Review OR-specific safety procedures addressed in CMS regulations, Never Events, and AORN standards, including:

- Count, sponge and needle, timing of counts; missing needle, inform surgeon
- Electrical safety with the electrosurgical unit
- Fire safety, including equipment and substances that increase risk of fire and procedures to limit risk of fire
- Hand-off communication
- Patient identifiers
- Medication verification, delivering medications to the sterile field; verify when relieving scrub nurse
- Personal protective equipment, including thyroid shield and protective eye ware
- Scheduling of patient who has latex allergy
- Sharps safety, use of blunt needles; safe zone, passing knife in container
- Time Out – verifying patient, procedure, site
- Verify surgical site with the patient, consent, surgeon, X-rays

Review principles of communication and patient teaching, including the importance of clear communication with patients and families

Review effects and administration of medications, including:

- Pre-operative antibiotic
- Anticholinergics
- Barbiturates
- Benzodiazepines
- Calculations related to bacitracin solution for irrigation; drawing dose from multidose vial
- Dantrolene
- Diphenhydramine
- Epinephrine
- Naloxone
- Opioids
- Papaverine
- Xylocaine

Review sterile technique, including:

- Contamination – strike-through; exogenous
- Distance around sterile field considered sterile
- Draping, reducing contamination
- Flash sterilization, 10 minutes for porous handle or lumen; only in emergency
- Indicators of sterility, biological indicators; action when indicator does not indicate sterility
- Surgical attire and sterile portion of gown
- Obtain fresh item if peel pack rips when opening
- Violations of sterile technique

Review correct surgical technique, including:
- Blade used only for initial incision
- Placement of dispersive electrode pad
- ESU, check connections and placement of dispersive electrode pad before turning up current
- Passing a knife, safe zone
- Rapid sequence induction, cricoid pressure
- Verify tourniquet setting

Review patient assessment, including:
- Latex allergy and food allergies, risk for
- Malignant hyperthermia
- Monitoring during conscious sedation
- Skin assessment, pressure ulcer staging; assessment after removal of surgical devices

Review actions in specific situations, including:
- Malignant hyperthermia protocol
- Pre-operative antibiotic and documentation
- Positioning obese patient for surgery
- Assist with cricoid procedure during rapid sequence induction

Review measures to prevent complications, including:
- Hypotension following lithotomy position
- Verify tourniquet setting, document total tourniquet time
- See infection prevention

Review measures to prevent infections, including:
- Handwashing with C. diff
- OR attire to reduce shedding and contamination of sterile field
- Handling drapes as little as possible
- Allow prep to dry

Review the RN role in specific surgical procedures, including:
- Appendectomy, emergency
• Colon resection
• Coronary artery bypass graft (CABG)
• Ear, nose, and throat surgery
• Femoral-popliteal bypass
• Fluoroscopic procedure
• Gynecologic surgery
• Total hip replacement (history of)
• Laparoscopic surgery
• Mastectomy
• Neurosurgery
• Scrub technique, handwashing
• Vascular surgery

Review use and precautions related to supplies and equipment, including:

• Blade for initial incision
• Blunt needles, to improve safety for scrubbed personnel
• Cautery
• CO₂ laser
• Drapes
• Drip towel
• Electrosurgical unit (ESU)
• Fiberoptic light cable
• Needle holder and suture
• Prep solutions: alcohol-based, chlorhexidine gluconate, povidone iodine, triclosan,
• Protective eyeware
• Surgical attire
• Thyroid shield

Review patient positioning, including:

• Obese patient, reverse Trendelenberg
• Lithotomy

Review documentation, including:

• Antibiotic, timing of pre-op
• Handwritten documentation, correcting an error
• Monitoring conscious sedation
- Pre-operative antibiotic
- Sponge and needle count
- Time out
- Total tourniquet time