
* ADDENDUM *

HACKETTSTOWN COMMUNITY HOSPITAL

Division of Nursing

Index: 7420.000
Addendum: # 11
Issue Date: June 1, 1993
Review Date: July 16, 1998

TITLE: **NURSING PROCESS**

- I. **Assessment:** The RN is required to collect, interpret, record and communicate pertinent data that is relevant to the patient's care in surgery. Each patient is assessed by the RN prior to arrival in OR I, II or III.
- A. Assessment data includes, but is not limited to the following:
1. Verification of patient identity
 2. Verification of procedure operative site, surgeon and consent.
 3. Evaluation of patient's physical status.
 4. Evaluation of patient's psychosocial status.
 5. Verification of allergies NPO status.
 6. Check for H&P, required and ordered lab results execution pre-op orders, results of ordered diagnostic tests.
 7. Communication and documentation:
 - a. Pertinent data will be communicated to appropriate health care professionals.
 - b. Documentation on the operative record will reflect care given, patient's response if applicable, and other observations.
 8. Surgical patients are reassessed upon transfer to PACU and when a change in condition or diagnosis occurs or for response to medication/treatment given.
- II. **Planning:** The RN utilizes data collected to plan for intraoperative nursing care by:
- A. Following standard procedures for surgical intervention along with preferences of surgeons and anesthesiologist when planning intraoperative care.
 - B. Assembles the necessary instruments, supplies and equipment for surgical intervention. Checks for proper functioning of equipment.
 - C. Utilizes all available resources in planning care and consults as necessary with resource persons, supervisor, physicians, etc.
 - D. Uses data collected to formulate nursing diagnosis about the health status and needs of the patient.

- E. Revises plan of care as necessary based on continuing assessment of the patient.
- F. Conveys plan of care of other members of the health care team.
- G. Involves patient and family/significant others in developing plant of care.

III. Implementation The RN provides direct care to patients to meet physical and psychological needs.

- A. Identifies priorities and executes nursing care accordingly.
- B. Provides emotional support and comfort measures.
- C. Gives information or explanations to patients and their families as warranted.
- D. Ensures and respects the patient's rights, privacy and dignity.
- E. Collaborates in implementing surgeon's plan of care.
- F. Coordinates in the implementation of the anesthesia management during the perioperative period.
- G. Functions as both scrub and circulating nurse.
- H. Assigns appropriate aspects of care to other members of the nursing team.
- I. Guides care given by others and coordinates activities.
- J. Documents intraoperative care.

IV. Evaluation

- A. the RN continuously evaluates the patient's response to nursing interventions and modifies the nursing care plan to achieve the desired outcome.
- B. Collaborates with other dsiciplines to revise the patient care according to the changing needs of the patient.
- C. Documents outcomes of patient care.

V. Education

- A. Patient/Family
 - 1. Communicates rational for nursing actions to patient/family.
 - 2. Collaborates with patient/family to assess learning needs.
 - 3. Refers learning needs to other team members as appropriate.

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B. Staff/Students

1. Functions as role model.
2. Contributes to learning experiences of others.
3. Assists paraprofessional and support staff to identify learning needs.
4. Participates in teaching and evaluating performance of paraprofessional staff.
5. Communicates rationale for nursing actions to staff and student.