Operating Room Exam Content Outline

Exam Objective:
To measure the overall knowledge of the Operating Room Registered Nurse in the Perioperative setting (Preoperative, Intraoperative, and Postoperative).

Knowledge Domains - Operating Room Exam

- Emergency Management/Anesthesia: 14%
- Infection Control: 6%
- Interdisciplinary Communication: 10%
- Intraoperative Responsibilities: 14%
- OR Professional Practice: 6%
- OR Safety/Environment of Care: 12%
- Postoperative Responsibilities & Pain Management: 6%
- Preoperative Responsibilities: 31%

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I. Emergency Management/Anesthesia
   A. Knowledge of general anesthesia complications such as laryngospasm.
   B. Knowledge of malignant hyperthermia:
      1. Pathophysiology
      2. Signs and symptoms
      3. Risk factors
      4. Treatment
   C. Knowledge of prioritizing in emergency situations.
   D. Knowledge of principles of fire safety and prevention throughout the perioperative setting.
   E. Knowledge of common anesthesia medications and their effects/responses.
   F. Knowledge of effects of anesthesia and levels of consciousness:
      1. General anesthesia
      2. Minimal sedation/analgesia
      3. Moderate sedation/analgesia
      4. Deep sedation/analgesia
   G. Knowledge of principles of assisting anesthesia.
   H. Knowledge of ASA (American Society of Anesthesiologists) classifications (scale at end of content outline) in which perioperative nurses may safely and independently participate in sedation activities.

II. Infection Control
   A. Knowledge of standard precautions and proper use of personal protective equipment for scrubbed and non-scrubbed personnel.
   B. Knowledge proper surgical attire for scrubbed and non-scrubbed personnel.
   C. Knowledge of assessment findings that indicate infection.
   D. Knowledge of surgical site contamination from surgical instruments.
   E. Knowledge of principles to set up, maintain, and assess sterile field utilizing aseptic technique.
   F. Knowledge of actions of disinfectants and cleaning agents.
   G. Knowledge of handling hazardous material and cleaning.

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H. Knowledge of communicable diseases:
   1. Transmission-based precautions (Contact, Droplet, and Airborne)
   2. Environmental and infection control measures for cleaning

I. Knowledge of sterilization process and validation tests:
   1. Proper use of biological indicators
   2. Steam sterilization process

J. Knowledge of determining surgical wound classifications (per CDC guidelines):
   1. Clean
   2. Clean contaminated
   3. Contaminated
   4. Dirty

K. Knowledge of proper storage of sterile supplies:
   1. Temperature and humidity parameters

L. Knowledge of common ways of contamination of sterile fields and prevention methods for maintaining sterility.

III. Interdisciplinary Communication

   A. Knowledge of role and responsibilities of the RN in the perioperative setting.
   B. Knowledge of roles and responsibilities of team members.
   C. Knowledge of effective communication techniques with surgical team to promote patient and staff safety.
   D. Knowledge of safe medication administration in the perioperative setting, including but not limited to contraindications related to patient’s allergies.
   E. Knowledge of patient identifiers and how to confirm patient identity.
   F. Knowledge of HIPAA guidelines as it relates to perioperative setting.
   G. Knowledge of “time out” procedure and role and responsibility of the RN and team members.

IV. Intraoperative Responsibilities

   A. Knowledge of surgical needles frequently used the surgical setting.
   B. Knowledge of proper selection of pneumatic tourniquets.
   C. Knowledge of patient safety related to internal cardiac defibrillator.
D. Knowledge of common equipment used for surgical procedures as related to specific surgical procedures.

E. Knowledge of principles of counting sharps, sponges, and instruments as related to specific surgical procedures.

F. Knowledge of physiological patient responses to surgical procedures and anesthesia.

G. Knowledge of principles of anesthesia for surgical procedures, including desired effects of anesthesia.

H. Knowledge of ASA (American Society of Anesthesiologists) Physical Status Classification System (scale at end of content outline).

I. Knowledge of sharps safety during intraoperative setting.

J. Knowledge of treatment protocols for malignant hyperthermia.

K. Knowledge of rationale for monitoring patient’s temperature during surgical procedures.

L. Knowledge of pathophysioloogy of:
   1. Blood clotting process
   2. Hemostasis

M. Knowledge of methods and protocols for preventing venous stasis.

N. Knowledge of multiple positions used for different surgical procedures and techniques for patient safety.

O. Knowledge of safe medication administration:
   1. Dosage calculations
   2. Medication labeling protocols
   3. Pharmacology of common medications used in the surgical setting

P. Knowledge of blood and blood products administration including nursing interventions for adverse reactions.

Q. Knowledge of indications and desired outcomes for common surgical procedures.

R. Knowledge of proper placement of electrosurgical unit grounding pad.

S. Knowledge of principles and proper procedures of skin preparation for various surgical procedures, including contraindications related to patient’s allergies.

T. Knowledge of necessary documentation during perioperative setting.

U. Knowledge of advance directives, patient rights, and Do Not Resuscitate orders as they relate to the perioperative setting.

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V. OR Professional Practice
   A. Knowledge of delegating responsibilities to perioperative team members.
   B. Knowledge of recommendations of the Association for the Advancement of Medical Instrumentation.
   C. Knowledge of root cause analysis procedures and process improvement.

VI. OR Safety/Environment of Care
   A. Knowledge of normal parameters for operating room temperature.
   B. Knowledge of personal protective equipment for communicable diseases.
   C. Knowledge of principles related to safety and documentation in the operating room.
      1. Intraoperative radiation
      2. Fire safety
      3. Electrosurgical Instruments
      4. Count discrepancy
   D. Knowledge of procedures and processes taken in relation to environmental cleaning, spills, room turnover, and terminal cleaning.
   E. Knowledge of protocols for contaminated material.
   F. Knowledge of “time out” procedure and role and responsibility of the RN and team members.

VII. Postoperative Responsibilities and Pain Management
   A. Knowledge of hand-off procedure to next level of service, e.g. PACU.
   B. Knowledge of management of various tubes, catheters and drains used in the perioperative setting.
   C. Knowledge of common postoperative complications in relation to anesthesia.
   D. Knowledge of common postoperative complications in relation to the procedure and positioning.
   E. Knowledge of postoperative pain assessment.

VIII. Preoperative Responsibilities
   A. Knowledge of verifying surgical consent.
   B. Knowledge of verifying correct surgical site.

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C. Knowledge of principles and procedures for surgical counts.
D. Knowledge of principles of preoperative skin preparation (e.g. surgical scrub).
E. Knowledge of complete preoperative physiological assessment including but not limited to, lab results, secondary medical conditions, allergies, risk factors for complications, and medication history.
F. Knowledge of necessary equipment needed in preparation for specific surgical procedures.
G. Knowledge of complications related to compression stockings.
H. Knowledge of patient education related to common surgical procedures.
I. Knowledge of signs and symptoms related to substance abuse.

ASA Physical Status (PS) Classification System

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<thead>
<tr>
<th>ASA PS Category</th>
<th>Definition</th>
<th>Examples, including, but not limited to:</th>
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<tbody>
<tr>
<td>ASA PS 1</td>
<td>A normal healthy patient</td>
<td>Healthy, non-smoking, no or minimal alcohol use</td>
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<tr>
<td>ASA PS 2</td>
<td>A patient with mild systemic disease</td>
<td>Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 &lt; BM &lt; 40), well controlled DM/HTN, mild lung disease</td>
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<tr>
<td>ASA PS 3</td>
<td>A patient with severe systemic disease</td>
<td>Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA &lt; 60 weeks, history (&gt;3 months) of MI, CVA, TIA, or CAD/stents</td>
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<tr>
<td>ASA PS 4</td>
<td>A patient with severe systemic disease that is a constant threat to life</td>
<td>Examples include (but not limited to): recent (&lt;3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis</td>
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<tr>
<td>ASA PS 5</td>
<td>A Moribund patient who is not expected to survive without the operation</td>
<td>Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction</td>
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<tr>
<td>ASA PS 6</td>
<td>A declared brain-dead patient who organs are being removed for donor purposes</td>
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The addition of "E" denotes Emergency surgery. Source available at: www.asahq.org

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