

VALLEYCARE
OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
ANGIOGRAPHY SUITE/CARDIOLOGY DIVISION
POLICY & PROCEDURE
PACEMAKER/AICD IMPLANTATION

NUMBER: 1915
VERSION: 1

SUBJECT/TITLE: ELECTROSURGICAL SAFETY

MD ORDER: Yes () No (X)

POLICY: In all cases involving the use of electrosurgical equipment, patients and personnel must be protected from hazards associated with electro surgery.

PURPOSE: To ensure the safe and proper functioning of the electrosurgical equipment.

DEPARTMENTS: All

PROCEDURE: I. PREOPERATIVE PREPARATION

- A. Equipment.
 - 1. All electrosurgical units must have been inspected by hospital biomedical personnel prior to use in the cath lab.
 - 2. An inspection sticker indicating date of inspection must be attached to the electrosurgical unit.
 - 3. Inspection of the electrosurgical unit must be performed at least annually.
 - 4. Only electrosurgical units with current inspection may be used.
 - 5. Electrosurgical units are not operated in the presence of flammable agents.
- B. Personnel who handle or operate electrosurgical equipment must be familiar with operation of equipment and necessary safety precautions.
- C. Only properly functioning electrosurgical equipment is used.
- D. Prior to the surgical procedure, electrosurgical unit performance check is made.
 - 1. The electrosurgical unit is checked for current inspection sticker from Biomedical Engineering.
 - 2. All cords are inspected for integrity.
 - 3. The alarm systems are checked and audible.
 - 4. Power settings are set as low as possible.

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5. Placement of electrosurgical footswitch in a clear impervious cover to protect footswitch from fluid spillage during particular surgical procedure.

II. INTRAOPERATIVE SAFETY

- A. Safety precautions must be taken when a dispersive electrode is applied.
 1. Only dispersive electrodes that have not exceeded the expiration date are used.
 2. Dispersive electrode must be appropriate size for patient age and weight.
 3. Dispersive electrode must be placed securely on patient after patient is positioned.
 4. Dispersive electrode must be placed over area of good blood supply, avoiding:
 - a. Bony Prominences.
 - b. Scarred/fatty areas.
 - c. Metallic implants.
 - d. Close to site
 5. For patients who have a pacemaker or who are undergoing pacemaker implantation and who will be subject to electrosurgery, the pacemaker manufacturer should be consulted to determine necessary safety precautions for electrosurgery.
- B. Safety precautions are taken during the procedure.
 1. Dispersive electrode contact is checked when patient is repositioned.
 2. Cord connections and dispersive electrode contact are checked when higher than normal settings are requested.
 3. Active electrodes are maintained on the field in nonmetallic containers.
 4. During surgical procedures involving the patient's face or head, if possible, the technique of draping should be wide to expose the whole head in order to allow supplemental oxygen, as administered by face or nasal prong, to disperse. If possible, during MAC anesthesia, local anesthesia with epinephrine should be used to minimize the need for electrocautery.
 5. During surgical procedures involving the patient's face or head, the electrosurgical handpiece will remain off the operative field until a discussion/communication between the surgeon and anesthesia has taken place regarding any oxygen that may be in use or needed to be used to verify that it is safe to use electrocautery.

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6. Electrocautery pencil placed in the electrocautery holster when not in use.

III. POSTOPERATIVE SAFETY

- A. Patient safety.
 1. Following surgery, the dispersive electrode is removed gently.
 2. The skin under the dispersive electrode is inspected for integrity.
- B. Equipment.
 1. All disposable active electrode tips are secured in impervious container.
 2. Electrosurgical unit power settings are set as low as possible.
 3. Power cords are unplugged and secured.
 4. Malfunctioning equipment is removed and reported to appropriate personnel.

IV. DOCUMENTATION

1. Manufacturer model and serial number of electrosurgical unit.
2. Identification and lot number of dispersive and active electrodes.
3. Site of dispersive electrode placement.
4. Clipping of dispersive electrode placement site when applicable.
5. Identification of person performing clipping.
6. Condition of skin following clipping.
7. Condition of skin prior to dispersive electrode placement and following removal.

References:	
2008 AORN Standards and Recommended Practices	
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