

STANDARDIZED PROCEDURE

RN FIRST ASSISTANT (Adult, Peds)

I. Definition

This protocol covers the duties that a nurse first assistant assumes in the operating room. The RN First Assistant renders direct patient care as part of the perioperative role by assisting the surgeon in the surgical treatment of the patient. The responsibility of functioning as first assistant must be based on documented knowledge and skills acquired after specialized preparation and formal instruction. The purpose of this standardized procedure is to allow the Advanced Health Practitioner (AHP) to safely act as the RN First Assistant to the surgeon.

II. Background Information

A. Setting:

The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If the procedure is being done on a Pediatric patient, make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

B. Supervision:

The necessity of this procedure will be determined by the Advanced Health Practitioner in collaboration with the supervising physician or his/her designee. Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the Advanced Health Practitioner.

Direct supervision will not be necessary once competency is determined, as provided for in the procedure. The Advanced Health Practitioner will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Bleeding that is not resolved
3. Outcome of the procedure other than expected

C. Indications

To provide additional surgical support (exposure, hemostasis, suturing) in the Operating Room and Nursing Units to the attending surgeon.

D. Precautions/Contraindications

1. As indicated by patient condition (potential for hazardous conditions)
2. In the event the operating surgeon, during surgery, becomes incapacitated or needs to leave the OR due to an emergency, the responsibility of the AHP functioning as a First Assistant is to:
 - a. Maintain hemostasis, according to the approved standardized procedure.

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- b. Keep the surgical site moistened, as necessary, according to the type of surgery.
- c. Maintain the integrity of the sterile field.
- d. Remain scrubbed in appropriate attire (gown, mask, gloves, cap).
- e. Remain at the field while a replacement surgeon is being located.
- f. Direct the RN circulator to initiate the procedure for obtaining a surgeon in an emergency.

III. Materials

1. The following materials may be used directly or indirectly but are not limited to:
 - a. Suture materials & ties
 - b. Surgical instruments (retractors, forceps, scalpel, etc.)
 - c. Suction tip and equipment
 - d. Electrocautery unit
 - e. Dressings
 - f. Tape and steri-strips
 - g. Surgical sponges
 - h. Draping materials
 - i. Hemoclips
 - j. Stapler

IV. RN First Assistant Duties

A. Pre-treatment evaluation: Review the patient's case, understand indications for surgery being undertaken, understand intended plan for surgery and postoperative care.

B. Set up: when available, assist Operating Room staff in preparing patient for operative procedure including preop. teaching, positioning, placing I.V. catheters, prepping operative site, draping, and assembling needed equipment and supplies.

C. Prepare patient: as indicated by patient condition and procedure.

D. Perform procedure:

There are seven (7) processes that encompass the AHP's role as RN First Assistant in the Operating Room:

1. Assist with positioning, prepping and draping of the patient or perform there independently, if so directed by the surgeon. Participating in the time out prior to the procedure when applicable.
2. Provide retraction by:
 - a. Closely observing the operative field at all times.
 - b. Demonstrating stamina for sustained retraction.

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- c. Retaining manually controlled retractors in the position set by the surgeon with regard to surrounding tissue.
 - d. Anticipating retraction needs with knowledge of the surgeon's preferences and anatomic structures.
 - e. Provide retraction by the following measures:
 - i. Retracting tissues or organs by the use of the hand.
 - ii. Placing and holding surgical retractors.
 - iii. Packing sponges or laparotomy pads into body cavities to hold tissues and organs out of the operative field.
 - iv. Managing all instruments in the operative field to prevent obstruction of the surgeon's view.
3. Provide hemostasis by:
- a. Applying electrocautery tip to clamps or vessels in a safe and knowledgeable manner as directed by the surgeon.
 - b. Sponging and utilizing pressure as necessary.
 - c. Utilizing suction techniques.
 - d. Applying clamps on superficial vessels and the tying off, electrocoagulation of them as directed by the surgeon.
 - e. Placing suture ligatures in the muscle, subcutaneous, and skin layers.
 - f. Placing hemoclips on bleeders as directed by the surgeon.
4. Perform knot tying by:
- a. Having knowledge of the basic techniques.
 - b. Tying knots firmly to avoid slipping.
 - c. Avoiding undue friction to prevent fraying of suture.
 - d. Carrying knot down to the tissue with the tip of the index finger and laying the strands flat.
 - e. Approximating tissue rather than pulling tightly to prevent necrosis.
5. Provide closure of layers by:
- a. Correctly approximating the layers under the direction of the surgeon.
 - b. Demonstrating knowledge of different types of closure.
 - c. Correctly approximating skin edges when utilizing skin staples.
6. Intraoperative Tissue Manipulation
- The AHP will manipulate tissue and use surgical instruments during a surgical procedure as directed by the surgeon:
- a. Expose and retract tissue

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- b. Clamp and sever tissue
 - c. Grasp and fixate with screws, staples, and other devices.
 - d. Drill, ream, and modify tissue.
 - e. Cauterize and approximate tissue.
7. Assist the surgeon at the completion of the procedure by:
- a. Affixing and stabilizing all drains.
 - b. Cleaning the wound and applying dressings.
 - c. Assist with applying casts, plaster splints or other devices as indicated.

E. Post-procedure:

1. The AHP acting as First Assistant may be dismissed from the operating theater once an adequate replacement is present (physician).
2. The AHP will assist with patient recovery, transportation, admission to destination nursing unit when needed.

F. Follow-up treatment:

1. The AHP will continue to round on surgical patients and assist in their management as directed by the attending physician on the Surgery Team or his/her designee.

V. Documentation

A. Documentation is in the electronic medical record

1. Written record reflects the presence and role of the AHP in the Operating Room record by the Attending Surgeon.
1. All abnormal findings and patient responses are reviewed with the supervising physician.

VI. Competency Assessment

A. Initial Competence

1. The Advanced Health Practitioner will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
2. The Advanced Health Practitioner will demonstrate knowledge of the following:
 - a. Medical indication and contraindications of RNFA
 - b. Risks and benefits of the procedure
 - c. Related anatomy and physiology
 - d. Consent process (if applicable)
 - e. Steps in performing the procedure

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- f. Documentation of the procedure
 - g. Ability to interpret results and implications in management.
3. BCLS certification
 4. ACLS certification - optional
 5. Training in the processes of RN First Assistant Duties in an accredited graduate nursing program
 6. Completion of an approved RNFA course.
 7. Completion of 120 hours of proctored instruction in the Operating Room with a qualified surgeon.
 8. Advanced Health Practitioner will observe the supervising physician perform each procedure three times and perform the procedure **three** times under direct supervision.
 9. Supervising physician will document Advanced Health Practitioner's competency prior to performing procedure without direct supervision.
 10. The Advanced Health Practitioner will ensure the completion of competency sign off documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

B. Continued proficiency

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.
2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioner must perform this procedure at least **three** times per year. In cases where this minimum is not met, the attending, must again sign off the procedure for the Advanced Health Practitioner. The Advanced Health Practitioner will be signed off after demonstrating 100% accuracy in completing the procedure.
3. Demonstration of continued proficiency shall be monitored through the annual evaluation.
4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

VII. RESPONSIBILITY

Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.

VIII. HISTORY OF PROCEDURE

Revised June 2012 by Subcommittee of the Committee for Interdisciplinary Practice
Reviewed June 2012 by the Committee on Interdisciplinary Practice
Prior revision October 2008

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Approved June 2012 by the Executive Medical Board and the Governance Advisory Council.

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