



Chapter VIII

Operating Room (OR)



Operating Room (OR)

Scoring:

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
OR.1.	The department head is the Chief of Surgery or the Chief of Anesthesia.					
OR.2.	There is a policy for patient acceptance into the operating room (OR) that is written collaboratively with the Chief of Surgery, Chief of Anesthesia, and the nurse manager (head nurse).					
OR.3.	There is a qualified nurse with training in operative care in charge of the unit.					
OR.4.	The head nurse /nurse manager of the Operating Room develops all of the necessary and related policies and procedures for the nursing care and responsibilities in the unit that includes but is not limited to:					
	OR.4.1 Checking the patients' identity in the holding bay.					
	OR.4.2 Infection control guidelines.					
	OR.4.3 Sterilization of equipment, tools, surgical instrument.					
	OR.4.4 Sponge and instrument counts.					
OR.5.	The patient is accepted into the OR only after:					
	OR.5.1 Identification of the patient by name and medical record number is checked by patient ID band and asking the patient to state his/her name and operation to be done for him/her.					
	OR.5.2 The consent form is checked for completion.					
	OR.5.3 The operation procedure and the surgeon's name is checked.					
	OR.5.4 The site of surgery and its preparation and whether it is marked or not is checked.					
	OR.5.5 The x-ray jacket is checked to see if it accompanies the patient as required.					
	OR.5.6 The lab results and pregnancy test as appropriate are checked to see if they are in the medial record.					
	OR.5.7 The pre-anesthesia sheet is checked for completion.					



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	OR.5.8 The history and physical examination is checked for documentation in the medical record.					
	OR.5.9 The requisition for blood is verified to ensure blood is reserved in the blood bank, if needed.					
OR.6.	All nurses working in the Operating Room are certified in BCLS and preferably ACLS.					
	OR.6.1 There is a copy of the certificate for BCLS and if obtained, ACLS in staff personal file.					
OR.7.	There is evidence that there is continuous training with competency assessment (e.g. written test, return demonstration, etc.) for the following but not limited to:					
	OR.7.1 Use of equipment.					
	OR.7.1 Use of defibrillator.					
	OR.7.1 Use of pulse oximetry.					
	OR.7.1 Use of diathermy.					
	OR.7.1 Infection control including sharp disposal, use of antiseptics, etc.					
	OR.7.1 CSSD policy.					
	OR.7.1 Maintain a sterile field.					
	OR.7.1 Safety issues including electrical, fire plan, etc.					
	OR.7.1 Draping and gowning.					
	OR.7.1 Positioning of the patient.					
OR.8.	Surgeons, anesthetists, anesthesia technicians, and nurses check the availability and functionality of all tools and equipments needed for the operation before induction of anesthesia.					
OR.9.	The policy on sponge and instruments count is strictly enforced and all sponge and instrument counts are documented.					
OR.10.	Nurses and surgeons strictly follow the Infection control guidelines in the Operating room.					
OR.11.	In the OR there is a policy for infectious diseases that include but not limited to: TB, HIV, Viral Hepatitis B & C.					