OR until the patient leaves the operating room.

Miscellaneous Items

Miscellaneous items should be documented on the count sheet (refer to department count sheet).

Instruments:

- Pre-printed instrument count sheets should be used to record the counted instruments.
- All peel packs instruments added to the surgical/procedural field will be recorded separately on the count sheet.
- All counted instruments must remain in the operating/procedural room until all counts are completed and resolved.

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Recording Counts

- Packaged items should be counted according to the number that the item is packaged in.
- Document cumulative, additive, running totals for all countable items.
 - Soft goods (sponges, ray tech, etc.) counting format must be: $5 + 5 = 10 + 5 = 15 + 5 = 20$, $10 + 10 = 20$, etc.
 - Needles, sharps, miscellaneous, etc. counting format must be: $1 + 2 = 3$, etc.
- Items must not be subtracted from the count sheet.
- Count sheets are not a part of the patient record.

DOCUMENTATION

- Counts must be documented in Epic intraoperative navigator count section as correct, incorrect, or N/A (not applicable) on every case.
- Relief count must be documented in the Epic intraoperative navigator count section by the relief circulating nurse.
- Items counted, (i.e. sponges, sharps, instruments, misc. items) must be documented in the Epic intraoperative navigator count section
- Document the amount of counts performed.
- Document names and titles of personnel performing the counts.
- Record date and time the count (initial, relief, final, etc.) was performed.
- Document results of surgical counts in the Epic intraoperative navigator count section.
- Document notification of count results to surgeon/surgical team.
- Document sponges intentionally retained as packing.
- Document actions taken if count discrepancies occur (refer to Sponge, Sharp, Instrument and Miscellaneous Count, PC 80).
- Document rationale if counts are not performed or completed as prescribed by Sponge, Sharp, Instrument, and Miscellaneous Count, PC 80.
- Documentation of X-ray results and count discrepancy resolution.

Incorrect Counts

1. Any member of the team may ask for an additional count to resolve discrepancy.
2. The circulator nurse will notify the surgical team of the incorrect count.
3. The verbal notification of the missing count item to the surgical provider will be immediate and/or dependent on patient's stability during the surgical procedure. The surgeon will provide verbal acknowledgement of the missing count item.
4. Conduct a manual inspection of the operative suite/procedural room with visual inspection of the area surrounding the surgical sterile field, including floor, linen and trash receptacles.
 - a. Sponges (Lap sponges, Raytech, Baby lap Sponges): The sponge counter adjunctive technology scanner will be used to assist in location of the missing sponges per manufacturer's IFU. (Note: The sponge pack must previously have been scanned into the sponge counter adjunctive technology scanner to locate the missing sponge(s).).

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- b. Once missing sponge (s) has been located via the use of the sponge counter adjunctive technology scanner, the Circulating RN will scan in the missing sponge via the Sponge Counter scanner. A re-count must occur by the scrub person (scrub nurse/technician) and circulating RN.
5. The scrub person (scrub technician/nurse) should recount with the circulating RN.
6. If the missing item is found, the surgical count for the missing count item(s) will be repeated in its entirety.
7. When a discrepancy in the count is identified, refer to Sponge, Sharp, Instrument, and Miscellaneous Count, PC 80.
8. RFO Triggers X-Ray notification process:
 - a. Enter Epic Radiology order- Circulating Nurse/Radiology Technologist to order all other anatomy for RFO imaging. Provide clinical indications for medical necessity of exam.
 - b. Radiology contacted and/or within 15-30 minutes of being ready for the X-ray. CCD OR: Contact Radiology via intercom/Nurse Call "X-ray ASAP" button. Comer OR & D-cam OR: Contact Radiology via the dedicated UCMC mobile phone number.
 - c. No Response from X-ray Personnel Escalation: If X-ray personnel does not respond after 15 – 20 minute:
 - i. Notify Operating Room Charge Nurse.
 - ii. CCD OR: Contact X-ray personnel via their extension numbers.
 - iii. Comer OR and D-cam OR: Page X-ray personnel.
 - d. If no response from X-ray personnel, contact the Radiology Managers.
 - e. If no response from Radiology Managers, contact the Radiology Assistant Director.
9. When there is an incorrect count and/or lack of verbal acknowledgment from surgical team about any counting irregularities, notify the Charge RN, OR manager and complete an event report.

X-ray Considerations:

Refer to the Sponge, Sharp, Instrument, and Miscellaneous Count, PC 80.

RFO Triggers:

Refer to the Sponge, Sharp, Instrument, and Miscellaneous Count, PC 80.

Event Report:

An event report is to be completed in all instances of an incorrect count and intentionally retained foreign body.

REFERENCES:

1. Guidelines for Perioperative Practice (2021). *Retained surgical items, pp. 771-818.* Denver, CO: AORN, INC.

CROSS-REFERENCES:

1. University of Chicago Medical Center (2020). Sponge, Sharp, Instrument, and Miscellaneous Count. *University of Chicago Medical Center Policy and Procedure Manual, Patient care, PC 80.*

Operating Room Restraints Documentation

Operating Room

Once all restraint types are documented as “Discontinued,” **the order becomes invalid and the episode is considered to be discontinued.**

Should re-application of restraint be needed, a new order will need to be placed within 1 hour of documented start of the new episode.

Restraints in the OR:

- Document on all patients in the EPIC intraoperative documentation, Restraint section Violent and Non-Violent Sections: “YES or NO” for each patient.
- When the patient has restraints and the restraints are removed. Document under Epic Intraoperative Navigator, Restraints Section “Discontinue”.
- Hand-off: Restraints (in place/discontinued) must be included in the hand-off report to the next receiving unit.

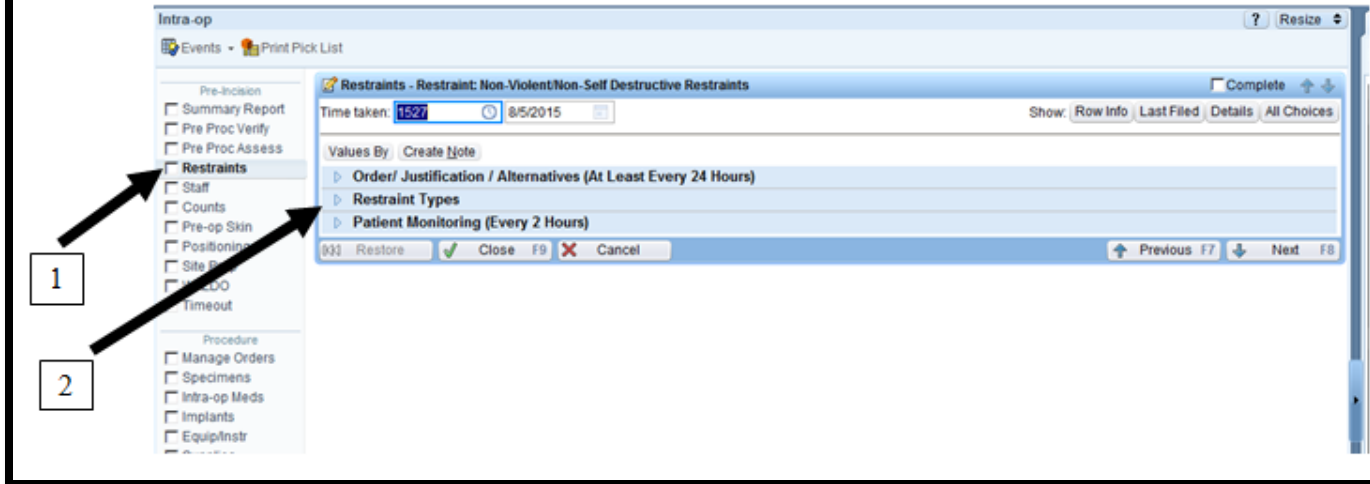
NOT CONSIDER A RESTRAINT

1. Devices that are a usual and customary part of a medical diagnostic or treatment procedure to which the patient has consented, or devices indicated to treat or promote the patient’s independent functioning.
2. Prescribed orthopedic devices, surgical dressings or bandages, protective helmets, surgical positioning, intravenous arm bands/boards, radiotherapy procedures, pediatric mittens, protection of surgical and treatment sites in pediatric patients, postural support, and tabletop chairs.
3. A baby or toddler in a crib with all sides up or a bed with all side rails up is considered age-appropriate standard safety practice and not a Restraint.
4. Raising the side rails to protect a patient during transport, for example from the patient’s room to Surgery or Radiology or from one room to another, or during monitoring during or after sedation is a safety measure and not a Restraint.

Operating Room Restraints Documentation

EPIC RESTRAINT DOCUMENTATION IN THE INTRAOPERATIVE NAVIGATOR

1. To document restraints on all OR patients, click on the Restraints in the Epic Intraoperative Navigator.
2. Click on the Restraint types to open.



Non-Violent Restraint Types




Restraint Used

No taken 1 week ago


Yes No   

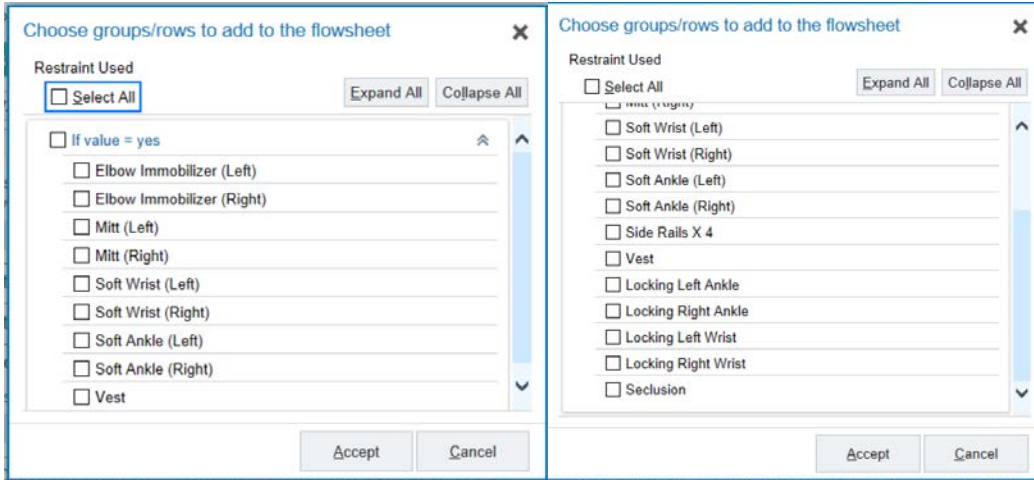
VIOLENT Restraint Type

Restraint Used

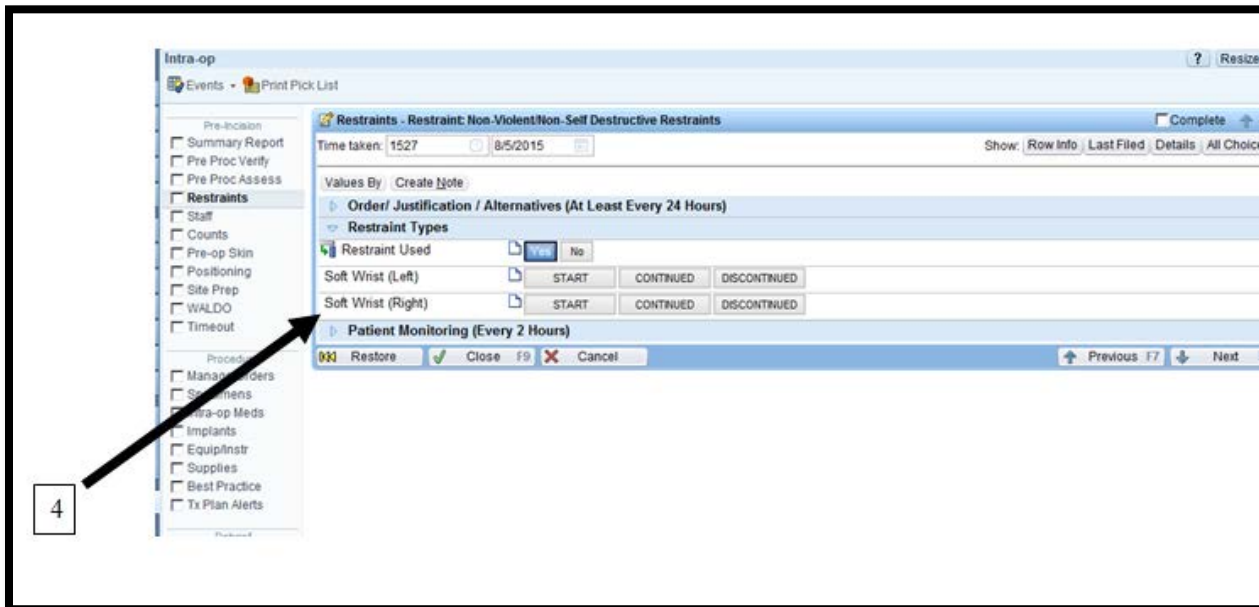
Yes No   

Operating Room Restraints Documentation

If the patient has restraints, open the cascade  and click on the type of restraints and click accept **OR** the type of restraints will already be pre-populated in the Restraints Type Field.



To discontinue a restraint, click on the Discontinue for each restraint.



Operating Room Restraints Documentation

5. If restraints are removed in the operating room, click on Discontinued for each restraint listed under restraint types.

The screenshot shows the 'Restraints - Restraint: Non-Violent/Non-Self Destructive Restraints' window. The 'Restraint Types' section is expanded, showing 'Soft Wrist (Left)' and 'Soft Wrist (Right)'. The 'DISCONTINUED' button is highlighted for both. A black arrow points from a box containing the number '5' to the 'DISCONTINUED' button for 'Soft Wrist (Right)'.

6. If the restraints are not removed, the nurse must document continued on each restraint and document in the Patient Monitoring (every 2 hours) section of the Restraints and click close when completed.

The screenshot shows the 'Patient Monitoring (Every 2 Hours)' section expanded. It includes fields for 'Location Change', 'Physical Status', 'Psychological Status', 'Circulation', 'Skin Integrity', 'Range of Motion', 'Hygiene', 'Hydration', 'Nutrition', 'Elimination', 'Rights, Dignity, and Comfort', and 'Ready for Discontinuation'. A black arrow points from a box containing the number '6' to the 'Patient Monitoring' section.

Operating Room SBAR TOOL

SBAR REPORT HANDOFF SHEET

OR # : _____

OPD / INPT / SDA

Patient Name: _____

Age: _____ Weight: _____ Gender: M: _____ F: _____

Pre-op Diagnosis: _____

Surgery: _____

Surgeons/s: _____ Anesthesiologist/s: _____

GENERAL / MAC / SPINAL / REGIONAL / LOCAL / EPIDURAL _____

Isolation: _____ Allergy: _____

Diabetic: Y: _____ N: _____ Medical History: _____

Oxygen: _____ Vent Settings: FIO2: _____ PS: _____ PEEP: _____ RATE: _____

Chest Tube: Size: _____ R / L Mediastinum: _____ Pleura: _____

PIV / Central Line: R #: _____ g: _____ # _____ g: _____ L #: _____ g: _____ # _____ g: _____

A Line #: _____ R / L Radial: g _____ Brachial: g _____ Femoral: g _____

A Line #: _____ R / L Radial: g _____ Brachial: g _____ Femoral: g _____

Drains #: _____

Drains #: _____

Foley: _____ Balloon Volume: _____ Ostomy: _____

Implant/s: _____ Dressings: _____

Blood Product/s: _____ Here #: _____ Given #: _____

Sponges/Other: _____ Removed #: _____ Retained #: _____

Drug/s on Field: _____

Disposition: PACU / ICU Bed Sent For: Y: _____ N: _____ Time: _____ Room #: _____ Phone #: _____

Special Bed Needed: _____ Sent For: Y: _____ N: _____ Time: _____

Receiving RN Name: _____ Phone #: _____

Family/Name: _____ Relationship: _____ Phone #: _____

Family Update Times: _____

ID Band In Place: Y: _____ N: _____

REMINDERS:

Next Case Set Up: _____

Next Patient Sent For: Y: _____ N: _____

Special Handling Precautions Checklist

Special Handling Case: Creutzfeldt-Jakob Disease (CJD) or any other patient that is determined to be listed under special handling precautions by the Department of Infection Control.

OR personnel should follow these steps listed.

Charge RN

- If appropriate, secondary operating room personnel will be assigned to assist the circulating RN to reduce access and door openings of the OR.
- Alert Central Sterile Processing Leadership team regarding the special handling case (i.e. CJD, etc.).
- Notify Perioperative leadership regarding any instrumentation or equipment needed that is not disposable to provide approval for discard.
- Notify the OR Manager (off shift/on call) regarding the special handling case (i.e. CJD, etc.).
- Notify EVS department to deliver transport boxes, leak proof red bin containers and additional red sharps container to the OR. Notify waste management contact.
- Patients with special handling precautions will be a Direct OR transfer.

OR Staff in the Operating Room (OR)

Pre-Procedure

- Cover non-critical work surfaces with disposable, impervious material (fluid resistant drapes).
- Remove all non-essential equipment from the OR.
- Apply the fluid barrier cover the surgical operating room bed.
- Use the suction canisters to suction fluid from the surgical field. Do **NOT** use the fluid management system (e.g. Neptune).
- Ensure there is an in-line filter between the suction canister and the suction regulator. Ensure **"No Through Traffic"** signs are posted on the OR doors.
- Alert Central Sterile Processing of the scheduled or add on special handling surgical case.
- Alert central sterile processing of the need for disposable instruments (for diagnosis of CJD) and potential exposure of prions.
- Use disposable brain biopsy instruments (for diagnosis of CJD). Do **not** use power drill instrument.
- Discuss with the Attending surgical provider, OR manager and CSP manager regarding the possible use of non-disposable instrumentation.
- No Endoscope (rigid or flexible) will be used. Endoscopes cannot be used because the narrow lumens are difficult to clean.
- Alert Pathology department regarding suspected CJD.

Intra Procedure

Sterile Personnel

- Wear an impervious surgical gown, double glove, mask and Eye protection.
- Use the suction canisters to collect suction fluid from the surgical field. Do **NOT** use the fluid management system (e.g. Neptune).
- Ensure there is an in-line filter between the suction canister and the suction regulator.

Non- Sterile Personnel (including anesthesia providers and personnel)

- Wear impervious gown, gloves, mask and eye protection in procedures with high risk tissue.
- PPE must be Donned and Doffed, when entering and exiting the OR.

Special Handling Precautions Checklist

- Label specimen with additional label "Special handling", which are being sent to pathology, cytology, etc.

Post Procedural

- Circulating nurse is responsible for contacting risk management department by completing an **electronic event report**.
- Place Linen in red biohazard waste container.
- Reusable, instruments should be kept moist until cleaned and decontaminated in a leak and puncture proof red bin container (When dried onto the instruments, prions will become highly resistance to removal, in particular stainless steel.).
- Discard single use instruments in a leak proof red bin container. Place leak proof red bin container in a CSP empty case cart for incineration.
- Place reusable instrumentation in a leak proof red bin container appropriately using a pink "special handling". Secure the leak proof red bin container with tape to prevent tampering during transport and quarantine.
- Dispose of all disposables, linen (exposed to high risk tissue), etc. in a secure red bag or leak proof red bin container.
- Dispose of sharps in a red sharps container.
- Use solidifier in the suction canister liner to solidify fluids.
- Dispose suction canister liner in a leak proof red bin container.
- Separate quarantine items and trash. Trash should be sent to the incineration location.
- Quarantine items should be transported in the decontaminated east side location.
- Place all secured red bags, leak proof red bin containers and red sharps containers in a transport box(es). Call Environmental Services 5-5537 to order and receive the transport box(es).
- Removal of transport box(es) by Environmental Services, Call 5-5537.

Post Procedural Cleaning

- Remove the impervious sheets from non-critical surfaces of the OR.
- Place the impervious sheets into leak proof red bin container.
- Use bleach on all surfaces in the OR (see EVS section of checklist).
- Place the leak proof red bin containers in the transport boxes.
- Remove transport box(es) and deliver for incineration.

Central Sterile Processing (CSP)

The agent (prion) which causes CJD is very difficult to inactivate. It is resistant to ethylene oxide sterilization and routine steam sterilization. Reusable and disposable items contaminated with cerebrospinal fluid (CSF), blood, or other body fluids from patients with suspected or confirmed CJD should be handled in the following manner.

- Instrumentation removed from a CJD/ special handling case will be quarantined until diagnosis has been confirmed. CSP will quarantine the case cart in a predetermined location.

After notification of the diagnosis, instrumentation will be disposed after the following steps:

Instruments should be wiped off and not washed prior to sterilization.

Critical and semi-critical items should be processed in one of the following steps:

- Steam sterilized at 132°C for 60 minutes in a standard gravity steam sterilizer; or
- Steam sterilized at 134°C for 18 minutes in a pre-vacuumed steam sterilizer; or
- Soaked in 1N (1Eq/L) sodium hydroxide (NaOH) for 1 hour at ambient temperature followed by steam sterilization at 121°C for 30 minutes. Do NOT autoclave NaOH as severe damage to the sterilizer will occur.

Special Handling Precautions Checklist

- Semi-critical devices (endoscopes, vaginal-rectal probes, laryngoscope blade, etc.) that come into contact with brain tissue, spinal cord, olfactory, epithelium, or lymphoid tissue will be removed from use. Endoscope used on patients with suspected or confirmed CJD infection will be brought to Central Sterile Processing for quarantine until disease is ruled out. If the diagnosis is confirmed, the used equipment will be discarded.

Environmental Services (EVS)

- Spills on noncritical environmental surfaces
 - a. Don gown, gloves, and face shield when removing spills.
 - b. Absorbent material should be used to absorb the spills.
 - c. Disinfect area with undiluted or 1:10 dilution of bleach for 1 hour or 1N sodium hydroxide at room temperature for 1 hour.
 - d. Any waste including cleaning tools, mop heads, and PPE should be disposed of as normal clinical waste.
- Noncritical items such countertops and floors can be decontaminated using either an undiluted or 1:10 dilution of household bleach for 1 hour - or 1N sodium hydroxide at room temperature for 1 hour
- Remove gross tissue from items or surfaces contaminated with central nervous system or cerebral spinal fluid from a diagnosed or suspected CJD patient.
- Disinfect using either 1N NaOH or a sodium hypochlorite solution containing approximately 20,000 ppm available chlorine (dilutions of 1:5 to 1:3 v/v respectively, of household bleach; contact the manufacturers of commercially available sodium hypochlorite products for advice).
 - a. The contact time for the chemical used during this process should be 1 hour.
 - b. Blot up the chemical with absorbent material, and rinse the treated surface thoroughly with water.
 - c. Discard the used, absorbent material into appropriate waste containers.
- All linen should be disposed of in a red biohazardous waste container.

References and Cross References: Refer to Perioperative Services Creutzfeldt-Jakob Disease (CJD), Prion Contamination and Special Handling Cases.

OR Specimen Workflow

Microbiology

Epic Intraoperative Navigator: Enter Source Specimen microbiology in the Specimen Section of Navigator. Once a label is printed, this will generate an Epic Beaker order to the lab.

1. Culture and Sensitivity
 - a. Use a specimen cup with secure lid
 - b. Do not place label lid of specimen container.
2. Anerobic and Aerobic specimens
 - a. Culture tube
 - i. Polyester swab (plastic shaft) open separately.
 - ii. Swab to the bottom of the culture tube.
 - iii. Do not embed tissue samples in the gel culture. Must be laid on top of the gel culture.
3. Do not send syringes with fluid.
4. To send a specimen:
 - a. Place specimen in the biohazard specimen transport bag
 - b. Print 2 Epic Beaker labels. 1 on the specimen and 1 for the Microbiology log book (located at the CCD OR Command Center/Comer OR & D-cam OR Control Desk) including:
 - i. Initials of staff sending specimen to microbiology
 - ii. Date and Operating Room number
 - c. Send to microbiology via tube station, #906,

Cytology

Epic Intraoperative Navigator: Enter Source Specimen Cytology in the Specimen Section of Navigator. Once a label is printed, this will generate an Epic Beaker order to the lab.

Cytology sent via dumb waiter (CCD OR) or transporter (D-cam OR and Comer OR).

After hours, place in Specimen refrigerator & complete Cytology log book.

- a. 2 Epic Beaker labels are needed. 1 on the specimen and 1 for the Cytology log book (located in the CCD OR Specimen room/D-cam OR/Comer OR Control Desk) including:
 - i. Initials of staff sending specimen to Pathology.
 - ii. Date and Operating Room number
- b. D-cam OR and Comer OR will need one addition Epic Beaker label for the transporter of the cytology specimen.

Pathology

Epic Intraoperative Navigator: Enter Source Specimen Pathology in the Specimen Section of Navigator. Once a label is printed, this will generate an Epic Beaker order to the lab.

- a. 2 Epic Beaker labels are needed. 1 on the specimen and 1 for the Pathology log book (located in the CCD OR Specimen room and D-cam OR/Comer OR Control Desk) including:
 - a. Initials of staff sending specimen to pathology.
 - b. Date and Operating Room Number
- b. D-cam OR/Comer OR: When using a transporter to transport the pathology specimen, one additional Epic Beaker label is given to the transporter.

OR Specimen Workflow

Pathology closes: 6 pm weekdays, and closed on weekends and holidays

Frozen Section:

1. Sent to Pathology as soon as possible.
2. Between 5:30pm – 6:00 pm, call pathology regarding possible frozen section.
3. After hours, weekends and holidays, page the Pathology resident on call pager # 7054.

Routine:

1. During open hours of pathology, send specimens fresh and sent via dumb waiter or transporter (D-cam OR & Comer OR).
2. After 6:45 pm weekdays, weekends, and holidays, specimens are placed in the specimen refrigerator.
3. Formalin (after hours, weekends, holidays):
 - a. Specimens must be fully submerged and floated. If not, place fresh in the refrigerator.
 - b. Large specimens which cannot be fully submerged in formalin place in a bucket with a double clear bag and store in the specimen refrigerator.
4. Forensic Specimens
 - a. Chain of Custody form must be completed.
 - b. Forensic specimens must be hand delivered to Pathology department.
 - c. After hours, weekends, and holidays, Charge RN will call HOA to hand deliver specimen to pathology.
 - d. Completed Chain of Custody form- yellow copy will be stored in a binder at the control desk/command center.
5. Other Specimens:
 - a. Hematology, PTT, chemistry, etc. –Enter in Specimen Navigator Section.
 - b. Print a Epic Beaker label:
 - i. Attach the Epic Beaker label to the collection tube.
 - ii. T&S & ABO- Hand write collector's initials & Collection date.
 - c. Collection tubes:
 - i. CBC platelets: purple
 - ii. DIC panel: purple or blue
 - iii. PT/PTT: light blue
 - iv. TEG: lightblue
 - v. BMP: gold or mint top
 - vi. Type & Screen: pink top
 - vii. ABO Verification: tan top/pink top

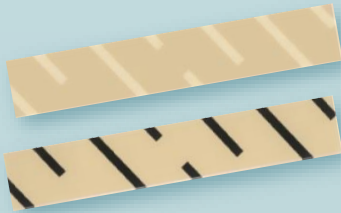
Sterilization Indicators

Sterilization indicators should be present on all internally sterilized items. Indicators are process-specific and manufacturer-specific.

Steam Processing

STERRAD Processing

Indicator Tape



Not Sterile:
White stripes

Sterile:
Black stripes



Not Sterile:
Red text

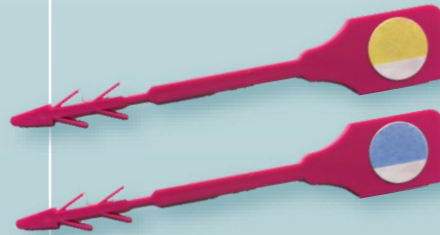
Sterile:
Orange or yellow text

Genesis Tamper Proof Arrows



Not Sterile:
White circle

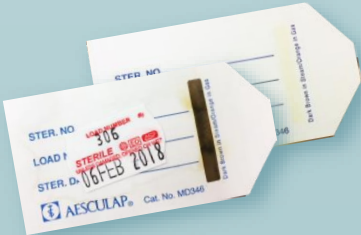
Sterile:
Dark circle



Not Sterile:
Yellow circle

Sterile:
Blue circle

Aesculap Process Indicator Card



Not Sterile:
Light strip

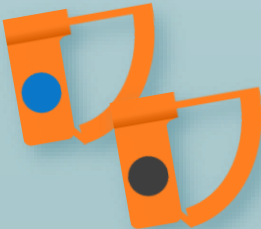
Sterile:
Dark strip



Not Sterile:
Pink strip

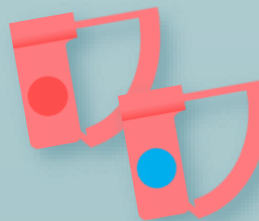
Sterile:
Blue strip

Aesculap Tamper Proof Locks



Not Sterile:
Blue dot

Sterile:
Dark dot



Not Sterile:
Pink dot

Sterile:
Blue dot

Internal Indicator



Not Sterile:
Dark line not in "Accept" range

Sterile:
Dark line in "Accept" range



Not Sterile:
Red stripe

Sterile:
Yellow stripe or lighter than comparator

Operating Room Nurse Surgical Count

1. Counts- Complete and Document in Epic & Count Sheet the initial count before patient arrives in the OR, if possible.
2. Epic Counts section & Count Sheet- second, subsequent counts, final counts.
3. **Surgicount (manual count of sponges must occur):**
 - a. Initial: Scrub RN/Tech Scan: bar code Lap & Baby sponges, ray techs.
 - b. Intra-procedure: Circulator Scan sponges, ray tech before aseptically passing to sterile field.
 - c. Sponges passed off sterile field the circulator will scan before placed in the sponge counter bags.
 - d. Final count: All sponges will be scan before End the case on SurgiCount Tablet.
 - e. Incorrect sponge Count: use the SurgiCount scanner to located the missing sponge either on the sterile field and/or surrounding area or trash.

Wound Packing:

- a. Click On "Options" Button on the right-hand side of the tablet.
- b. Tap "Wound Pack Sponges"
- c. A pop up will appear to show the sponges that have not been scanned out.
- d. Select the rationale for the sponges not scanned out.
- e. Select "Wound Pack" Button
- f. Verify case information & Tap "Next".
- g. Scan or manually enter the Circulator ID (OR number).
- h. Tap "end Case".

Reconcile Wound Pack

- a. Scan in the Patient ID.
- b. Wound pack sponge message will appear. Verify information is correct and tap "Okay".
- c. Select the Service Type and tap "Resume Case".
- d. Tap the "Count Out" Button and Scan the wound pack sponge and Click "OK".
- e. Verify the case information and tap "Next".
- f. Scan/enter the Circulator ID, Tap "End Case".

Operating Room Nurse Surgical Count

1. RFO Triggers Criteria (request patient x-ray imaging)

- Incorrect count (instrument, sponges, sharps, miscellaneous)
- Change in planned procedure
- BMI over 40- Open Procedure (abdominal, pelvic, thoracic cavity)
- Pregnant with BMI over 50 for C-section
- Emergent C-section
- Significant event (I.e. cardiac arrest)
- Multiple surgical teams operating in the same cavity without both teams present for closure
- Removal of RFO from prior surgery
- Surgery length of more than 8 hours
- Organ procurement and organ transplant
- OR nursing staff involved in case who have worked 18 plus hours within a 24 hour

2. Surgery Team:

- Enter CPOE order- Circulator RN/Radiology tech to order all other anatomy for RFO X-ray imaging. Provide clinical indications for medical necessity of x-ray exam.
- CCD OR: Press the Nurse Call button/intercom located near the Nurse's desk (select more to access the Need X-ray ASAP button, within 15- 20 minutes of need for the x-ray (Note: This prompts a call to GOR Main Support ext. 68865, after hours ext. is transferred to 68361).

Radiology Team:

- Technologist reports to OR room, confirms MRN/Name/DOB- RFO portable exam, and performs imaging.
- Technologist calls the appropriate reading room for RFO interpretation. Provide radiologist the following: the RFO, MRN/Accession number, number of images submitted, OR Room and Phone number, or the attending surgeons pager number (if not in the OR room).

Radiology Team No Response Escalation Process:

- CCD OR Extensions: 68865; After Hours Ext. & Pager 6-8361, 6607
- D-cam OR Extensions: 68931
- Team Leader: Brian Dorsey – 68867
- DCAM Pain Clinic: 69829, 68930
 - Radiology Managers: Michael Scott 28105, pager 3078; Nicholas Younkin 22727, pager 8855
 - Assistant Director: Angela Camacho 47963, 90546

SURGIFLO® Hemostatic Matrix simple preparation



You can use SURGIFLO® with or without thrombin.
Please refer to your thrombin IFU for preparation instructions.

Flowable Gelatin Matrix Preparation



1

Prepare the sterile solution
(i.e. thrombin or sterile saline)



2

Measure the sterile solution
and transfer into the sterile
liquid transfer cup.



3

Draw up all the sterile solution
from the sterile liquid transfer
cup into the empty syringe.

For the same product consistency as SURGIFLO® Hemostatic Matrix Kit with thrombin use 2 mL of sterile solution.
NOTE: Use aseptic technique if solution is prepared outside the sterile field.



4

Connect the syringes

- Remove the blue cap from the syringe with the blue plunger containing the Gelatin Matrix.
- Attach this syringe to the sterile syringe containing the sterile solution.



5

Mix the contents of the two syringes

- Begin mixing by transferring the sterile solution into the sterile pre-filled syringe containing the Gelatin Matrix.
- Push the combined material between syringes 6 times (3 times back and forth) ending in the syringe with the blue plunger.

6 TO MIX



6

Attach the applicator tip.

The product is now ready for clinical use.

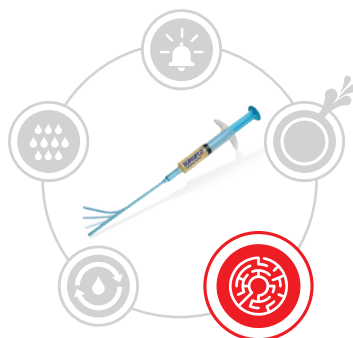
Do not inject SURGIFLO® Hemostatic Matrix into blood vessels. See the Contraindications, Warnings, and Precautions. For complete product details, see instructions for use. For technical support, call 1-877-ETHICON.

Call 1-800-255-2500 to order.

Ordering Information		
Ordering Code	Size	Package
2991	8 mL SURGIFLO® Hemostatic Matrix	Case of 6
MS1995	34 cm Endoscopic Applicator	Case of 6

Situation Difficult to Access

Bleeding that occurs in tight and irregular spaces and you cannot see the exact source of the bleed. You are concerned accessing a tight space will cause more harm.



Solution SURGIFLO®

Part of the **Hemostasis Optimization Program** portfolio of adjunctive hemostats

SURGIFLO® Hemostatic Matrix Essential Product Information (Made from Absorbable Gelatin Sponge, USP)

DESCRIPTION

SURGIFLO® Hemostatic Matrix Kit is intended for hemostatic use by applying to a bleeding surface.

ACTIONS

When used in appropriate amounts SURGIFLO® Hemostatic Matrix is absorbed completely within 4 to 6 weeks.

INTENDED USE/INDICATIONS

SURGIFLO® Hemostatic Matrix, mixed with sterile saline or thrombin solution, is indicated in surgical procedures (other than ophthalmic) as an adjunct to hemostasis when control of bleeding by ligation or other conventional methods is ineffective or impractical.

CONTRAINDICATIONS

- Do not use SURGIFLO® Hemostatic Matrix in intravascular compartments because of the risk of embolization.
- Do not use SURGIFLO® Hemostatic Matrix in patients with known allergies to porcine gelatin.
- Do not use SURGIFLO® Hemostatic Matrix in closure of skin incisions because it may interfere with the healing of skin edges. This interference is due to mechanical interposition of gelatin and is not secondary to intrinsic interference with wound healing.

WARNINGS

- SURGIFLO® Hemostatic Matrix should not be used in the presence of infection and should be used with caution in contaminated areas of the body.
- SURGIFLO® Hemostatic Matrix should not be used in instances of pumping arterial hemorrhage. SURGIFLO® Hemostatic Matrix will not act as a tampon or plug in a bleeding site.
- SURGIFLO® Hemostatic Matrix should be removed from the site of application when used in, around, or in proximity to foramina in bone, areas of bony confine, the spinal cord, and/or the optic nerve and chiasm because it may swell resulting in nerve damage.
- Excess SURGIFLO® Hemostatic Matrix should be removed once hemostasis has been achieved.
- The safety and effectiveness of SURGIFLO® Hemostatic Matrix for use in ophthalmic procedures has not been established.
- SURGIFLO® Hemostatic Matrix should not be used for controlling post-partum intrauterine bleeding or menorrhagia.
- The safety and effectiveness of SURGIFLO® Hemostatic Matrix has not been established in children and pregnant women.
- The blue flexible applicator tip should not be trimmed to avoid exposing internal guidewire.
- The white straight applicator tip should be trimmed away from the surgical area. Cut a square angle to avoid creating a sharp tip.

PRECAUTIONS

- Safe and effective use of SURGIFLO® Sponge has been reported in a published neurologic retrospective study involving 1700 cases in Europe. Safe and effective use in neurosurgery has not been proven through randomized, controlled clinical studies in the United States.

- SURGIFLO® Hemostatic Matrix is supplied as a sterile product and cannot be resterilized.

- SURGIFLO® Hemostatic Matrix should not be used for packing unless excess product that is not needed to maintain hemostasis is removed. SURGIFLO® Hemostatic Matrix may swell up to 20% upon contact with additional fluid.
- SURGIFLO® Hemostatic Matrix should not be used in conjunction with autologous blood salvage circuits.
- SURGIFLO® Hemostatic Matrix should not be used in conjunction with methylmethacrylate adhesives.
- In urological procedures, SURGIFLO® Hemostatic Matrix should not be left in the renal pelvis or ureters to eliminate the potential foci for calculus formation.

ADVERSE EVENTS

A total of 142 patients received SURGIFLO® Sponge during a clinical trial comparing SURGIFLO® Sponge to another absorbable gelatin sponge. In general, the following adverse events have been reported with the use of absorbable porcine gelatin-based hemostatic agents:

- Gelatin-based hemostatic agents may serve as a nidus for infection and abscess formation and have been reported to potentiate bacterial growth.
- Giant cell granulomas have been observed at implant sites when used in the brain.
- Compression of the brain and spinal cord resulting from the accumulation of sterile fluid have been observed.
- Multiple neurologic events were reported when absorbable gelatin-based hemostatic agents were used in laminectomy operations, including cauda equina syndrome, spinal stenosis, meningitis, arachnoiditis, headaches, paresthesias, pain, bladder and bowel dysfunction, and impotence.
- The use of absorbable gelatin-based hemostatic agents during the repair of dural defects associated with laminectomy and craniotomy operations, has been associated with fever, infection, leg paresthesias, neck and back pain, bladder and bowel incontinence, cauda equina syndrome, neurogenic bladder, impotence, and paresis.
- The use of absorbable gelatin-based hemostatic agents has been associated with paralysis, due to device migration into foramina in the bone around the spinal cord, and blindness, due to device migration in the orbit of the eye, during lobectomy, laminectomy, and repair of a frontal skull fracture and lacerated lobe.
- Foreign body reactions, "encapsulation" of fluid, and hematoma have been observed at implant sites.
- Excessive fibrosis and prolonged fixation of a tendon have been reported when absorbable gelatin-based sponges were used in severed tendon repair.
- Toxic shock syndrome was reported in association with the use of absorbable gelatin-based hemostats in nasal surgery.
- Fever, failure of absorption, and hearing loss have been observed when absorbable hemostatic agents were used during tympanoplasty.

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ETHICON
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Surgiflo®

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Tisseel

FIBRIN SEALANT

EASYSPRAY Pressure Regulator Preparation Guide

FOR TECH SUPPORT CALL 1-888-229-0001, OPTION 4

Circulating Nurse
EASYSPRAY Device



1 Connect the adapter* attached to the black tubing, located at the side of the EASYSPRAY device, to an appropriate gas source (medical grade air, nitrogen or CO₂ depending on adapter). Pressurized gas supply must be set between 3.5 and 7 bar (51-100 psi).



2 Connect spray set filters to EASYSPRAY device, ensuring to remove the packaging caps from filters. Connect blue to blue and clear to clear.



3 Turn ON/OFF switch to the ON Position. If the battery is completely dead, the low battery indicator will not illuminate and no gas flow will occur. Ensure device is turned OFF after spraying to prevent risk of gas tank emptying and battery drainage.



4 Check the gauge on the EASYSPRAY device for the appropriate pressure range of 1.5-2.0 bars (21.8-29 PSI). Adjust pressure by turning the pressure control knob.

Scrub Nurse
Spray Set



1 Firmly attach the spray head to the syringe, ensuring blue dots align, and fasten the pull strap to the syringe. **For Topical Use Only**



2 Attach clear connector to the Luer-lock connector on the underside of the spray head. **For Topical Use Only**



3 Attach the clip (on the end of the sensor line) by sliding it into the grooves located on the top of the syringe plunger. **For Topical Use Only**

Application Tips



1 A spraying distance of 10 -15 cm is recommended. Note that the spraying distance should not be less than 10cm and the maximum pressure should not exceed 2bars (29.5psi).



2 To activate the flow of gas, occlude the opening in the clip center with thumb. To begin application, gently depress the TISSEEL syringe plunger. The EASYSPRAY device will continue to emit gas shortly after thumb is removed from clip to help avoid clogging of the spray head.

Selected Important Risk Information

The EasySpray pressure regulator is only intended for open surgery. Air or gas embolism has occurred when fibrin sealant was administered using pressurized gas. This can occur if a spray device is used at higher than recommended pressures and in closer than recommended proximity to the tissue surface. Please see detailed risk information on the back or prescribing information for additional information.

Do Not connect to an oxygen source.

Do Not use rechargeable batteries.

*The EasySpray device has no adapter installed from the factory due to multiple possible configurations, and should be installed by the hospital's biomedical engineering dept.

Please see detailed risk information on the back or Prescribing Information for additional information.

Baxter

TISSEEL [Fibrin Sealant] Indications

Hemostasis: TISSEEL is a fibrin sealant indicated for use as an adjunct to hemostasis in adult and pediatric patients (> 1 month of age) undergoing surgery when control of bleeding by conventional surgical techniques (such as suture, ligature, and cautery) is ineffective or impractical. TISSEEL is effective in heparinized patients.

Sealing: TISSEEL is a fibrin sealant indicated as an adjunct to standard surgical techniques (such as suture and ligature) to prevent leakage from colonic anastomoses following the reversal of temporary colostomies.

TISSEEL [Fibrin Sealant] Important Risk Information

For Topical Use Only. Do not inject TISSEEL directly into the circulatory system or into highly vascularized tissue. Intravascular application of TISSEEL can lead to intravascular coagulation, can result in life-threatening thromboembolic events, and can increase the likelihood and severity of acute hypersensitivity reactions in susceptible patients. To minimize the risk of intravascular application, exercise caution when using TISSEEL in surgery.

Do not use TISSEEL in individuals with a known hypersensitivity to aprotinin.

Do not use TISSEEL for treatment of severe or brisk arterial or venous bleeding. In these situations, TISSEEL will be washed away in the flow of blood before hemostasis can be attained.

Do not spray TISSEEL where the minimum recommended distance from the applicator tip to the target site cannot be assured.

Hypersensitivity or allergic/anaphylactoid reactions can occur with the use of TISSEEL. Such reactions may especially be seen if TISSEEL is applied repeatedly over time or in the same setting, or if systemic aprotinin has been administered previously.

Aprotinin is known to be associated with anaphylactic reactions. Even in the case of strict local application of aprotinin, there is a risk of anaphylactic reactions to aprotinin, particularly in the case of previous exposure.

Discontinue administration of TISSEEL in the event of hypersensitivity reactions. Remove remaining product from the application site.

Air or gas embolism has occurred when fibrin sealant was administered using pressurized gas. This can occur if a spray device is used at higher than recommended pressures and in closer than recommended proximity to the tissue surface.

When using the EASYSpray device, or an equivalent spray device for open surgical procedures cleared by FDA, TISSEEL must not be sprayed in enclosed body areas and must be sprayed onto only visible application sites.

TISSEEL is denatured when exposing to solutions containing alcohol, iodine or heavy metals. If any of these substances have been used to clean the wound area, the area must be thoroughly rinsed before the application of TISSEEL.

Apply TISSEEL as a thin layer by dripping or spraying using cannula or spray set. Excess clot thickness can negatively interfere with wound healing.

The safety and effectiveness of TISSEEL used alone or in combination with biocompatible carriers in neurosurgical procedures or other surgeries involving confined spaces have not been evaluated; its use in this setting is not FDA approved.

TISSEEL is made from human plasma. It may carry a risk of transmitting infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent.

Please see accompanying full Prescribing Information.

EASYSpray Indications For Use

The EASYSpray Pressure Regulator controls and releases pressurized gas provided by a propellant gas source. The EASYSpray Pressure Regulator is to be used only with spray sets specified for use with this pressure regulator.

CAUTION: Pressurized gas supply must be between 3.5 and 7 bar.

CAUTION: DO NOT connect to an oxygen source. Failure to follow these instructions can lead to explosion, which could result in serious injury or death.

WARNING: Any application of pressurized gas may be associated with a potential risk of air embolism, tissue rupture or gas entrapment with compression, which may be life threatening. Be sure to take appropriate measures to address these risks by observing the recommended minimum spraying distance and maximum pressure provided in the appropriate spray set instructions for use.

CAUTION: Spraying into enclosed body cavities requires appropriate safety measures to make sure that the above mentioned risks will be avoided.

CAUTION: Do not use rechargeable batteries.

Please see full Indications for Use.



Do Not connect to an oxygen source.



Do Not use rechargeable batteries.

In order to ensure optimal safe use of TISSEEL by spray application, the following recommendations should be followed:

APPLICATOR TIPS TO BE USED	PRESSURE REGULATOR TO BE USED	GAS	RECOMMENDED DISTANCE FROM TARGET TISSUE	RECOMMENDED SPRAY PRESSURE / GAS FLOW RATE
TISSEEL / ARTISS Spray Sets	EASYSpray Regulator	CO ₂ * Medical Air or Nitrogen	10 - 15 cm	1.5 - 2 bar (21.8 - 29psi)

* CO₂ is the preferred gas for application, however Medical Air or Nitrogen are acceptable gasses for administration of TISSEEL in open surgery.

For questions or ordering information, please contact your Baxter representative or call 888-229-0001.

www.advancedsurgery.baxter.com

Advancing the art of healing

The information presented here has been taken directly from the TISSEEL [Fibrin Sealant] Prescribing Information, the TISSEEL/ARTISS Spray Set Instructions for Use, and the EASYSpray Pressure Regulator Instructions for Use.

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US-AS32-220004 v1 February 2022

Baxter Healthcare Corporation
1 Baxter Parkway
Deerfield, IL 60015
USA

Baxter

Trauma

ADULT TRAUMA

- CCD OR 17 – DESIGNATED TRAUMA ROOM
- CCD OR 10- DESIGNATED ORTHO TRAUMA ROOM
- RAFT- ROOM AVAILABLE FOR TRAUMA
- FER - FIRST EMPTY ROOM (OR BETWEEN PROCEDURES)

INSTRUMENTS

- TRAUMA CARTS ADULT
 - A TRAUMA CART WILL BE KEPT IN THE OR 17 TRAUMA ROOM.
 - A SECONDARY TRAUMA CART WILL BE KEPT OUTSIDE OF THE OR 17 FOR THE RAFT ROOM.
 - ANOTHER TRAUMA CART WILL BE KEPT IN THE CSP FOR ROTATION AFTER A TRAUMA GO LIVES IN CCD OR 17.
 - AN ADDITIONAL TRAUMA CART ADULT IS KEPT IN THE COMER OR.
 - STERNAL SAW- USE THE STRYKER SAW WITH BATTERY.
 - THE STERNAL SAW BLADE KEPT IN THE TRAUMA SUPPLY CARTS.



CASE CLASSIFICATION SYSTEM

1. Add-on Case Classification definitions:

- Class A Emergency:**
 - Condition ***is*** life, limb, or organ threatening and takes precedence over any other case.
 - Class A cases are emergencies that require immediate intervention***
- Class B Emergency:**
 - Condition ***may*** be life, limb, or organ threatening if not addressed within 2 hours. ***Class B cases are emergencies that require intervention as soon as possible.***
- Class C:**
 - Condition ***may*** be life, limb, or organ threatening if not addressed within **6** hours and should be worked into the schedule. This class takes precedence over Class **D**, and Class E cases.
- Class D:**
 - Condition ***may*** be life, limb, or organ threatening if not addressed within 24 hours and should be worked into the schedule. This class takes precedence over Class E cases.
- Class E:**
 - Non-urgent add-ons
- Class T:**
 - Transplant cases that may or may not have a designated start time, but will proceed within the next 24 hours.

Trauma

1. SURGEONS ARE EXPECTED TO CLASSIFY ADD-ON CASES WHEN BOOKED.
2. ONLY AN ATTENDING SURGEON MAY DECLARE A CLASS A OR B EMERGENCY. EXCEPT FOR CLASS A TRAUMA PATIENT PATIENTS, ATTENDING SURGEON MUST DIRECTLY COMMUNICATE THIS TO THE ANESTHESIOLOGIST CARRYING CISCO 6-4470/PAGER 4470.
3. ANY DISPLACEMENT (INCLUDING TAKING THE TRAUMA ROOM OFF LINE) SHOULD BE COMMUNICATED ATTENDING SURGEON TO ATTENDING SURGEON.
4. THE MASTER PROCEDURE LIST WILL BE AVAILABLE AT THE OR COMMAND DESK.
5. ONCE CLASSIFIED,, TIMING AND CLINICAL SITUATION WILL DETERMINE FURTHER PRIORITIZATION AND THE NEED TO CALL IN ADDITIONAL RESOURCES.
 - a. ONE HOUR PRIOR TO THE EXPECTED IN-ROOM TIME (ONE HOUR AFTER BOOKING A CLASS B, SIX HOURS AFTER BOOKING A CLASS C), THE CHARGE NURSE WILL DETERMINE IF A ROOM AND RELATED RESOURCES WILL BE AVAILABLE.

TRANSFERS TO THE OPERATING ROOM

PATIENT TRANSPORT TO OPERATING ROOM BY ANESTHESIA SERVICE (ICU PICK-UP- EPIC STATUS BOARD)

THE ANESTHESIA SERVICE ACCOMPANIES THE ICU RN WITH PATIENT TRANSPORTERS TO OPERATING ROOM OR PROCEDURE ROOM.

PATIENT TRANSPORT TO PRE-OP BY ICU PERSONNEL AND TRANSFER TO ANESTHESIA SERVICE (ICU TRANSFER – EPIC STATUS BOARD)

ICU RN +/- ICU SERVICE WILL ACCOMPANY THE PATIENT TO THE PREOPERATIVE HOLDING AREA WHERE CARE IS TRANSFERRED TO ANESTHESIA SERVICE.

PATIENT TRANSPORT TO OR BY PHYSICIAN/PROVIDER SERVICE (DIRECT OR TRANSFER)

AN ER, UCAN, ICU PATIENT, IN-PATIENT OR ANESTHETIZED PATIENT IS DIRECTLY TRANSPORTED TO THE OPERATING ROOM OR PROCEDURAL ROOM.

UCAN TRANSFER: PATIENTS DIRECT FROM THE HELICOPTER BE ADMITTED TO THE HOSPITAL BY THE OR CHARGE RN. REFER TO THE CHARGE RN BOOK AT THE COMMAND CENTER FOR INSTRUCTIONS TO ADMIT A PATIENT IN EPIC CHARTING.

TRAUMA PATIENTS WHO BYPASS THE ER WILL BE ADMITTED BY THE ER DEPARTMENT.

TRAUMA PATIENT'S BELONGINGS

PLEASE FOLLOW THIS PROCESS FOR PATIENT BELONGINGS WHEN A PATIENT IS BROUGHT FROM THE ER DIRECTLY TO THE CDOR (CLASS A SURGICAL CASES) WITH BELONGINGS:

Trauma

ARRIVAL TO CDOR:

- ER STAFF WILL BAG BELONGINGS AND PLACE A PATIENT STICKER ON BAG(S) –
 - THEY WILL NOT SEARCH/INVENTORY THE BELONGINGS.
 - IF SOME SORT OF CONTRABAND ITEM (DRUGS, GUN, KNIFE) FALLS OUT SECURITY WILL BE CALLED TO SECURE BELONGING: THIS WILL ONLY HAPPEN IF SOMETHING FALLS OUT – OTHERWISE NO ONE WILL GO THROUGH THEIR BELONGINGS.
- CDOR STAFF WILL VERIFY PATIENT STICKER ON BAG(S) MATCHES PATIENT ID BAND – THEY WILL NOT SEARCH/INVENTORY THE BELONGINGS.
- CDOR STAFF WILL ENDORSE THE BAG(S) TO THE PACU CHARGE NURSE.
- THE PACU CHARGE NURSE WILL (OR DELEGATE A NURSE TO) COMPLETE THESE STEPS:
 - VALIDATE PRESENCE OF PATIENT STICKER ON BAG(S) AND MATCH TO OR CASE SCHEDULE – THEY WILL NOT SEARCH/INVENTORY THE BELONGINGS.
 - DOCUMENT IN THE BELONGINGS CHECKLIST IN THE PRE-OP CHECKLIST FLOW SHEET: SELECT “OTHER” FOR CLOTHING/ACCESSORIES AND “PREOP CLOSET” AND ADD A COMMENT “RECEIVED FROM _____” WITH INCLUSION OF THE CDOR STAFF MEMBER WHO DELIVERED THE BELONGINGS TO THE PACU.

POST-OP

- IF THE PATIENT COMES TO THE PACU FOR POST-OP CARE, THE PACU RN WILL RETRIEVE THE BELONGINGS FROM THE PRE-OP CLOSET, PLACE THEM WITH THE PATIENT, AND UPDATE THE BELONGINGS CHECKLIST IN THE PACU FLOW SHEET APPROPRIATELY.
- IF THE PATIENT IS SENT DIRECTLY TO THE ICU FROM THE CDOR:
- THE OR RN SHOULD TRY TO ENDORSE IN REPORT TO THE ICU THAT BELONGINGS CAN BE SENT FOR BY THE ICU FROM THE PREOP CLOSET VIA ITEM TRANSPORT REQUEST BY PATIENT TRANSPORTATION.
- THE PREOP CLOSET IS RECONCILED EACH EVENING BY THE PRE-OP/PACU PSC TEAM AND BELONGINGS WILL BE ORDERED TO BE DELIVERED TO THE PATIENT ICU LOCATION VIA ITEM TRANSPORT REQUEST BY PATIENT TRANSPORTATION (THIS IS STANDARD WORK EACH EVENING FOR THE PRE-OP/PACU PSC).
- ANY UCM STAFF MEMBER ATTEMPTING TO TRACK PATIENT BELONGINGS SHOULD START WITH REVIEW OF THE BELONGINGS CHECKLIST IN THE EPIC FLOW SHEETS, FOLLOW-UP WITH THE PACU CHARGE NURSE (EXTENSION 6-8862), AND ESCALATE TO PCM/APCM OR HOA AS NEEDED
- THE BELONGINGS WILL NOT BE GIVEN TO CHICAGO POLICE DEPARTMENT OR ANY OTHER OUTSIDE ORGANIZATION REPRESENTATIVE BY A PERIOPERATIVE SERVICES STAFF MEMBER.
- ANY REQUESTS REGARDING CONFISCATION OF ITEMS, ETC. SHOULD BE DIRECTED TO THE PCM/ACM OR HOA.
- THE HOA TEAM HAS BEEN INSTRUCTED TO PRIORITIZE THIS TYPE OF REQUESTS AND ATTEND TO THEM QUICKLY.

Trauma

TRAUMA CHECKLIST MUST BE COMPLETED BY THE CLINICAL TEAM IN THE OR.

Trauma Room Checklist

2 Back tables	
Blood Refrigerator	
2 headlights with batteries outside OR 17 in Cabinet	
2 Mayo Stands	
2 <u>Bovie</u> Machines (head & foot of bed)	
2 <u>bovie</u> pads near bed	
SCD machine with SCD boots	
Fluid Warmer with drape unopened sitting in it	
Neptune suction at foot of bed	
2 Bair huggers (1 regular at head of bed, 1 small purple/blue at foot)	
Under body <u>bair</u> hugger on table	
Fluid pad between OR table mattress and X-ray Cassette holder	
Trauma Suture tree	
Trauma pack on the back table	
Trauma trays set out (1 & 2)	
Prep stand <u>foley</u> , 2 <u>chlorapreps</u> , betadine prep kit and two bottles of betadine for dumping	
Steps x 4	
Red canister with suction regulator set up	
Simple starting suture supplies on mayo stand (0, 2-0, 3-0 silk ties, 3-0 silk pop offs, 2-0 stick tie V-20, 3-0 <u>polysorb</u>)	
Latex free gloves of all trauma surgeons for the shift	
Trauma blood specimen tubes ready to go with biohazard bag (2 blue tops, 1 pink top, 1 purple top)	
Turn On: <u>Bovie</u> , SCDS	

Trauma

OB TRAUMA

DR. STORK TOWER (PANDA) PLACEMENT IN THE OR, AND THE ITEMS LISTED IN OR ON THE DR. STORK TOWER.

- STORK TOWER IS KEPT NEAR CCD OR 21
- STAFF MUST PLACE THE DR. STORK TOWER ON THE OR BACK WALL WITH THE CONNECTIONS. PLUG IN AND TURN ON THE UNIT.
- THE STAFF WILL PLUG IN THE AIR AND O2
- STAFF WILL PREPARE THE DR. STORK TOWER WITH 1/2 SHEET, RECEIVING BLANKET, BLUB SYRINGE X2 AND CORD CLAMP
- THE KIWI C-SECTION WILL USE THE AQUA-BLUE, THE YELLOW= VAGINAL DELIVERY
- ALL SUPPLIES FOR BABY KEPT IN THE DR. STORK TOWER.
- THE BLACK BOX- INTUBATION SUPPLIES
- C-SECTION TRAY IS STORED ON THE DR. STORK TOWER.



EMERGENCY CARTS:

EACH CART LOCATED IN THE CCD CENTRAL CORE

- ECTOPIC EMERGENCY CART
- GENERAL OPEN EMERGENCY CART
- AAA EMERGENCY CART
- EMERGENCY CRANI CART

EACH CART HAS A LIST OF INSTRUMENTS STORED IN EACH CART.

THE LIST IS LOCATED ON THE SIDE OF THE EMERGENCY CART.



Standard Dr. Stork Tower (PANDA)				
Par	Top	Supply	Par	Drawer 1
1		8fr suction cath	2	3.5 UVC cath
2		Blanket packs	1	5 Fr UVC cath
1		Bulb Syringe	1	Sterile Gloves 6
1		Cord Clamp	1	Sterile Gloves 7.5
1		Diaper NB	1	Sterile Gloves 8
1		EKG Leads (term)	1	Sterile Gloves6.5
1		Hat	1	Sterile Gloves7
1		Posey	3	Sterile NS 10mL
1		Pulse Ox	1	UVC Tray 5fr
2		Sethoscope		Preemie Bag
1		Suction Tubing	1	6fr suction catheter
1		Temp Probe	1	limb leads
1		Temp Probe Cover	1	Neo Wrap
1		Thermometer	1	Preemie diaper
1		Warming Mattress	1	preemie pulse ox
	Airway Bag (Side)			Drawer 2
1		Ambu bag	1	Stapler
1		Corrigated neopuff tubing	2	Sterile Gloves 6
1		green mask	2	Sterile Gloves 6.5
1		Large neopuff mask	2	Sterile Gloves 7
1		manometer	2	Sterile Gloves 7.5
1		Medium neopuff mask	2	Sterile Gloves 8
1		PEEP valve	4	Polysorb Sutures 2-0
1		Red mask	4	Polysorb Sutures 3-0
1		Small neopuff mask	2	Polysorb Sutures 0
	Intubation box (Front)		1	0.9NS Bottle
1		0 Blade	1	Speculum
1		00 Blade	1	Baby Folder (Bands)
1		1 Blade	1	Ink Pads Box
3		2.5 ETT	4	Water soluble lubricant
3		3.0 ETT	1	5fr NG
3		3.5 ETT	1	Betadine
3		4.0 ETT	1	Oral 10mLsyringe
3		benzoine	1	OR Towels
2		Biohazard Bags		IV Box
1		CO ₂ detector	10	1mL syringes
1		Handle	5	24 g angiocath
1		LMA	5	3mL NS flush
1		meconium aspirator	5	alcohol swabs
1		orange tape	5	CHG swabs
3		stylets	2	Clear Tape
	Back		5	gauze 2X2
1		C/S Pack	1	Green Lancet
	Bottom		1	Pink Lancet
			3	T-Connector
1		C/S tray	5	Tegaderm

Trauma

ADDITIONAL EMERGENCY CARTS

EMERGENCY VASCULAR CART – LOCATION CCD OR WEST CORE

EMERGENCY CRANIOTOMY CART – LOCATION CCD OR EAST CORE



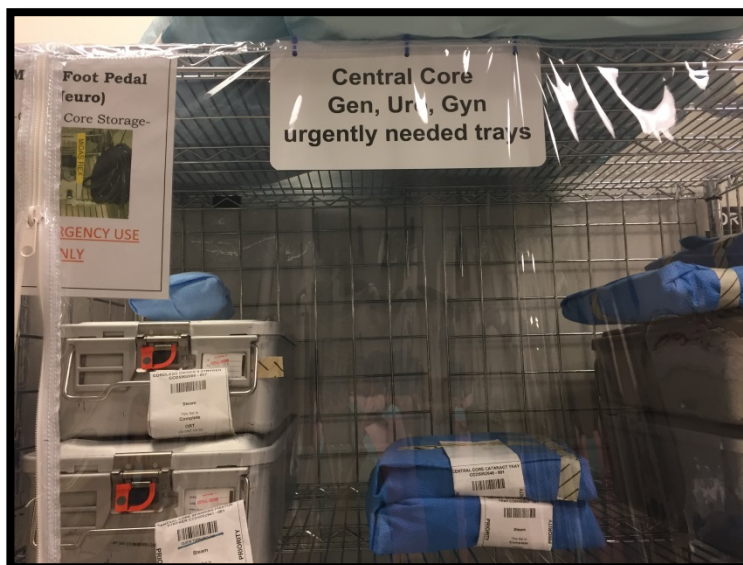
PEDIATRIC OPERATING ROOM EMERGENCY CARTS

EMERGENCY CRANIOTOMY CART PEDIATRIC – LOCATED ACROSS FROM COMER OR 1 STERILE CORE

OTHER EMERGENCY CARTS LOCATED IN THE COMER OR CSP BASEMENT DEPARTMENT.

URGENT TRAYS

- EACH CORE HAS URGENT TRAYS WIRE RACK FOR A PARTICULAR SERVICE.
- PRIOR TO SENDING TO CSP, PLACE A BLUE SHEET ONTO THE TRAY.



URGENTLY NEEDED TRAY

Place on top of the used urgently needed tray prior to sending to CSP

CORE: _____

DATE: _____

TIME: _____

Please call 61885 to notify you are sending down an urgently needed tray

Trauma

TRAUMA FACTS:

- SPINAL TRAYS ARE KEPT IN AN ORTHO ROOM NEAR CCD OR 11 & 10
- KCI WOUND VAC PUMPS- KEPT IN THE ORTHO ROOM. KCI SUPPLIES ARE KEPT IN THE CCD CENTRAL CORE.
- ADDITIONAL TRAUMA SUPPLY CARTS ARE KEPT IN THE CCD CENTRAL CORE.
- THE TEAM ASSIGNED TO THE DESIGNATED TRAUMA ROOM MUST COMPLETE A TRAUMA ROOM CHECKLIST EACH DAY AND AT EACH CHANGE OF STAFF/SHIFT.
- THE DESIGNATED TRAUMA ROOM MUST BE PREPARED TO OPEN IN A MOMENT'S NOTICE.
- ONCE A TRAUMA IS ACTIVATED AND TRAUMA TEAM NOTIFIED, THE TRAUMA TEAM HAS 4 MINUTES TO OPEN THE OR.
- THE CIRCULATOR MUST OBTAIN THE NAME & CONTACT NUMBER OF THE ED NURSE TRANSFERRING WITH THE TRAUMA PATIENT TO THE CCD OR.
- TIME OUT: CLASS A TIME OUT IS COMPLETED.
- SURGEON- ONE VOICE: THE TEAM MUST LISTEN TO ONE PERSON IS THE TRAUMA OR. THE TRAUMA SURGEON IS THE DESIGNATED PERSON TO DIRECT THE TRAUMA.



TRAUMA PHONE AT THE COMMAND CENTER: CCD OR NOTIFICATION



Pediatric Trauma Notification

The OR Charge RN receives the trauma pager notification via the trauma pager. The pager will display **“Trauma 1 or 2 --- Age of Patient --- Male or Female”** and may display **“GSW to Leg and Arm”**

The Trauma Notification will notify the following:

Anesthesia, Comer OR Charge pager, Administrator on Call (AOC), Bed Access, CCD OR Charge RN, and Comer OR Manager.

Trauma

Pediatric General Trauma Cart

1. Daily: One of the 5 Operating Rooms in the Comer OR department will be determined to be a Trauma Room.
2. Pediatric Trauma Cart will be in the designated trauma room.
3. Additional Trauma Cart located in the Comer CSP basement and the CCD OR Central Core.

Pediatric Trauma Hand-off

1. Note the time OR received the trauma patient.
2. Confirmation receipt of hand-off from ER/Receiving unit.

Trauma Support – auxiliary personnel

1. SPSA are available as runners.
2. Upon receipt of trauma page, CSP personnel is stationed in Comer OR during the Trauma case as standby support.



Potential (forensic) Evidence: Care and Disposition of Items

1. Handle specimen with an instrument
2. Bullets must be handled from tip to end rather than on the circumference of the bullet. (The circumference identifies the weapon used.)
3. Fragmented bullets should be collected and kept as a unit as they will be weighed and used to help identify the weapon used.
4. Other items should be collected and identified as to the anatomic location they were removed from.
5. Place in a rigid sealed specimen container. Container is securely sealed and labeled with identification. Once sealed, the container is not to be opened until received in Surgical Pathology.
6. Place an Epic Beaker generated label on the container and confirm that the label contains:
 - a. Patients first and last name
 - b. Patient Account #
 - c. Medical record number date
 - d. Who retrieved specimen, i.e. name of doctor
 - e. Time specimen retrieved
 - f. Anatomic location from which the specimen was removed
 - g. Nurse's initials
 - h. If indicated and/or available: r.d.# from the police report, this number is a letter followed by six digits.
7. Specimens are to be logged into the pathology specimen logbook.
8. Enter the source specimen into the Epic Beaker System. The Epic Beaker System will generate a label with the source specimen and specimen descriptors. Document "potential evidence" under the Clinical Comments.

Trauma

9. Alert the Charge nurse that there is a chain of custody specimen.
10. Charge RN or charge RN's designee completes a "Chain of custody form" for items of potential evidence.
 - a. The white copy is retained in the Medical Legal Department
 - b. The pink copy is retained by pathology after Medical/Legal has signed, documenting receipt of the specimen.
 - c. The yellow copy (original) is returned to, and retained by the originating department after pathology has documented receipt of the specimen.
11. The item(s) of potential evidence (specimen) requisition from Epic electronic medical record and the chain of custody form for items of potential evidence are hand carried to the surgical pathology department by the originating department. The charge nurse will designate personnel to transport. The charge nurse will sign over the chain of custody form to the designated personnel.
12. The chain of custody form must be signed by the person delivering the item of potential evidence to Surgical Pathology as well as the person receiving the item of potential evidence in pathology. The date and time of delivery is documented on the chain of custody form.

<p style="font-size: small;">FORM 70 11 R12 08 THE UNIVERSITY OF CHICAGO HOSPITALS</p> <p style="text-align: center;">CHAIN OF CUSTODY FOR ITEMS/SPECIMENS OF POTENTIAL EVIDENCE</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">P A T I E N T N U M B E R</td> </tr> <tr> <td style="text-align: center;">NAME-FIRST-LAST NO. & STREET CITY & STATE</td> </tr> <tr> <td style="text-align: center;">CLINIC OR FLOOR DATE</td> </tr> </table>	P A T I E N T N U M B E R	NAME-FIRST-LAST NO. & STREET CITY & STATE	CLINIC OR FLOOR DATE
P A T I E N T N U M B E R				
NAME-FIRST-LAST NO. & STREET CITY & STATE				
CLINIC OR FLOOR DATE				
<p>PATIENT NAME: _____</p> <p>DATE OF ADMISSION: _____</p> <p>DATE OF SURGERY: _____</p> <p>TIME SPECIMEN REMOVED: _____</p> <p>AREA OF BODY SPECIMEN REMOVED FROM: _____</p> <p>SPECIMEN RETRIEVED BY: _____</p> <p>SPECIMEN: _____</p> <p>R.D.#: _____ (from police report if available)</p> <p>DISPOSITION OF SPECIMEN: _____</p> <p>FORM COMPLETED BY: _____ R.N. or M.D.</p> <p>CHAIN OF CUSTODY (full signatures only)</p> <p>O.R. Personnel _____ given to O.R. Personnel _____</p> <p>O.R. Personnel _____ delivered by to Pathology _____ received by _____ date / time</p> <p>Pathology _____ delivered by to Medical Legal _____ received by _____ date / time</p> <p>Medical Legal _____ delivered by to _____ date / time</p> <p style="font-size: x-small; text-align: center;"> White Copy - Upon receipt of specimen retained in the Medical Legal Dept Pink Copy - Retained by Pathology Yellow Copy - After Pathology signature- retained by Department of original origin </p>				

Trauma

The **Chain of Custody Specimen Workflow for off hours**. (Monday through Friday 4pm – 7am; Weekends and Holidays 7am-7pm).

- The Nurse in OR room receives the specimen for chain of evidence and alerts the charge nurse that she/he has a chain of custody specimen.
- The Charge nurse pages the HOA (7500) to come and pick up the specimen.
- The Nurse hand delivers the specimen to the HOA when they arrive and signs over the chain of custody form to them.
- The HOA delivers the specimen to CCD 2470:
 - places the specimen in the designated bin inside the pathology refrigerator,
 - logs the specimen in the pathology department, completes the chain of custody form.

Epic Status Board

CDOR10		302 mins			
0730	0927	FINP	Alverdy, J.	GEN	GFB
1504	IN PRE	CD MAIN OR	Fried, Gabriela [6017428]	(Right)-Hernia Repair, Incisional	
		F	19 yrs		
1002	1209	FINP	Alverdy, J.	GEN	GFB
	Scheduled	CD MAIN OR	Gernetzke, Gabriela [6017432]	(Right)-Hernia Repair, Incisional	
		F	19 yrs		
1244	1451	FINP	Alverdy, J.	GEN	GFB
	Scheduled	CD MAIN OR	Grameen, Gabriela [6017435]	(Right)-Hernia Repair, Incisional	
		F	19 yrs		



SANDPO will display when the Pre-procedural Verification workflow is complete via Epic Documentation preoperative checklist.

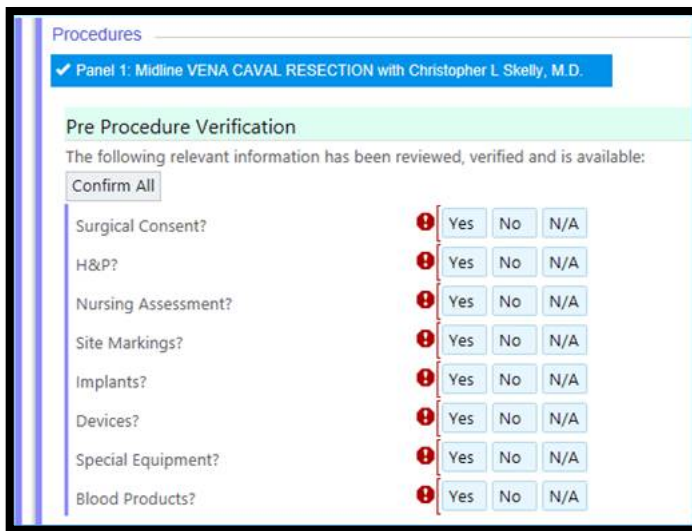
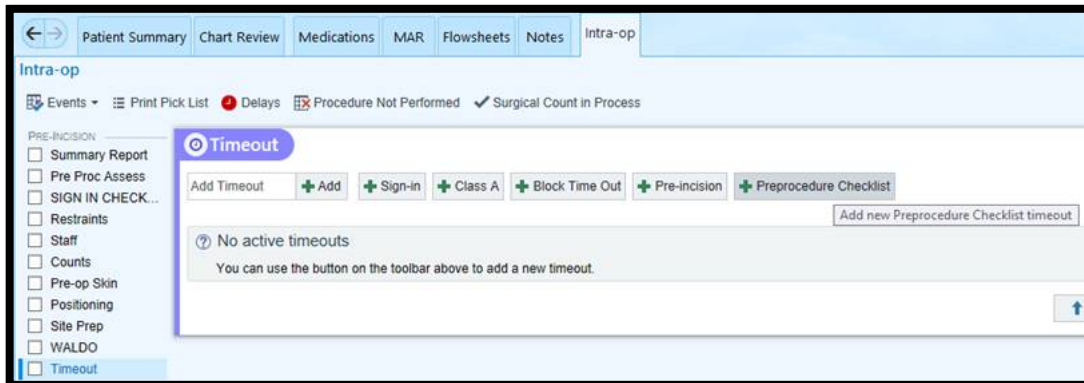
SANDPO Triggers	
S	The Surgical service member (MD, DO, APN, PA) clicks the Surgeon Ready button to indicate surgical service is available and the patient may be taken to the operating room.
A	The Anesthesiologist (Attending only) clicks the Anesthesia Pre-Op Complete button to indicate that the assessment is complete.
N	The Pre-op Nurse clicks the Pre-op Nursing Ready button to indicate the nursing documentation is complete. Note: Optionally, the Nurse can click the Events button and enter a Time In next to IN PRE NURSING READY .
D	Appears automatically when the six required Pre-op Checklist flowsheet rows have been populated: <ul style="list-style-type: none"> Signed Consent in Chart Procedure/Surgery Site/Laterality Written Valid H&P Present Procedure/Surgery Site/Laterality Marked by Proceduralist/Surgeon Procedure/Surgery Site/Laterality Matches Patient Response Procedure/Surgery Site/Laterality Matches Status Board
P	The Pre-op Nurse clicks the Patient Ready button to indicate the patient is ready to go to surgery Note: Optionally, the Nurse can click the Events button and enter a Time In next to IN PRE PATIENT READY .
O	The Circulating Nurse documents the case tracking event " ROOM READY FOR PATIENT " once the room is clean and ready for the next patient and he/she is confident that all supplies and equipment will be available when needed.

Pre-procedural Verification

- **Should be completed before the patient leaves the pre-procedure area or enters the procedure room.**
- **Should be completed anytime the responsibilities of patient care transfer to another member of the procedural care team at the time of and during the procedure.**
- **Immediately prior to moving the patient to the procedural room, a checklist (ours is in Epic, see next slide) is used to review and verify that the following items are available and accurately matched to the patient:**
 - **Relevant documentation (i.e. H&P, nursing assessment)**
 - **Accurately completed and signed procedure consent form**
 - **Any required blood products, implants, devices, and/or special equipment for the procedure**
 - **Correct diagnostic and radiology test results that are properly labeled (i.e. radiology images & scans, pathology and biopsy results).**

Epic Pre-Procedural Verification Documentation

Must be complete by the OR nurse before the patient arrives to the operating room.



Site Marking

- Site marking is required where there is more than one possible location for the procedure or when performing the procedure in a different location would compromise patient safety.
- For spinal procedures, in addition to preoperative skin marking of the general spinal region, special intraoperative imaging should be considered when locating and marking the exact vertebrae.
- The procedural site must be verified and marked by the attending surgeon or proceduralist, his or her resident-designee or a licensed independent practitioner privileged to perform the intended surgical or invasive procedure.

- Pre-procedure site marking should involve the patient when possible and should occur in the pre-procedure holding area before the patient is moved to the location where the procedure will be performed.
- The person marking the procedure site will mark the site with his/her initials.
- The site marking of the operative/procedural site should be performed prior to the patient being taken to the procedure room. If the final verification reveals that the site was not marked in the pre-procedural area, the attending surgeon/proceduralist or his/her designee must mark the site in the operating/procedural room prior to skin incision. This should only happen when the patient bypasses the pre-procedure area and goes directly to the procedure room (e.g., isolation or emergency patients).
- Site marking has the following characteristics:
 1. It is made at or near the procedure site or the incision site. Other site(s) should not be marked unless necessary for some other aspect of care.
 2. It is made using a marker that is sufficiently permanent to remain visible after completion of the skin preparation and sterile draping. Adhesive site markers may not be used as the sole means of marking the site.
 3. It must be visible after the patient has been prepped and draped and is in the final procedural position.
 4. For spinal procedures, in addition to preoperative skin marking, special intraoperative radiographic techniques must be used to identify the exact vertebral level.

Surgical and Non-surgical Invasive Procedures Refusal:

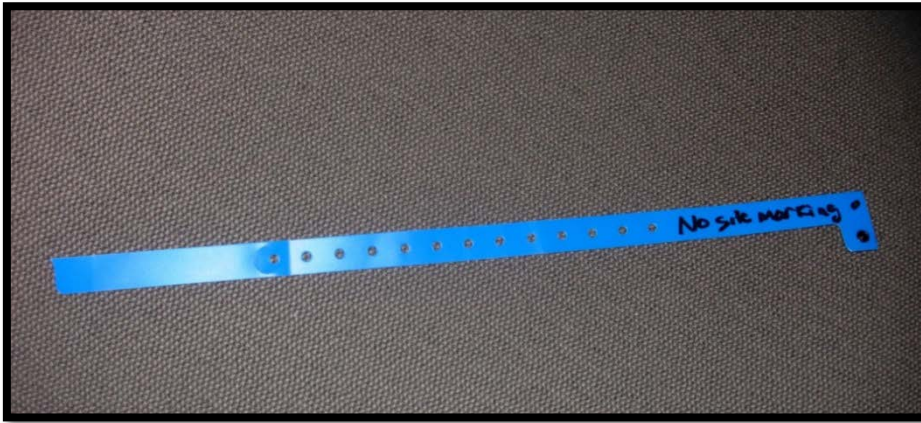
- In the event the patient refuses to have his/her surgical/procedural site marked a blue band will be initialed and placed on the wrist or ankle (on the side on which the procedure will be performed, if possible).
- If a patient refuses both methods, such refusal must be documented in the medical record.
- Site marking may be waived in emergency situations at the discretion of the attending physician, but this must be documented in the medical record.

Surgical and Non-surgical Invasive Procedures Lacking Laterality:

- Due to the risk of permanently tattooing premature infants a blue band is used in lieu of marking the site.
- If the site where the procedure is to be performed does not lend itself to marking/initialing, (e.g., mucosal surfaces, premature infants, genitalia, perineum, anus, tonsils, burns), a blue band will be initialed and placed on the wrist or ankle (on the side on which the procedure will be performed, if possible).
- For procedures involving teeth, a blue band will be initialed and placed and the operative tooth name(s) and/or number will be marked on the dental radiographs or dental diagram. The documentation, images, and/or diagrams must be in the procedure room before the start of the procedure.
- For certain interventional procedure cases (cardiac catheterization) in which the procedure is predetermined yet the point of entry cannot definitively be determined prior to the start of the procedure or an alternate site may be utilized due to the patient's anatomy or condition, the site or point of entry is not marked. At the conclusion of the procedure the site or point of entry is documented in the medical record by the proceduralist.

- For procedures involving mucosal cavities where there is only one possible location for the procedure, correct procedural site will be documented at the time of the final verification. Site marking is not required and a blue band does not need to be placed on the patient.

No Site Marking Band



Block Time Out

Non-neuraxial regional anesthesia must perform a Time Out for each subsequent site (in the case of multiple peripheral nerve blocks) in a pre-procedural area (i.e. preoperative holding) and/or operating room and include the attending physician.

If the patient is to receive non-neuraxial regional anesthesia for the surgery/procedure, the attending anesthesiologist or his/her designee must also verify and mark the operative/regional anesthesia site with his/her initials. The nerve block may not be performed until both the anesthesiologist/designee and the proceduralist/designee have verified and marked the patient.

Epic Documentation of Time out for Blocks

Consent form site/laterality documented?	Yes No Urgent/Emergent	Airway Management reviewed?	Yes No
Correct patient?	Yes No	Relevant radiology images/results present?	Yes No N/A
Correct procedure?	Yes No	Correct implants/equipment?	Yes No N/A
Correct site marked?	Yes No Blue Band Refused	Procedure start time:	<input type="text"/> <input type="text"/> Now
Correct side/laterality?	Yes No Blue Band N/A Refused		

UNIVERSAL SIGN IN PROTOCOL

Patient has confirmed:

Identify

Site

Procedure

Consent

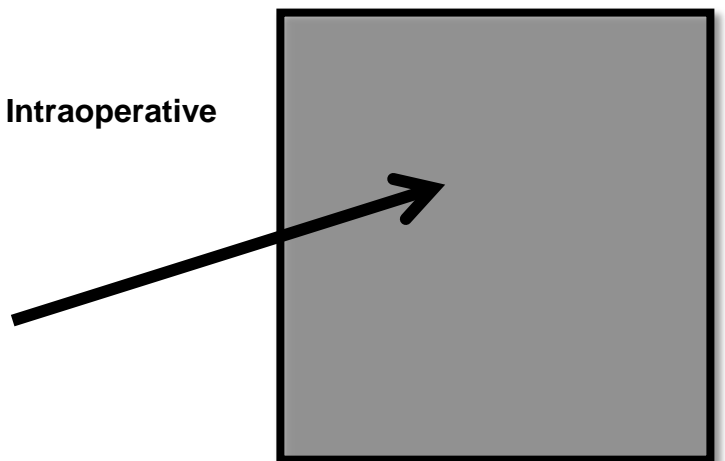
Site Marked

Known Allergies

- For patients receiving procedures in DCAM Operating Room, Comer Operating Room or CCD Operating Room a patient check in/sign in will be completed by the operating room team.
- This will occur before the patient is transferred from patient cart/bed to the operating room table.
- The patient will arrive in the OR on a transport cart or patient bed.
- Before the transfer to the OR surgical table, the circulating RN and Scrub nurse/technician will perform the sign-in.

Epic Sign in Documentation:

Choose the Sign-in Checklist on the Epic Intraoperative Navigator



Sign-in Documentation will pop-up.

Complete documentation

Correct Patient?
(Two Identifiers)

Correct procedure?

Site marked?

Allergies reviewed?

Consents verified?

Anesthesia machine checked and are appropriate medications available?

Is the patient at increase risk for a difficult airway or aspiration?

Do we have the devices we need?

TIME OUT / Final Verification

Joint Commission statement:

“A designated member of the team initiates the time out and it includes active communication among all relevant members of the procedure team.

The procedure is not started until all questions or concerns are resolved.”

Time outs will:

- **cause all other activities to be suspended (unless there is a threat to patient safety) during the time out**
- **There must be NO interruptions during the time out, i.e. in & out of the OR, other conversations.**

Universal Protocol Policy, PC 38

“A time-out is conducted immediately before the start of a surgical or non-surgical invasive procedure including non-neuraxial regional anesthesia. A designated member of the surgical or procedural team is responsible for leading the Time-Out with the team. The attending surgeon/proceduralist must be present during the time-out process.”

Note: Recommended to occur after a patient is prepped and/or draped

Exception:

Advanced practice providers with credentials/privileges to perform procedure independently.

Resident/Fellows performing a procedure which has been identified by their training program as a procedure that they may perform independently.

- The time-out will involve the immediate members of the procedure team including the proceduralist(s), the anesthesia providers (if applicable), procedural designee, the nurse(s), and other active participants as appropriate for the procedure who will be participating in the procedure at its inception.
- The Time Out must always be conducted unless it will result in greater risk than benefit. The decision and rationale to proceed without doing so must be documented in the medical record.
- The attending surgeon/proceduralist must be present during the time-out process.

- When two or more procedures are being performed on the same patient by different surgical or procedural teams, a time-out is performed to confirm each subsequent procedure before it is initiated.
- The Attending Anesthesiologist, resident, and nurse must participate in the preoperative verification of the surgical site for non-neuraxial regional anesthesia.
- A designated member of the surgical or procedural team will audibly conduct the Time-Out with the team.
- All discrepancies identified through the Time-Out process shall be resolved prior to initiation of the procedure.

Time out addressing the following:

- **Accurate Procedural Consent**
- **Correct Patient**
- **Correct Procedure**
- **Correct Site- Including visual identification of site marking conducted**
- **Correct patient position**
- **Relevant images and results are properly labeled and appropriately displayed**
- **Availability of correct implants and any critical equipment**
- **Risk of retained foreign object.**
- **Safety precautions based on the patient history and medication use**
- **The need to administer antibiotic/s or fluids for irrigation purposes**
- **Agreement on the procedure(s) to be done**

Epic Time out/final Verification documentation

The circulator and the surgeon/designee initiating the time out should use the Epic Intraoperative time out and Time out Side bar report as a medium to assist him/her in the time out process.

Epic Time Out Documentation

Timeout Checklist

Patient Identity, Site Marking and laterality confirmed?	Yes	No	SCD's Applied/Functioning	Yes	No		
Consent and Procedure Confirmed?	Yes	No	Did the Patient receive VTE Prophylaxis?	Yes	No		
Allergies Reviewed?	Yes	No	Airway Management & Patient Positioning Reviewed?	Yes	No		
Blood Glucose discussed?	Yes	No	N/A	Fire Safety Precautions: Verified dry time, absence of pooling and/or soaked material on the field and suprapubic clear?	Yes	No	N/A
Pre-Incision Antibiotics and re-dosing?	Ordered		Required blood products, implants, devices, and/or special equipment available and sterility confirmed?	Yes	No		
	Ordered AND Given		Relevant Images/Results present:	Yes	N/A		
	Antibiotics Not Indicated		Anticipated Post-Op Disposition	PACU	ICU		

Time Out Side Bar report –be use to provide patient information for Time out and Surgical Debriefing.

Intra-op Sidebar | Time Out Rep... | Trauma Narrat... | OR Debrief | Receipt

← ↻ 🔍 🖨️ 📄 🗑️

Fried, Gabriela [6017324] Female - 19Yrs - 06/19/00 | Allergies: Medium: Penicillins | Date Reviewed

Additional Info
none

Panel Information

Panel 1		
Surgeon	Role	Service
John C. Alverdy, M.D.	Primary	GENERAL SURGERY
Procedure: HERNIA REPAIR, INCISIONAL		
Laterality	Wound Class	Incision Closure
Right		
HERNIA REPAIR, INCISIONAL (Right) - Position 1		
Body:	Left Arm:	Right Arm:
Head:	Left Leg:	Right Leg:

OB/Gyn Status
LMP: Unknown
OB/Gyn Status: Having periods

Antibiotic Admin - Last 36 hours
No Antibiotic Admins Found

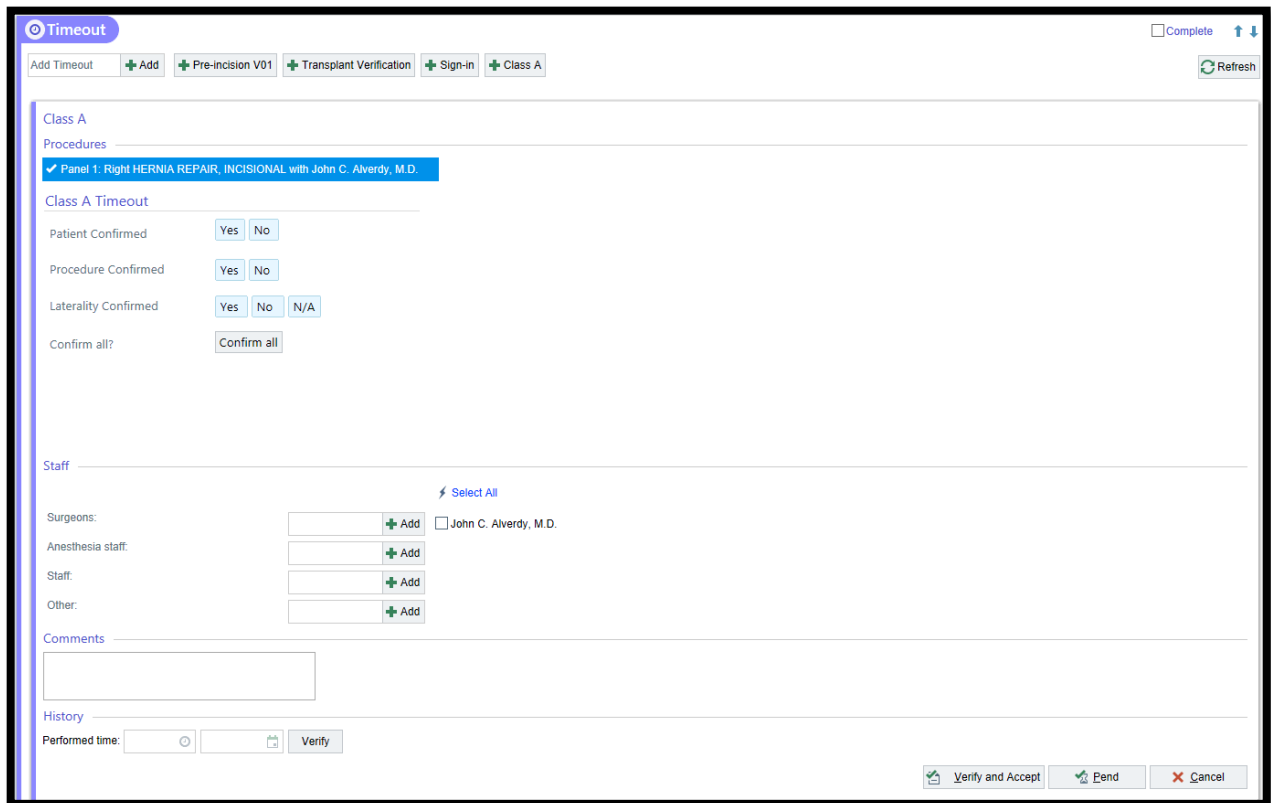
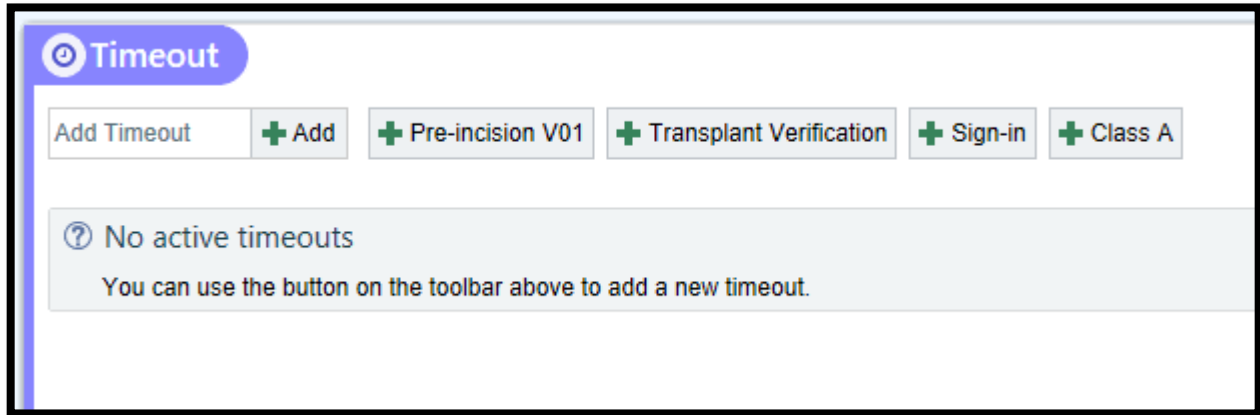
Anticoagulant Admin - Last 36 hours
No Anticoagulant Admins Found

MMA Meds Admin 12 Hrs Prior to Surgery
No MMA Admins Found

Trauma Time Out

Patient, procedure and laterality (if applicable) will be confirmed.

Located in the Epic Intraoperative Navigator, Time section, Class A



CD OR Time OUT Video Integration System

The Circulator will be located the time out portion of their intraoperative record via the image stream charting connection.

During the time out, the circulator will choose step 2 on the image stream Tab touch screen.

Click on the “begin Time out”

When the time out is completed, the circulator will click on “complete time out”.

Comer and D-cam OR Flight Board:

- **The circulator’s work station monitor is now used for the time out.**
- **The circulator will locate the time out portion of the intraoperative record.**
- **The surgical team will conduct the time out.**

The circulating nurse will document the completion of the final verification (time-out) on the intra-operative electronic EPIC record.

Refer to the Operating Room D-cam & Comer OR Flight Board Tip Sheet.

Universal Protocol: Surgical Debriefing

- **It is recommended that a surgical debriefing be completed before exiting the operating/procedural room and include the attending surgeon or proceduralist and immediate members of the procedural team (attending physicians, fellows, residents, nurse, and anesthesia team (i.e. attending, resident or certified registered nurse anesthetist).**

Note: The surgical debriefing should be initiated by the Attending surgeon.

- The surgical debriefing should review the surgical procedure and the post-op plan of care with anesthesiologist (attending/resident), surgical residents/fellows/PA, and the OR nurse.

Epic Surgical Debriefing Documentation

DEBRIEF CHECKLIST- Debrief Items Discussed(Place a check in the corresponding box if the Debrief Timeout item was discussed; otherwise leave blank)	
<input type="checkbox"/> Name of the actual procedure(s) performed	
<input type="checkbox"/> Need for RFO X-ray and Pause for Gauze (Final Count) before drape removal discussed?	YES NO YES, WAIVED
<input type="checkbox"/> Wound Classification reviewed	Wound Class I Wound Class II Wound Class III Wound Class IV No Wound
<input type="checkbox"/> Incision Closure reviewed	Deep and Superficial Layers Superficial Layers Only Deep Layers Only No Layers
SSI BUNDLE Tipsheet	SSI BUNDLE Tipsheet Link
<input type="checkbox"/> Gloves Changed?	Yes No N/A
<input type="checkbox"/> Gown Changed?	Yes No N/A
<input type="checkbox"/> Sequestered Sterile Closing Instruments?	Yes No N/A
<input type="checkbox"/> Wound Protector used?	Yes No N/A
<input type="checkbox"/> Sterile Occlusive Dressing(ex. aquacel, dermabond or tegaderm)?	Yes No N/A
<input type="checkbox"/> Object(s) placed to be removed at later date (Packing, drain, instrument, device, etc.)?	Yes No
<input type="checkbox"/> Specimen Labeling instructions	
<input type="checkbox"/> Review estimated blood loss, IV fluid/blood products given, intraoperative urine output	
<input type="checkbox"/> Post-op Antibiotic plan discussed	
<input type="checkbox"/> Post-op VTE plan	
<input type="checkbox"/> Post-op foley plan	
<input type="checkbox"/> Post-op wound care plan discussed	
<input type="checkbox"/> Key concerns for recovery, post-op management/protocol alterations discussed	
<input type="checkbox"/> Expected Disposition (airway, condition, location, monitoring) discussed	
<input type="checkbox"/> Anticipated Date of Discharge	
<input type="checkbox"/> ID band present on patient	
<input type="checkbox"/> Equipment issues addressed	
<input type="checkbox"/> Equipment Comments	
<input type="checkbox"/> Surgeon(s) Name	

Document: Anticipated Date of Discharge

Expected Discharge

No discharge order

Expected Date:
1/29/2022 Today Tomorrow Unknown

Expected Time:
Morning Midday Afternoon Evening

Comment:

✓ Mark as Reviewed Last reviewed just now by Dana Adrenal

Restore Close Previous Next

Surgical Site Infections (SSI) Bundle

During the Surgical Debrief, the surgical Attending and circulator RN review the SSI Core Measures section. The surgeon notifies the circulator the following:

Wound Classification

Gown & Gloves changed or N/A

Wound Protection used or N/A

Occlusive Dressing used or N/A

Sequestered Sterile Closing instruments used

There is a link in the “SSI Bundle Tipsheet link” to provide instructions regarding completion of the SSI Bundle.

SSI BUNDLE Tipsheet	SSI BUNDLE Tipsheet Link
<input type="checkbox"/> Gloves Changed?	Yes No N/A
<input type="checkbox"/> Gown Changed?	Yes No N/A
<input type="checkbox"/> Sequestered Sterile Closing Instruments?	Yes No N/A
<input type="checkbox"/> Wound Protector used?	Yes No N/A
<input type="checkbox"/> Sterile Occlusive Dressing(ex. aquacel, dermabond or tegaderm)?	Yes No N/A

Debrief Checklist Tip Sheet

How to Document the Gown and Glove Change

Open procedures

- Select **Yes** or **No** for *Open procedures* for **wound class 2, 3 or 4**
- Select **N/A** for **wound class 1**

Laparoscopic procedures

- Select **Yes** or **No** for *Laparoscopic procedures* for **wound class 3 and 4**
- Select **N/A** for **wound class 1 and 2**

DEBRIEF CHECKLIST - Debrief Items Discussed(Place a check in the corresponding box if the Debrief Timeout item was discussed; otherwise leave blank)

<input checked="" type="checkbox"/> Name of the actual procedure(s) performed	
<input type="checkbox"/> Need for RFO X-ray and Pause for Gauze (Final Count) before drape removal discussed?	YES NO YES, WAIVED
<input type="checkbox"/> Wound Classification reviewed	Wound Class I Wound Class II Wound Class III Wound Class IV No Wound
<input type="checkbox"/> Incision Closure reviewed	Deep and Superficial Layers Superficial Layers Only Deep Layers Only No Layers
<input type="checkbox"/> Gloves Changed?	Yes No N/A
<input type="checkbox"/> Gown Changed?	Yes No N/A

Documentation of the SSI Core Measures:

- **Glove or Gown Change?**
 - For open procedures:
 - Select Yes or No for wound class 2, 3 or 4
 - Select N/A for wound class 1
 - For laparoscopic procedures:
 - Select Yes or No for Laparoscopic procedures for wound class 3 and 4
 - Select N/A for wound class 1 and 2
- **Wound Protector use?**
 - For open procedures that can use the Alexis wound protector:
 - Select yes or no if used or not used
 - For robotic/laparoscopic or any other case type where it is not an option to realistically use a wound protector:
 - Select N/A
 - All cases should use sterile sequestered instruments.
- **Sterile Occlusive dressings should be used for all wound dressings.**
 - Dermabond/Prineo
 - Tegaderm
 - Aquacel
 - Wound vac (KCI, Prevena)
 - Xeroform