POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Certified Surgical Technologist

Supervised by: Circulating RN; Surgical Services Nurse Manager

Prepared by: __________________________________  Approved by: ___________________________
Date: ________________________________________  Date: _________________________________

Job Summary: Assists surgeon during operative and invasive procedures. Ensures operating suite is adequately prepared for procedure. Monitors PAR level of all surgical instruments and supplies. Cleans and sterilizes all surgical instruments. Participates in departmental staff meetings and performance improvement activities.

DUTIES AND RESPONSIBILITIES:

3 = Exceeds Performance  
2 = Expected Performance  
1 = Needs Improvement

Demonstrates Competency in the Following Areas:

Interacts professionally with patient and family.

3 2 1

Provides patient with explanations and verbal reassurance, as necessary.

3 2 1

Notifies appropriate licensed staff when patient complains of pain.

3 2 1

Adapts procedures to meet individual needs of neonate, pediatric, adolescent, adult and geriatric patients for treatment.

3 2 1

Prepares room in a timely manner with all anticipated instruments, sutures, supplies and equipment for each individual surgical procedure.

3 2 1

Demonstrates competence in care of specimens and accurately handles specimens at all times.

3 2 1

Assists in positioning, prepping and draping of patients for surgical procedures.

3 2 1

Accurately completes operating room counts (instruments, sponges, needles); follows proper procedure in the event of incorrect count; reports all discrepancies to Circulating RN and surgeon and/or corrects immediately.

3 2 1

Carries out medical/surgical asepsis during treatments/procedures.

3 2 1

Maintains safe environment for patient, co-workers and self, per hospital policies and procedures.

3 2 1

Checks all equipment/instruments needed, prior to each procedure to ensure proper functioning.

3 2 1

Protects patient’s sensitivities and right to privacy; closely observes patient with minimal disturbance.

3 2 1

Treats patients and their families with respect and dignity. Identifies and addresses psychosocial, cultural, ethnic and religious/spiritual needs of patients and their families.

3 2 1

Follows aseptic technique, when opening sterile supplies and setting up procedures.

3 2 1

Performs all aspects of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors.

3 2 1

Supports and maintains a culture of safety and quality.

3 2 1
PURPOSE:

This policy outlines the procedure for the adequate sterilization of surgical instruments and equipment in the instance of emergency situations and/or when there is insufficient time to sterilize an item by the preferred prepackaged method and/or manufacturer’s recommendation.

DEFINITION:

According to AORN, "immediate use is considered the shortest time possible between a sterilized item's removal from the sterilizer and its aseptic transfer to the sterile field."

POLICY:

- Immediate use steam sterilization (IUSS) shall be kept at a minimum.
- IUSS shall be only used when there is not enough time to process the instruments by preferred wrapped or container method.
- All Surgical Services staff shall be responsible for understanding the principles of IUSS, the correct method for operating the autoclaves, and the location and content of manufacturer’s instructions for the sterilizer and instrument. Documentation of each load must be done by the person actually running the load (include initials, patient’s name, record number and items flashed). The record shall be retained indefinitely in a permanent logbook.
- The Surgical Services Manager shall verify that all staff understand the proper method of IUSS. All new staff must be inserviced on the proper procedure prior to using the autoclaves.
- All items to receive steam sterilization for immediate use must be able to withstand steam under pressure, without being damaged.
- IUSS shall not be used for implantable devices, except in the case of an emergency. Notify the Surgical Services Nurse Manager if IUSS shall be used for an implantable device.
POLICY:

• All medications and solutions in the perioperative area shall be labeled. This includes medications and solutions on and off the sterile field. Medication containers include syringes, medicine cups and basins.

• The label shall include:
  • The name of the medication/solution
  • Strength of the medication/solution
  • Diluent and volume (if not apparent from the container)
  • Date of expiration, when the medication/solution will not be used within 24 hours
  • Time of expiration, when the medication/solution expires in less than 24 hours

• All medications and solutions removed for their original packaging to another container must be labeled.

• The following medications and solutions must be labeled when removed from their original containers (not all inclusive):
  • Medications:
    ♦ Prescription medications
    ♦ Other products designated by the FDA as a drug
    ♦ Over-the-counter drugs
    ♦ Herbal supplements
    ♦ Dietary supplements
    ♦ Vitamins
DEFINITIONS:

- Venous thromboembolism (VTE) refers to the blockage of a vein by a blood clot (i.e., thrombus) that has dislodged from its site of formation and traveled through the bloodstream to another location. VTE may manifest as deep vein thrombosis (DVT) or pulmonary embolism (PE), both of which are significant causes of morbidity and mortality.
- DVT is also associated with residual venous obstruction and chronic pain and swelling.
- Venous thromboembolism (VTE) includes DVT, PE and postthrombotic syndrome (PTS).

RISK FACTORS:

- Active malignancy (especially pancreatic, liver, kidney, stomach, and ovarian)
- Active rheumatic disease
- Acute or chronic lung disease
- Age greater than 50 years
- Central venous catheter
- Co-morbidities
- Congestive heart failure
- Dehydration
- Estrogen-based contraceptives
- Family history
- Hormonal replacement
- Immobility associated with general anesthesia
- Impaired mobility
- Inflammatory bowel disease
- Known thrombophilic state
- Myeloproliferative disorder
- Myocardial infarction
- Nephrotic syndrome
- Obesity
- Prior history of VTE
- Recent major surgery
- Recent postpartum with immobility
- Sickle cell disease
- Smoker
- Stage multiple procedures
- Trauma
- Varicose veins/chronic stasis
POLICY:

- All Surgical Services RNs shall be inserviced on the correct use and maintenance of the pneumatic tourniquets before use.

- The safe and proper use of pneumatic tourniquets is a competency assessment for all Surgical Services RNs annually.

- Tourniquets are inflated with nitrogen or air, according to manufacturer's instructions. Nitrous oxygen or oxygen shall **NOT** be used to inflate tourniquets.

- Prophylactic antibiotics are administered and completely infused before inflation of the tourniquet.
  - Literature shows optimized tissue concentration of antibiotics have been found when the antibiotic is administered 20 minutes before inflating the tourniquet.

- Safety/warning lights and audible alarms shall **never** be turned off.

PROCEDURE:

- The Circulating RN shall:
  - Inspect the pneumatic tourniquet before use
    - Inspect cuff and tubing for any cracks of leaks.
    - Ensure all connections are secure.
    - Ensure all parts of the pneumatic tourniquet are clean.
    - Ensure the pneumatic tourniquet is operating correctly. (Most electric pneumatic tourniquets will self-test and calibrate once the unit is turned on.)
    - Ensure alarms are on and audible and visible.
  - Check the air or nitrogen supply prior to each procedure. Ensure adequate supply of gas, air or nitrogen.