

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: VI-109 ADMISSION TO PERI-OPERATIVE HOLDING AREA	POLICY #: 1146
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DATE APPROVED: 06/27/2016	

PURPOSE: To provide guidelines for Peri-Operative Holding Area (POHA) nursing care during the admission to the POHA.

POLICY:

All patients admitted to the Ambulatory Surgical Center (ASC) for operative and/or invasive procedures shall be assessed by a qualified nurse to ensure that the plan of care is developed is appropriate to the specific needs of the patient.

PROCEDURE:

I. PREOPERATIVE ADMISSION

- A. Admission is performed by a registered nurse (RN) or a licensed vocational nurse (LVN)
- B. Patient will be greeted in a professional and courteous manner upon arrival to the POHA.
- C. After arrival, patient is admitted to POHA via computer. Prior to placing armband on patient's wrist, verify patient identification using at least two patient identifiers, which include patient name and one of the following
 - Birthdate
 - Medical record unit number (MRUN)
- D. The patient is assigned to a gurney/cubicle and instructed to remove all clothing, including under clothing. Patients are provided a clean patient gown or 3M Bair Paws (Bair Paws) gown (if indicated), bouffant cap, shoe covers and a plastic bag, labeled with patient's name, for belongings.
- E. The Bair Paws gown is:
 1. Used for patients scheduled to undergo general anesthesia, who are :
 - Afebrile on admission, and
 - With intact skin, without any rash or other skin conditions

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2. Should not be placed over transdermal medications, since increased drug delivery, patient death, or injury may occur

F. Instruct patient to remove jewelry, dentures, contact lenses or removable prosthesis prior to surgery, place in appropriate container and place in patient's belongings bag.

G. Patient's belongings labeled bag is either given to patients family/significant other or placed in patient's assigned locker.

II. PREOPERATIVE INITIAL ASSESSMENT

A. All patients will receive an initial assessment upon arrival to the POHA. Assessment and management components will be documented and include, but are not limited to:

1. History and physical (H&P): Must be completed and documented for each ASC patient no more than 30 calendar days prior to date the patient is scheduled for the procedure. Notify surgeon immediately for incomplete and/or H&P > than 30 days.
2. All sections on the H&P for must be completed/filled and the symbol Ø will not be considered an acceptable comment.
3. Advance Directive status will be reviewed with status documented
4. Review and/or completion of the nursing assessment and management criteria as appropriate
5. Relevant preoperative status including:
 - a. vital signs (including temperature, pulse, respiratory, B/P, oxygen saturation, pain score) initially will be documented upon admission to POHA, immediately prior to transfer to the Operating Room and/or sooner when ongoing assessments deems necessary
 - b. skin integrity
 - c. allergies/sensitivities/reactions(including latex)
 - d. medication use/last dose
 - e. NPO status, disabilities
 - f. substance use/abuse

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

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- g. physical or mental impairments, mobility limitations
 - h. external or implanted medical devices
 - i. sensory limitations (including hearing and visual aids)
 - j. pregnancy-related assessments as indicated
6. Pediatric patient: birth history, developmental stages, gestational age and patient/child interactions
 7. Current pain assessment, using age appropriate pain scale/assessment tool
 8. Patient safety needs, which include but are not limited to review/completion of medication reconciliation, fall risk assessment and site verification
 9. Relevant preoperative emotional, safety and psychological needs of patient (family/significant other as applicable)
 10. Previous anesthesia history (patient with and without complications and family with complications)
 11. Verification of patient identification and expected procedure (to include site), review with patient/family/significant other
 12. Completion of the proper consent, according to the surgeon's order. If unable to find, on iMed, a consent form that completely and accurately matches the proposed procedure, then nurse must communicate that with the operating surgeon, who will be responsible for identifying the most similar procedure and consent. See ASC policy titled Informed Consent, iMed Consent II-121.
 13. Verification of completed and accurate Anesthesia Informed Consent is present.
 14. If applicable, verification of completed and accurate sterilization consent is present.
 15. Verification that prescribed surgical prep (e.g., bowel prep, etc.) has been completed as indicated
 16. Verification of availability of accompanying responsible adult to provide transportation home and assist with home care

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- 17. Knowledge of pre-procedural teaching and discharge planning
- 18. Complete documentation and communication of all pertinent information
- B. Lab and other diagnostic tests results are obtained and placed in the patient's chart prior to surgery. Operating Room and Anesthesia are notified of any abnormalities reported.
- C. Intravenous is started as ordered and preoperative medications are given as ordered. Any additional orders are carried out.

REFERENCES:

AORN Standards and Recommended Guidelines, 2014

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