RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
SURGICAL RESIDENT ORIENTATION

Welcome to Rancho! The Operating room staff has long enjoyed a good rapport with the physician staff of the hospital. The team approach is beneficial to our patients and provides a pleasant working environment. You will find that our policies in the rehabilitation setting differ from those of an acute facility. These policies are established by the Department of Surgery in order to meet the requirements of JCAHO, Title 22 and the hospital. Therefore, the following information is provided in order to assist with making your stay at Rancho a regarding experience.

The four sections comprising the operating rooms are located in the 100 Building.

1. Central Clinics and Comarr Clinic are located on the first floor. All outpatient and Same Day Surgery patients complete their pre-admission lab work, EKG, radiology, etc. through these clinics.

2. Preop Holding Area (POHD) is on the second floor, room 217. All patients are brought to this area for final preparation for surgery. You will be able to locate your preoperative patients here.

3. The Operating Room is located on the second floor, suite 220.

4. The Post Anesthesia Care Unit (PACU) is located on the second floor, adjacent to the OR. There are seven postanesthesia beds and one isolation room.

Request To Schedule Surgery:

All elective surgery requests are to be written and signed by the attending surgeon electronically. It is imperative that the information be completed accurately to allow the nursing staff to properly prepare equipment and supplies for the procedure. If medical clearance is indicated it is to be completed prior to seeing the anesthesiologist.

Special Equipment:

Financially it is impossible to stock a complete line of all orthopedic equipment. However, with advance request of three to four days, the majority of implants and equipment can be provided.

Informed Consent:

An informed consent is required for any procedure that is done in the Operating Room. The following areas must be completed correctly.

1. The attending surgeon must be listed on the surgical consent form in the appropriate area. (See attached sheet.) All the assistants in surgery should also have their names listed on the consent.

2. Do not use the proper name of the procedure, such as Grace-Green procedure. Use the anatomical description, such as hip fusion.

3. Do not use abbreviations for the site of the surgery e.g. R or L should be right or left.

4. All donor sites for bone grafts and skin grafts must be identified on the consent, such as "Bone graft from either iliac crest" or "Skin graft from left thigh".

5. Blood consent should be completed and signed

6. When an emergency procedure is done without consent, a note of explanation must be written in the patient chart before the patient enters the OR. Two physicians must also sign the Consent. An Incident Report form will also be initiated to inform the Risk Management Department.

7. All patients who have the potential to receive blood during surgery must also be given the information brochure and complete a Transfusion Information Form. Same Day Surgery patients will have the brochure and form placed on their charts during the pre-admission process. Inpatient units have the necessary brochure and forms available for distribution to these patients.

History and Physical Examinations - Heart and Lung Update:

All patients having surgical intervention must have a History and Physical examination done during the current hospitalization on the chart prior to the patient entering the Operating Room. If the History and Physical was done more than 24 hours prior to the date of surgery, a Heart and Lung Update must be present on the chart. The nursing staff will also request that a current Heart and Lung Update be completed.

Preoperative Screening:

Patients having surgery will have a preoperative work-up in the appropriate Clinic. Admission orders if indicated need to be completed and available in the Clinic prior to the patient's visits. At this time, all preoperative lab tests, radiological studies and EKG's will be completed also. The patients receive Preoperative Education and view several videotapes dealing with basic preoperative procedures. All Patients must also be seen by the Anesthesia Department in Room 213 in the 100 Clinic Building, or the morning of surgery in S217.

Anesthesia Information:

Patients scheduled for surgery should have the following workup for general, local/standby or regional anesthesia.

1. All patients will have lab work done according to anesthesia guidelines.

2. If there is a possibility that blood may be needed during surgery or if there have been previous transfusions, especially if there is a history of irregular antibodies, a TYPE AND SCREEN should be ordered on Form R-270, Miscellaneous Slip. The lab will keep the blood sample of the type and screen for 3 days.

3. Adults over the age of 50 who have had a previously normal EKG and no symptoms of cardiac abnormality may have an EKG ordered at the discretion of the physician. In the event of a previous abnormal EKG or symptoms of a cardiac abnormality, an EKG completed within 48 hours of the date of surgery must be available to the anesthesiologist. All requests for preoperative EKG's should show in RED, the date of the scheduled surgery and should be scheduled by telephone two days prior to surgery. Chest x-rays and EKGs are valid for 6 months if there are no medical changes.

4. For adult patients under the age of 50, the preoperative chest X-ray may be done at the discretion of the physician. For patients over the age of 60, a preoperative chest X-ray should be completed. All requests for preoperative X-rays should show in RED the date of the scheduled surgery.

5. Children under the age of 18 who are scheduled for oral-facial surgery should have a baseline EKG completed on the first hospital admission. All children with Downs Syndrome should have a baseline EKG on the first admission, regardless of type of surgery scheduled. All children scheduled for spinal fusion procedures must have a

current EKG available. All children with muscle diseases must also have a current EKG available.

6. All new patients under age 18 should have a baseline preoperative chest X-ray. Children scheduled for repeated laryngoscopy and bronchoscopy procedures do not need a preoperative chest X-ray unless clinically indicated. If a previous chest X-ray is negative, a new study does not need to be done preoperatively for at least two years, unless clinically indicated. Any questions regarding advisability of obtaining a preoperative chest X-ray should be referred to the Pediatric Service for evaluation.

7. All patients with respiratory problems and a BMI over 35 should have a pulmonary evaluation and possible sleep study preceding surgery. Results of any pulmonary studies must be on the chart when the patient arrives for surgery. Patients for whom pulmonary consultation has been requested should be presented for preoperative anesthesia evaluation with the report of the pulmonary consult AND any recommendations made. Requests for preoperative consultations should show the scheduled date of surgery and the Pulmonary Service should be notified by telephone a minimum of two working days before surgery.

8. Patients who are scheduled for local/monitoring and local anesthesia require only a current History and Physical Examination and an informed consent. Local/monitoring involves the anesthesia department and vital signs and symptoms of dysreflexia are monitored. No anesthesia of any type will be administered. Local anesthesia only does not involve the anesthesia department. All monitoring will be done by the nursing staff. The surgeon administers local anesthesia.

Surgical Site:

Marking the surgical site will be done by the attending surgeon prior to entering the Operating Room.

Antibiotics:

All clean surgery patients require antibiotics ordered and given within one hour of cut time prior to surgery. The hospital monitors the antibiotic usage as a pre-operative order following the recommendations CMS, Joint commission, DHS of the CDC. Pre-op antibiotics should be given 1 hour prior to the incision made and the antibiotic should be stooped within 24 hours post procedure. If the clinical condition of the patient does not follow this recommendation, please document in the chart the reason and why unable to follow recommendations.

Surgical Attire:

NO street clothing or scrub uniforms from other facilities may be worn in the Operating Room. Shoe covers may also to be worn. All hair, including beards and sideburns must be confined by head covering and several types are available in the dressing room in addition to shoe covers and scrub uniforms. Please secure your valuables, including your books and papers and clothing while you are in surgery. It is the policy of the Surgery Department that OR scrub uniforms be confined to the Operating Room only.

Total Joint Procedures:

Due to the susceptibility of this type of patient to infection, traffic is restricted and observers are discouraged. You are expected to change surgical attire between procedures.

Application and Removal of Casts:

Patients scheduled for surgical procedures that have existing plaster or fiberglass casts must have their cast bivalved on the unit or in the Preop Holding Area (S217). However, if a patient

requires a general anesthetic to remove a cast, the procedure must be scheduled in the same manner as other surgical procedures.

Plaster carts are not permitted in the Operating Room until all surgical wounds have been closed and properly covered with surgical dressings.

Medical Imaging Requests:

All intraoperative radiology procedures need to be indicated on the Schedule Request. A physician having an X-ray license on file in the offices of the Medical Director and Nurse Manager must be physically present in the Operating Room when the image intensifier is in use. This is a requirement of the State of California.

Observers In Surgery:

We welcome visiting physicians and medical students. Please advise the charge nurse when you have invited someone to observe or assist in surgery, preferably at the time the operation is scheduled. All physicians must have privileges on file in the Medical Director's Office prior to scrubbing for any surgical procedure. The Attending Surgeon must clear all requests for visitors. This prior approval and notification of the Operating Room staff will eliminate unnecessary, embarrassing questions.
Untrained personnel have little knowledge of aseptic technique and must be kept under observation at all times and the number will be restricted. No one will be permitted to scrub or assist during any surgical procedure without prior knowledge of aseptic and surgical scrub technique.
Personnel wishing to observe total joint replacement procedures must observe from the viewing gallery.

Attending or Staff Surgeon:

Please notify the Operating Room staff at the control desk of your arrival. Attending or Staff Surgeon will need to go to outpatient holding and complete any incomplete charting and mark the surgical site. There will be no exceptions.

Pediatric Surgery:

It is strongly recommended that all pediatric surgical procedures be scheduled early in the day to prevent dehydration of the child.

Surgical Specimens:

ALL TISSUE AND HARDWARE must go to the Pathology Department for identification. This is a Rancho policy and there are NO exceptions. However, if you need specimens for the purpose of research or teaching contact the Pathology Department and inform the Pathologist of your need and they will return the specimen to you.

Record of Operation:

Dictation of the surgical procedure should be completed within 24 hours post-surgery. The main Record of surgery is documented electronically by the attending surgeon or his designee. The brief OP note form should be completed by the attending surgeon and all the sections completed.

Postoperative Orders:

Physician's orders must be written prior to the patient's arrival in PACU. "Resume pre-op orders" is not acceptable.
Communication with Patients' Families:

The waiting area is in the lobby of the first floor. There is a telephone at the control desk with a direct line to a volunteer assigned to the area. A note will be placed on the board next to the telephone informing you of the names of the families in the waiting room.

INFORMED CONSENT FOR PROCEDURES

The following are guidelines for obtaining informed consent and should be followed on all patients scheduled for surgical procedures at Rancho. They insure that the patient is given informed consent about the possible complications of surgery as well as the benefits, and that you have discussed alternative treatment methods.

1. The complications must be explained by a physician on the service and not a nurse or member of the clerical staff.

2. The consent should be filled out in clear terms understandable to a lay individual. If it is service policy to have the consent typed, you must indicate to the secretary the correct language. Abbreviations are not allowed. The right or left side must be indicated. Donor sites must be indicated for bone and skin grafts.

3. Many Rancho patients do not speak English. The surgery must be explained in the patient's native language via an interpreter and the interpreter must be indicated on the informed consent. If the patient speaks Spanish, you must complete the Spanish portion of the informed consent sheet found on the opposite side of the routine form.

4. Patients who are not able to give informed consent because of coma, mental confusion or psychiatric disturbance must have prior clearance. Surgery may be performed on an emergency basis by signature of two staff physicians on the special emergency consent form (blue sheet). This form must be completed prior to the patient entering the Operating Room. The preoperative progress note should clearly state why the emergency must be performed, i.e., what is the life threatening complication. Check with each service policy regarding this type of patient.

Patients will not be taken into the Operating Room from the preoperative area unless sufficient documentation is provided on the chart.