Phases of the perioperative process

Perioperative Experience

Having surgery is probably one of the most stressful times for a patient, during this process the patient will have several different nurses that will help ease their anxiety, fears and ensuring the safety of the patient at all times, “ Patient safety throughout the perioperative period is the number-one priority and requires teamwork and interprofessional collaboration.” (Ignatavicius, 2018, P. 228) For this, is what makes the perioperative process so important to a patient, their safety, and health. In the perioperative process the patient goes through three different phases, the preoperative, the intraoperative and the postoperative phases. Within each phase there are different responsibilities and duties that nurses must do to ensure the patients safety and that a standard of care in given. Although no surgery is the same, the standard of care given to each patient be every person during treatment is the same.

The preoperative phase, this phase is from when surgery is decided until the patient is transferred to the OR staff/team. When the patient came back to the preoperative unit, she was given her room and a nurse. From there the nurse gave the patient an identifier band and began an assessment of the patient. The assessment included the patients past medical history, surgical history, any allergies to medications, and making sure the patient fully understood what she was there for, asking several times if she had any concerns or questions, “ The purpose of the pre-procedure verification process is to make sure that all relevant documents and related information or equipment available prior to the start of the procedure.” (Joint Commission, 2018) Once the assessment was completed the nurse started

the patients IV and started infusing a bag of lactated ringer. The nurse then administered Indocyanine green for the patient's gallbladder surgery. When relating the patients preoperative experience to that of the Joint Commission National Patient Safety Goal-Universal Protocol and of the QSEN for patient centered care, the patients experience was of standard safety and care.

Throughout the preoperative assessment of the patient the nurse assessed the patient's height, weight, medical and surgical histories, allergies, medications she was on, when the last time she had taken her medications, last time she ate or drank, her alcohol and drug use, and if she had any prior or family history with complications to anesthetics. The nurse then asked the patient of she bathed in the chlorhexidine that was provided to her. This assessment is especially important for infection control, as chlorhexidine significantly reduces the number of bacteria on the patient's skin, " One or two days before the schedule surgery, the surgeon may ask the patient to shower using an antiseptic solution. This cleaning reduces contamination of the surgical field and the number of organisms at the site." (Ignatavicius, 2018, P. 242) Each of these assessments helps give the team an understanding of the patient's history, which decreases the risk of postoperative complications. When relating the preoperative assessment to the literature of Ignatavicius, the nurse addressed all the points needed to ensure the patient was ready for surgery, " The assessment process is key to identifying potential patient problems, planning care, and forecasting potential outcomes." (Ignatavicius, 2018, P. 230) After the nurse completed the patient's assessment, the surgeon came in and went over the surgery with the patient and had the patient sign the informed consent, making sure

the patient clearly understood the form and if she had any questions for him. The surgeon then asked the patient to try and void before being transferred so that he wouldn't have to use a catheter. When relating the surgeon's actions to the literature Ignatavicius and QSEN the surgeon showed concern for the patients understanding of the procedure she was having.

The intraoperative phase, this phase is from when the patient is transferred to the OR staff/team until the patient is admitted to the PACU. A member of the OR team arrived at the patient's room, where the patient denied any pre-anesthesia, he then transferred the patient to the OR. After arriving to the OR, the patient was transferred onto the operating table and was administered oxygen. The patient was then given an IV anesthesia. Once the patient was completely sedated the CRNA intubated the patient and began to monitor her. The surgeon and the circulatory nurse then began to position the patient on the table with foam to protect the patient from any skin breakdown while in surgery. The circulatory nurse then began to cleanse the patient's entire abdomen with antiseptic cleanser. Once the patient's abdomen was dry the circulatory nurse then draped the patient from the neck up, and the waist down. Before the surgeon began the surgery, the circulatory nurse called a " time-out", the entire surgical team stopped what they were doing and acknowledge the time-out, at this time the circulatory nurse read aloud the patients name, date of birth and the type of surgery she was having. The surgeon then began to make the four incision for the robotic arms to enter the patient's abdomen, once completed he filled the abdomen with CO2 and the rest of the procedure was done from the robotic station. Once the surgeon was completed, the scrub tech and the first

assistant nurse removed the robotic arms, and the surgeon assessed the surgical sites. The first assistant nurse then closed the patient, she cleaned the patient's wounds and applied bandaged to the four incision sites. The scrub tech and the circulatory nurse then counted the all the instruments and bandages that were used during the surgery to ensure everything was accounted for, " Retained surgical items (RSIs) pose serious consequences for patients and are a significant threat to patient safety. Perioperative team members are morally and ethically responsible for the prevention of RSIs and should understand how to reduce the risk of occurrence." (AORN, 2016). The CRNA and the circulatory nurse then moved the patient from the operating table to the patient's bed, the CRNA checked the patient's vitals and then extubated the patient. The CRNA stood at the head of the patient monitoring her breathing, and the circulatory nurse stood next to the patient as they transferred her to the PACU. Once arriving on the PACU a handoff report was giving to the PACU nurse that included the patient, the procedure, the medication given and the amount of oxygen the patient was being administered. When relating the patients intraoperative experience to that of the Joint Commission National Patient Safety Goal-Universal Protocol and of the QSEN for patient centered care, the patients experience was of standard safety and care.

While in the intraoperative phase the patient is assigned a surgical team, each team member has a specific role in the patient's safety and care. The surgical team for the patient was the anesthesiologist, who administered the anesthesia, the CRNA, who monitored the patient through the entire surgery, the scrub tech, who passed all sterile instruments to the surgeon, the

circulatory nurse, who ensured the safety of the patient and monitored the OR room during the surgery, the first assistant nurse, who assisted the surgeon during the surgery and who closed the patient's incisions, and the surgeon, who performed most of the surgery. When relating the surgical team to the literature of Ignatavicius, standard care was given to the patient.

The postoperative phase, this phase is from when the patient is admitted to the PACU and ends once the patient is released from the physician's care. Once in the PACU the patient's vitals were monitored every fifteen minutes, and she stayed with the patient the entire time. Once the patient began to wake up the nurse assessed the patient for any pain. " Most patients report pain after surgery, and pain levels vary depending on the type of surgery, comorbidities, previous experiences with pain, age, gender, and patient expectations. Inadequate assessment and management of postoperative pain can result in patient anxiety, insomnia, stress, and limited mobility." (JOPAN, 2018) When relating the patients postoperative experience to that of the Joint Commission National Patient Safety Goal-Universal Protocol and of the QSEN for patient centered care, the patients experience was of standard safety and care.

Throughout the postoperative assessment, the PACU nurse assessed the patient's vitals every fifteen minutes, assessed the patients breathing by seeing if there was any condensation on the patients breathing mask, assessed for any pain in the patient. When relating the preoperative assessment to the literature of Ignatavicius, the nurse addressed all the points needed in ensuring the patient was safe and comfortable after surgery.

The nursing interventions that were used during the postoperative phase were monitoring the patient's vitals, breathing and pain. The PACU nurse never left the patients side and repeatedly checked the patient every time she would move or make a sound ensuring that the patient was safe, " Demonstrate effective use of technology and standardized practices that support safety and quality" (QSEN, 2014).

The impact the perioperative team had on the patient's safety and quality of care, was a great deal, working with one another to make sure the patient had a safe surgery, monitoring the patient's vitals during each phase and having a " time-out" ensured that the patients safety and quality of care were taken into consideration each step of the way, " Base individualized care plan on patient values, clinical expertise and evidence."(QSEN, 2014). " Active involvement and use of effective methods to improve communication among all members of the procedure team are important for success." (Joint Commission, 2018).

The interdisciplinary approach for the care of the patient through the three phases was having the whole perioperative team work together as one unit even though they are three separate units. Through each phase all the necessary information on the patient was given to the next phase ensuring that the patients safety and care were of top priority, " Integrate the contributions of others who play a role in helping patient/family achieve health goals" (QSEN, 2014).

In conclusion, each phase of the perioperative process is just as important as the next to the patient's safety and standard of care. Each phase the patient

goes through has its own safety measures that helps the patient with comfort, and quality of care. While each phase is different, they all have the patient’s well being as the top priority.

Reference Page

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