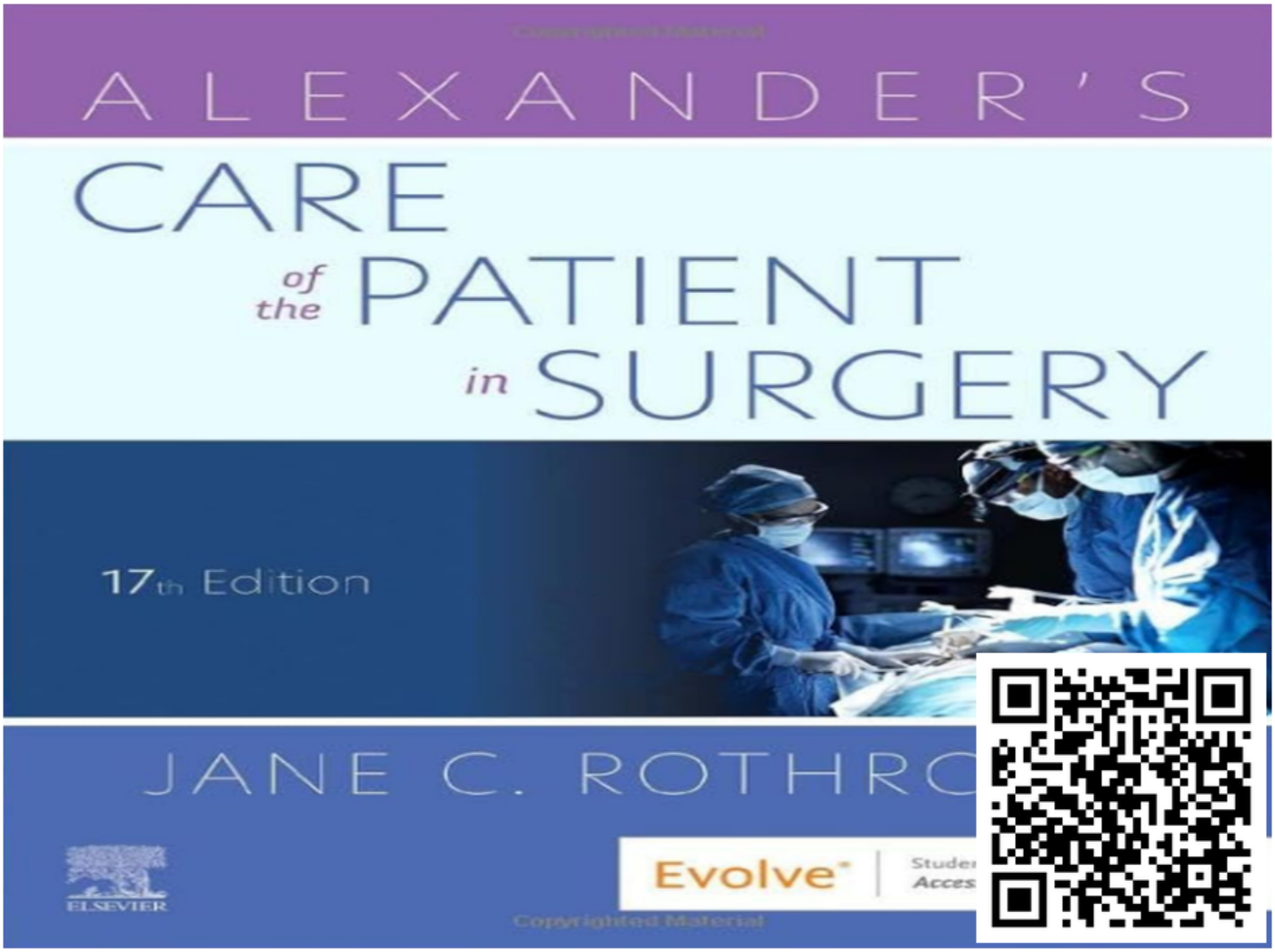

ALEXANDER'S

CARE *of the* PATIENT *in* SURGERY

17th Edition

JANE C. ROTHROCK

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JANE C. ROTHROCK, PhD, RN, CNOR, FAAN

Dr. Jane Rothrock has practiced and taught perioperative nursing since 1969. In 1979 she joined the faculty of Delaware County Community College, where she is now an Adjunct Professor in the college's Perioperative Programs. Her current responsibilities include entry-level, postbasic RN education for perioperative nursing. During her more than 40-year tenure at the college, Jane has helped educate more than 4500 registered nurses in the professional practice of perioperative patient care.

Jane's decades of experience include being not only a faculty member but also an author, editor, and speaker. She has taught at the University of Pennsylvania, served as an OR director, and acted as a preceptor for many graduate students. She has authored five perioperative nursing textbooks, published more than 50 articles, and presented on a host of topics to nursing audiences across the United States and internationally. Jane is an AORN past president and chaired AORN's Project Team on Professional Practice Issues, its Project Team on a Professional Practice Model for Perioperative Nursing, and its Perioperative Academic Curriculum Task Force. She also served as an evidence reviewer for AORN's Evidence-based Recommended Practices for Perioperative Patient Care.

Jane has received numerous professional awards and remains very active in both nursing and community organizations. Jane is a past vice chair of NOLF, a past member of the ANCC Magnet Commission, a past president of the ASPAN Foundation, and a past president of the AORN Foundation Board of Trustees. She served on ASPAN's first National Clinical Guideline Panel to develop a Guideline on Prevention of Unplanned Hypothermia in Adult Surgical Patients. In 2000 Jane became a Fellow of the American Academy of Nursing (FAAN). In 2016 she was elected Professor Emerita at Delaware County Community College.

Jane began her nursing education with a diploma from Bryn Mawr School of Nursing. She went on to earn her BSN and MSN from the University of Pennsylvania and became the first recipient of a doctoral degree from Widener University in suburban Philadelphia, earning her PhD in nursing in 1987.

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Preface

This updated 17th edition of *Alexander's Care of the Patient in Surgery* reflects new and essential key concepts in perioperative nursing practice and an increased sophistication and complexity in surgical procedures. Its multimedia resource, first introduced in the 13th edition, strongly enhances the elemental goal of this textbook: to provide a comprehensive foundational reference that will assist perioperative practitioners to meet the needs of patients they care for safely, cost-effectively, and efficiently during the perioperative continuum.

As the standard in perioperative nursing for more than 50 years, *Alexander's Care of the Patient in Surgery* is written primarily for professional perioperative nurses, but it is also useful for surgical technologists, nursing students, healthcare industry representatives, medical students, interns, residents, and government officials concerned with healthcare issues. Perioperative nurses, RN first assistants, clinical nurse specialists, nurse practitioners, surgeons, and educators from many geographic areas of North America have served as contributors and reviewers for this text. In doing so, they provide a vast range of perioperative patient care knowledge, procedural information, and wisdom.

This thoroughly revised edition highlights current surgical techniques and innovations. More than 1000 illustrations, including new photographs and drawings, help familiarize the reader with contemporary procedures, methods, and equipment. Classic illustrations, particularly of surgical anatomy, remain to enhance the text. This edition has features highlighting patient engagement and patient-centered communication, Enhanced Recovery After Surgery (ERAS) protocols, and an expanded emphasis on robotic-assisted surgery. Each chapter contains a summary of Key Points and a Critical Thinking Question. There is a thorough laboratory values appendix where readers can review normal lab values and ranges. Readers will again find Ambulatory Surgery Considerations; Evidence for Practice; Patient, Family, and Caregiver Education; Patient Safety; Research Highlights; Sample Plan of Care; and Surgical Pharmacology features, updated to reflect the most current evidence-based practices.

Enhanced in the 17th edition is the Evolve website. With its learner resources, readers are able to access animations, Agency for Healthcare Research and Quality (AHRQ) case studies, answers to the critical thinking questions, interactive study questions, OR Live links, and scenario packets.

Also enhanced in the 17th edition are resources for instructors and clinical educators. Instructor resources contain a lesson plan for each chapter with the following elements: case studies, learning objectives, suggested content for lectures and class activities, clinical learning scenarios for each covered surgical procedure, PowerPoint lecture slides with speaker notes, and an image collection of more than 1000 images to use in teaching. Instructors and clinical educators will also find a test bank with more than 750 questions as well as more than 50 customizable competency assessments for use in clinical settings or simulation laboratories as learners practice new perioperative nursing skills and techniques. Overall, this textbook imparts state-of-the-art information and resources to reflect contemporary practice and to promote delivery of comprehensive perioperative patient care.

Unit I, *Foundations for Practice*, provides information about basic principles and patient care requisites essential for all recipients of perioperative patient care. The nursing process, a model for developing therapeutic nursing interventional knowledge, reflects a method that includes the identification of desired patient outcomes. Interest in patient outcomes and their improvement is an essential element of perioperative nursing care. The collection of health data requires clear identification of contributions to patient outcomes and quantification of these contributions. Perioperative nurses must link their interventions to outcomes. This relationship is presented in Chapter 1 and explicated in each Sample Plan of Care throughout the text.

Research Highlights continue to be included in every chapter and reflect the steady increase in the amount and quality of research relevant to perioperative patient care. As current findings of new research are important to use in clinical practice, the editors and authors of *Alexander's Care of the Patient in Surgery* are committed to supporting this research–practice relationship. The Research Highlights will help perioperative nurses implement research findings in their practice and patient care activities.

Chapter 1 also sets the stage for an emphasis on patient, family, and caregiver education and discharge planning throughout the text. Chapters 11 through 29 in Units II and III address specific patient, family, and caregiver education and discharge planning relevant for patients undergoing one or more of the respective specialty surgical procedures. As the responsibilities of perioperative nurses increase with regard to those important care components, it is imperative that we effectively educate patients, their families, and their caregivers. As length of stay in healthcare facilities continues to decrease, patients, families, and caregivers need detailed information to deal appropriately with postoperative needs after discharge. Pain management, addressed in Chapter 10, also appears in many of the chapters on surgical specialties because all perioperative nurses recognize its importance in patient discharge planning.

Chapter 2 focuses on patient safety and risk management, including a review of the use of social media and patient privacy issues. As members of the perioperative team face increasing workloads and workplace stress, this 17th edition emphasizes the need for workplace safety in Chapter 3. When pressure in the surgical suite mounts, perioperative team members may feel the need to work rapidly, even if it means taking shortcuts. The chapter on workplace safety stresses the need for personal safety at work and explores such issues as noise in the OR, active-shooter situations, workplace violence, and bullying. The remaining chapters in Unit I focus on important perioperative precepts guiding infection

prevention; anesthesia; patient positioning; sutures, sharps, and instruments; surgical modalities; wound healing; and caring for the postoperative patient in the PACU and on the transfer unit.

The chapters in *Unit II*, *Surgical Interventions*, include more than 400 contemporary and traditional specialty surgical interventions, with descriptions of open approaches, minimally invasive surgical procedures, and robotic-assisted surgery. Each chapter provides a helpful review of pertinent anatomy and details the steps of the most common surgical procedures associated with the specialty. Perioperative nursing considerations are again presented within the nursing process framework. Sample Plans of Care for each surgical specialty aim to help perioperative nurses plan, implement, and evaluate individualized perioperative patient care. Each of these chapters also provides an example of Evidence for Practice related to the surgical specialty. Perioperative nurses will find a continuing emphasis on evidence-based nursing as a means to provide care that is effective and yields improved outcomes. The integration of evidence-based practice with the perioperative nurse's individual clinical expertise is the foundation of perioperative patient care. Improving the quality of patient care and effecting safe outcomes are at the heart of all our efforts to achieve excellence in whatever setting we encounter the patient who is undergoing an operative or other invasive procedure.

The inclusion of Surgical Pharmacology reflects an ongoing emphasis on medication safety in the United States. Medication errors can occur anywhere in the medication-use system, from prescribing to administering a drug. *Alexander's Care of the Patient in Surgery* supports the nationwide health professional education campaign that aims to reduce the number of common but preventable sources of medication errors. Providing information about select medications and dosages used in surgical specialties, the Surgical Pharmacology feature is intended to promote safe medication practices and to avoid serious, even potentially fatal, consequences of medication errors by perioperative practitioners.

To further facilitate the perioperative nurse's focus on safe patient care, Patient Safety features in each chapter succinctly review practices to assist perioperative practitioners in developing a core body of knowledge about safe patient care. This feature is designed to raise awareness about applications to increase patient safety and to simultaneously foster communication and ongoing dialogue in perioperative practice settings about recommended patient safety strategies and the need to implement robust process improvement initiatives. In so doing, we hope to improve quality and safety overall in perioperative patient care.

Also included in the 17th edition is information on ERAS protocols. These protocols aim to increase efficiency during all phases of perioperative patient care, decrease length of stay for surgery patients, and lower the cost of care, while improving outcomes. As applicable to the chapter content, Enhanced Recovery After Surgery features address the evidence-based strategies and merits of such protocols.

The unique needs of pediatric, geriatric, and trauma surgery patients are presented in *Unit III*, *Special Considerations*. The "Integrative Health Practices" chapter was introduced in the 12th edition. Perioperative nurses frequently encounter patients who use such therapies, some of which are nonpharmacologic and some of which involve medications. This chapter explores alternative medical systems, mind-body interventions, biologically based therapies, manipulative and body-based methods, and energy therapies. Treatments and systems within each category are discussed.

Many expert perioperative practitioners, RN first assistants, clinical nurse specialists, and educators have contributed to this 17th edition, and I owe a debt of gratitude to all of them for sharing their expertise in the development of this text. I give ongoing thanks to my partner, Alan Zulick, Esquire, for his help during copyediting. I also acknowledge the valuable assistance of editors, reviewers, photographers, and illustrators who have contributed their time and expertise to the revision of this text. The team I had the privilege of working with at Elsevier is talented and eager to support perioperative practitioners in their commitment to excellence in patient care. Laura Selkirk, I would clone you and give you as a gift to all my nurse editor colleagues if I could—you walk the entire journey with each edition of this book with supreme aplomb! Donna McEwen, one of my Associate Editors, was not only a masterful editor but also an instructional design expert. Her wit and wisdom are sorely missed. Donna's death left a hole in our hearts. Sharon Van Wicklin is a powerful and talented Associate Editor. The Evolve website is the elegant and robust feature that it is due to her acumen and talent. Mickey Cromb is a registered nurse and instructional designer who developed the test bank. Clearly, I work with a team to be admired and esteemed for their contributions to this edition. I could not have done it without them.

Alexander's Care of the Patient in Surgery is written by and for perioperative nurses. Its premise is underscored by the clear understanding that perioperative nursing is a caring and intellectual endeavor that requires critical thinking, clinical reasoning, technical acumen, and patient advocacy to improve patient outcomes. With the multimedia package accompanying this 17th edition, *Alexander's Care of the Patient in Surgery* invites you to journey with us as we meet the challenges and opportunities of perioperative nursing in the 21st century.

Jane C. Rothrock

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17th Edition

ALEXANDER'S CARE *of the* PATIENT *in* SURGERY

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CHAPTER 1

Concepts Basic to Perioperative Nursing

RICHARD G. CUMING

Overview of Perioperative Nursing Practice

Perioperative nursing is the nursing care provided to patients before, during, and after surgical and invasive procedures. Nurses practice this specialty in surgical suites, ambulatory surgery centers, endoscopy suites, laser centers, interventional radiology departments, mobile surgical units, and physicians' offices across the United States and the world. Perioperative nursing includes a broad array of cutting-edge innovations, such as remote surgery, virtual endoscopy, robotics, computerized navigation systems, transplanted tissue and organs, biologic materials that are absorbed to replace worn-out body parts, and radiofrequency identification (RFID). In this high-tech era, perioperative patient care is very different from the way it was in the past.

In the past, the term *operating room (OR) nursing* was used to describe the care of patients in the immediate preoperative, intraoperative, and postoperative phases of the surgical experience (Fig. 1.1). This term implied that nursing care activities were limited to the physical confines of the OR. The term may have contributed to stereotypical images of the OR nurse who took care of the OR and its equipment but had little, if any, interaction or nursing responsibility for medicated and anesthetized patients in the surgical suite. With such an image, nurses practicing outside the OR had difficulty crediting important elements of the nursing process and patient care accountability to nurses who practiced "behind the double doors" of the surgical suite.

Today *perioperative nursing* implies the delivery of comprehensive patient care within the preoperative, intraoperative, and postoperative periods of the patient's experience during operative and other invasive procedures by using the framework of the nursing process. In doing so, the perioperative nurse assesses the patient by collecting, organizing, and prioritizing patient data; establishes nursing diagnoses/problems; identifies desired patient outcomes; develops and implements a plan of nursing care; and evaluates that care in terms of outcomes achieved by and for the patient. Throughout the process, the perioperative nurse functions both independently and interdependently. As with nurses in other specialties, the perioperative nurse collaborates with other healthcare professionals, makes appropriate nursing referrals, and delegates and supervises other personnel in providing safe and efficient patient care.

When nurses practice perioperative nursing in its broadest sense, care may begin in the patient's home, a clinic, a physician's office, the patient care unit, the presurgical care unit, or the preoperative holding area. After the surgical or invasive procedure, care may continue in the postanesthesia care unit (PACU), and evaluation of patient outcomes may extend onto the patient care unit, in the physician's office, in the patient's home, in a clinic, or through written or telephone patient surveys.

When nurses practice perioperative nursing in its more limited sense, patient care activities may be confined to the common areas of the surgical suite. Assessment and data collection may take place in the preoperative holding area, whereas evaluation may take place on discharge from the OR. Regardless of the way nurses practice perioperative nursing in a healthcare setting, it is based on the nursing process and foundations of professional nursing practice.

The perioperative nurse functions as a patient advocate during times of vulnerability. This specialty requires a broad knowledge base, instant recall of nursing science, an intuitive ability to be guided by nursing experience, diversity of thought and action, and great stamina and flexibility. Whether a generalist or a specialist, the perioperative nurse depends on knowledge of surgical anatomy, physiologic alterations and their consequences for the patient, intraoperative risk factors, potential for and prevention of patient injury, and psychosocial implications of surgery for the patient, family, and caregiver. This knowledge enables the perioperative nurse to anticipate needs of the patient and surgical team and rapidly initiate safe and appropriate nursing interventions. This too is part of patient advocacy, that is, doing for the patient what needs to be done to provide a safe and caring environment. The Association of periOperative Registered Nurses (AORN) has asserted the significance of such safety by reaffirming that staffing of healthcare personnel must ensure that patients undergoing surgical and invasive procedures have a perioperative nurse as circulator in the OR, and that the core activities of perioperative nursing care (assessment, diagnosis, outcomes identification, planning, and evaluation) be completed by a perioperative registered nurse (AORN, 2019).

A significant part of perioperative nursing is the delivery of science-based care. Such care implies an understanding of the rationale for certain activities and interventions; knowledge of how and when to implement them; and the skills to evaluate safety, cost-effectiveness, and outcomes of the care delivered. This knowledge empowers the perioperative nurse to anticipate and prepare for steps of the surgical procedure and understand their concomitant implications for the patient and the surgical team. Scientific nursing interventions; critical thinking and clinical reasoning; and caring, comforting behaviors are at the heart of perioperative nursing. Unit II of this book focuses on surgical procedures common to inpatient and ambulatory settings. Each chapter in Unit II contains a Sample Plan of Care with suggested nursing interventions. A fundamental assumption throughout this book is that perioperative nursing is

FIG. 1.1 *The Agnew Clinic*, by Thomas Eakins, 1889. In this painting, reforms and advancements in surgical techniques and procedures are apparent. Surgeons wear gowns, instruments are sterilized, ether is used, and the patient is covered. An operating room nurse is a prominent member of the team.

a blend of technical and behavioral care and that critical thinking underpins caring for patients professionally. Quality nursing care is dependent on nurses' ability to think critically (Raymond, Profetto-McGrath, Myrick, & Strean, 2018). Critical thinking requires purposeful, outcomes-directed thought and is driven by patient need. It is based on the nursing process and nursing science. Further, critical thinking requires knowledge, skills, and experience guided by professional standards and ethics and grounded in constant reevaluation, self-correction, and persistent effort to improve.

Perioperative Patient Focused Model

AORN has developed a model to describe the important relationship between the patient and the perioperative nursing care provided. The Perioperative Patient Focused Model (AORN, 2015) consists of domains or areas of nursing concern including nursing diagnoses/problems, nursing interventions, and patient outcomes. These domains are in continuous interaction with the health system that encircles the focus of perioperative nursing practice—the patient (AORN, 2015).

Three of these domains (behavioral responses, patient safety, and physiologic responses) reflect phenomena of concern to perioperative nurses and comprise the nursing diagnoses, interventions, and outcomes that surgical patients or their families experience. The fourth domain, the health system, comprises structural data elements and focuses on clinical processes and outcomes.

The model illustrates the dynamic nature of the perioperative patient experience and the nursing presence throughout that process. Working in a collaborative relationship with other members of the healthcare team and the patient, the nurse establishes desired outcomes, identifies nursing diagnoses/problems, and provides nursing care. The nurse intervenes within the context of the healthcare system to help the patient achieve the highest attainable health outcomes (physiologic, behavioral, and safety) throughout the perioperative experience.

The model emphasizes the outcomes-driven nature of perioperative patient care. Perioperative nurses possess a unique understanding of desired outcomes that apply to all surgical patients. In contrast to some nursing specialties in which nursing diagnoses are derived from signs and symptoms of a condition, much of perioperative nursing care is preventive in nature and based on knowledge of risks inherent to patients undergoing surgical and invasive procedures. Perioperative nurses identify these risks and potential problems in advance and direct nursing interventions toward prevention of undesirable outcomes, such as injury and infection. Thus the plans of care in this book begin with Desired Outcomes. Based on an individual patient assessment, the perioperative nurse identifies risks and relevant nursing diagnoses/problems. This information guides nursing interventions for each patient. From admission through discharge and home follow-up, the perioperative nurse plays a major role in managing the patient's care. Research based on AORN's Perioperative Patient Focused Model continues to test and validate the contributions of perioperative nurses to patient outcomes in the variety of settings in which this nursing specialty is practiced.

Standards of Perioperative Nursing Practice

Perioperative nursing is a systematic, planned process performed in a series of integrated steps. For professional nursing, national standards establish the full expectations of the professional role within which nurses practice. In the 1960s, the American Nurses Association (ANA) engaged in standards development. First published in 1973, these standards helped shape nursing practice. Specialty nursing organizations, including AORN, have worked with the ANA to develop their own standards and guidelines using the ANA framework. This collaboration has resulted in the use of common language and a consistent format for the profession.

Perioperative Nursing Practice Standards

AORN (2015) has developed a set of standards for perioperative nursing (Box 1.1). These standards are authoritative statements that define and enumerate the responsibilities for which perioperative nurses are accountable. The standards represent a comprehensive approach to meeting the healthcare needs of surgical patients and relate to nursing activities, interventions, and interactions. They are used to explain clinical, professional, and quality objectives in perioperative nursing. The *Guidelines for Perioperative Practice* contain recommendations for implementing perioperative patient care based on a comprehensive appraisal of both research and nonresearch evidence. They complement the *Standards of Perioperative Nursing*, which are based on and describe the application of the nursing process in perioperative nursing. The guidelines include the collection and analysis of health data, identification of expected outcomes, planning and implementation of patient care, and evaluation of the effects of this care on patient outcomes.

AORN's (2015) *Standards of Perioperative Nursing* require, in part, that the perioperative nurse evaluate the effectiveness of nursing practice and the quality of that practice. These standards also require perioperative nurses to evaluate their own practice. Achieving certification (certified nurse, operating room [CNOR]), pursuing lifelong learning, and maintaining competency and current knowledge in perioperative nursing are hallmarks of the professional. The guidelines focus on the importance of evidence-based practice (EBP) and participation in the generation of new knowledge through research. The pace and complexity of advances in surgical procedures, minimally invasive surgery, robotics, new

BOX 1.1

Standards of Perioperative Nursing

- *Focus:* providing perioperative patient care and performing professional role responsibilities
- *Responsibility:* each perioperative nurse, with appropriate working conditions and resource support
- *Underlying themes:*
  - Perioperative nursing care is individualized to unique patient needs and situations.
  - Care is provided in the broad context of injury prevention.
  - Cultural, racial, and ethnic diversity, along with the patient's preferences and goals, is always taken into account when planning and providing perioperative nursing care.
- *Conceptual framework for practice:* The Perioperative Patient Focused Model
- *Nursing process underpinning:* assessment, diagnosis/problem, planning, implementing the plan of care, and evaluating the patient's progress toward outcomes
- *Quality and appropriateness of practice emphasis:* systematically evaluated
- *Evaluation of own practice:* in the context of current professional standards, rules, and regulations
- *Collegiality:* demonstrated when interacting with peers, colleagues, and others
- *Collaboration:* takes place with the patient and other designated personnel when practicing professional nursing

technologies, professional nursing issues, ongoing healthcare reform measures, continuing changes in evidence-based recommendations for practice, and the burgeoning body of nursing research demand constant professional education and development. Perioperative professionals must continue to research patient outcomes, link nursing interventions to outcomes, and develop methods that conserve resources when implementing interventions.

Nursing Process

Looking at nursing as a process brings it into perspective as a system of critical thinking that provides the foundation for nursing actions (Fig. 1.2). The focus of the nursing process is the patient, and prescribed nursing interventions are those that meet patient needs. Using the nursing process directs the perioperative nurse's focus on the patient by using clinical skills and knowledge to care for the patient and make independent judgments and clinical decisions. Use of the nursing process, nursing plans of care, clinical pathways, and best practices (discussed later in this chapter) is an integral part of patient care.

In its simplest form, the nursing process consists of the following six steps: assessment, nursing diagnosis/problem, outcome identification, planning, implementation, and evaluation. The process is dynamic and continual. Certain responsibilities are inherent in the nursing process: (1) providing culturally and ethnically sensitive, age-appropriate care; (2) maintaining a safe environment; (3) educating patients and their families; (4) ensuring continuity and coordination of care through discharge planning and referrals; and (5) communicating information.

Assessment

Assessment is the collection and analysis of relevant health data about the patient. Sources of data may be a preoperative interview with the patient and the patient's family; review of the planned surgical or invasive procedure; review of the patient's medical record; review of the results of diagnostic tests; and consultation with the surgeon and anesthesia provider, inpatient unit nurses, or other personnel. Data collection focuses on these major elements: (1) the patient's current diagnosis, physical status, and psychosocial status (including literacy, language skills, and spiritual, ethnic, cultural, and lifestyle information relevant to the delivery of patient-specific care); (2) previous hospitalizations or surgical interventions and serious illnesses; and (3) the planned surgical or invasive procedure

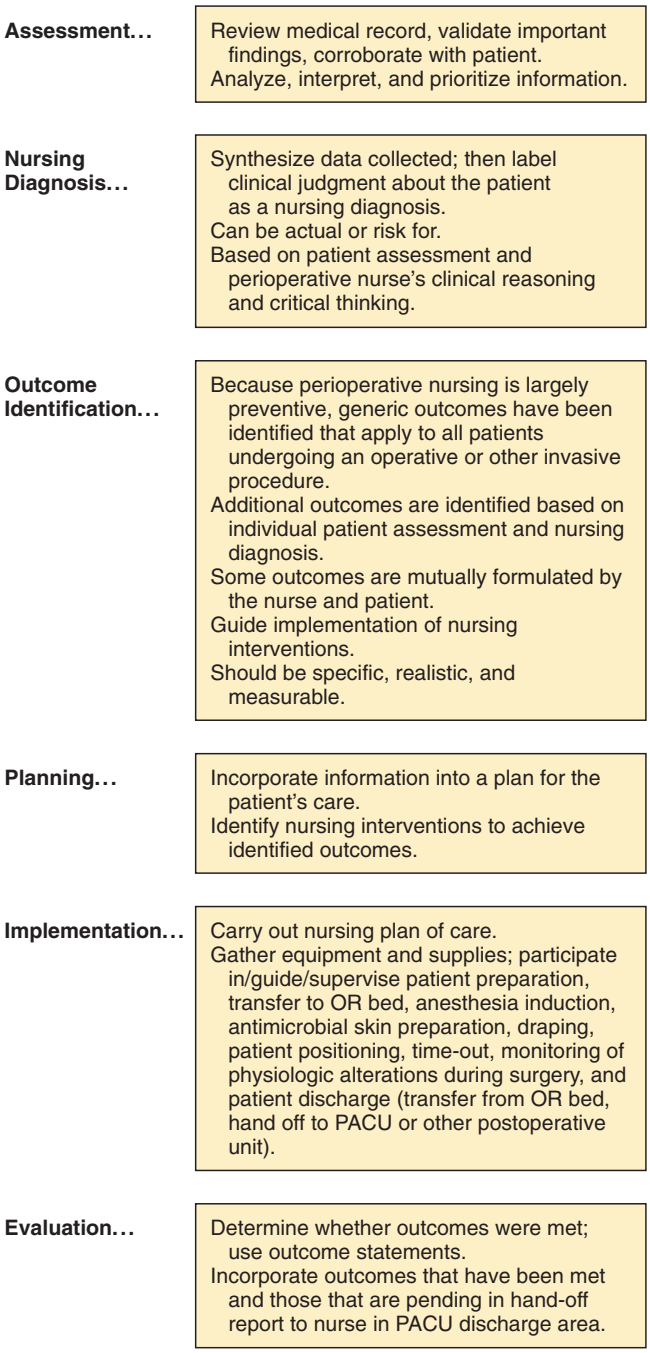

FIG. 1.2 The steps of the nursing process are interrelated, forming a continuous cycle of thought and action. *OR*, Operating room; *PACU*, postanesthesia care unit.

PATIENT SAFETY

Involving Patients in Marking the Surgical Site

Perioperative nurses value the goal of patient safety. One way to facilitate this goal is to improve involvement of patients in their care through information and education. TJC's NPSGs and its Speak Up campaigns are safety initiatives that encourage patients and their advocates to take an active role in their healthcare. *Speak Up™* For Safe Surgery offers a patient the following information about marking the surgical site and the time-out:

- A healthcare professional will mark the spot on your body on which the surgeon will operate. Make sure that only the correct part and nowhere else is marked. This helps avoid mistakes.
- Marking usually happens when you are awake. Sometimes you cannot be awake for the marking. If this happens, a family member or friend or another healthcare worker can watch the marking. They can make sure that your correct body part is marked.
- Your neck, upper back, or lower back will be marked if you are having spine surgery. The surgeon will check the exact place on your spine in the OR after you are asleep.
- Ask your surgeon whether they will take a "time-out" just before your surgery. This is done to make sure the surgeon does the right surgery on the right body part on the right person.

NPSG, National Patient Safety Goals; *OR*, operating room; *TJC*, The Joint Commission. Modified from The Joint Commission. (2020). Speak Up™ For Safe Surgery (website). https://www.jointcommission.org/resources/for-consumers/speak-up-campaigns/for-safe-surgery. (Accessed April 25, 2021).

and the patient's understanding of this plan. Implementing patient-centered care requires the perioperative nurse to encourage the patient's active involvement in their care as part of patient safety. Of primary importance are the understanding of the scheduled procedure by the patient and their family and the patient's participation in activities such as marking the surgical site (Patient Safety) (the Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery, along with other National Patient Safety Goals, is discussed in Chapter 2) (The Joint Commission [TJC], 2022). The perioperative nurse also assesses risk factors that may contribute to negative outcomes.

The perioperative nurse proactively reports any concerns (e.g., abnormal laboratory values, or issues related to the patient's lack of understanding of the planned procedure) to the surgeon, documents all data collected, and notes any referrals that they make.

Assessment formats vary among institutions but always include the physiologic and psychosocial aspects of the patient. In some settings, the assessment is done in stages by one or more perioperative nurses. A perioperative nurse may perform an assessment in the presurgical care unit or by telephone before the day of surgical admission. In such cases, the nurse in the OR verifies parts of the assessment previously done and completes the remainder. For a perioperative nurse caring for a healthy patient, assessment may mean only a thoughtful, brief review of the assessments previously done; a short patient interview; review of the medical record and surgical procedure; and a mental rehearsal of the resources and knowledge necessary to support the patient successfully through an operative procedure or any other invasive procedure. At other times, the perioperative nurse assesses all aspects of the patient and the patient's condition thoroughly.

When developing guidelines for preoperative assessment; patient, family, and caregiver education; and discharge planning, the perioperative nurse considers the following:

- What is the best EBP?
- Is relevant, concise patient information already available to the perioperative nursing staff?
- Is enough information available for perioperative nurses to consider patient care needs when preparing the OR (e.g., special equipment, accessory items, instruments, sutures)?
- Is enough time available to initiate a meaningful perioperative nurse–patient interaction?
- Are surgical patients satisfied with their perioperative nursing care (do they express feelings of comfort and satisfaction regarding their care in the surgical setting)? Do they have knowledge of the perioperative nurse's role?
- Is there continuity of care between the perioperative unit and other nursing care areas?

Being able to exchange information about patients in face-to-face meetings, by telephone, or by written messages is helpful for unit and perioperative nurses. A thorough assessment made and recorded by the preoperative nurse can accompany patients to the OR and serve as a guide for the perioperative nurse, who then completes a more focused preoperative patient assessment. With the growing number of ambulatory surgery procedures, preoperative assessment is often integrated with preadmission testing. Some institutions hold group preoperative sessions. These not only help nurses get to know the patients, but also permit nurses to impart information on common routines, reactions, sensations, and nursing procedures that will take place preoperatively, intraoperatively, and postoperatively. The perioperative setting determines the type of interaction that occurs. The use of preoperative phone calls and online questionnaires has gained wide acceptance. The important point is that some form of assessment; patient, family, and caregiver education; and discharge planning are done. The facility and nursing staff determine how to accomplish this.

Assessment requires that the nurse know and understand the patient as a feeling, thinking, and responsible individual who is a candidate for a surgical or invasive procedure. Data identified through assessment help the perioperative nurse meet unique patient needs throughout the surgical intervention. Based on data collected, recorded, and interpreted during patient assessment, the perioperative nurse then formulates a nursing diagnosis/problem statement.

Nursing Diagnosis/Patient Problem

Nursing diagnosis is the process of identifying and classifying data collected in the assessment in a way that provides a focus for planning nursing care. Nursing diagnoses have evolved since they were first introduced in the 1950s. Today they are identified, named, and classified according to human response patterns and functional health patterns. The authoritative organization responsible for delineating the accepted list of nursing diagnoses is the North American Nursing Diagnosis Association International (NANDA-I). Each NANDA-I–approved nursing diagnosis has a set of components including a definition of the diagnostic term, its defining characteristics (i.e., the pattern of signs and symptoms or cues that make the meaning of the diagnosis clear), and its related or risk factors (i.e., causative or contributing factors that are useful in determining whether the diagnosis applies to a particular patient). For perioperative patients, many nursing diagnoses are "risk" or "potential" diagnoses, which means they are not evidenced

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