

# Sanctioned medical acts in the operating room

By Theresa Markowski, R.N.

Operating room nursing has become a highly technical area requiring special training and education. Once this preparation has been achieved, on-going instruction is necessary in order to maintain the required levels of knowledge, skill and judgement.

Through planned nursing interventions and actions, surgical patients are assured quality care when undergoing surgery. Operating room nurses are responsible for providing a safe, efficient and caring environment, one in which the surgical team can function and in which the outcome for the patient can be as positive as possible.

It is essential that registered nurses and registered nursing assistants/O.R.Ts. in the operating room practice within the ethical, moral and legal standards of practice for the profession.

## Nursing models

The functions of the nurse in the operating room are based on a "Conceptual Nursing Model. These functions are organized so as to be consistent with the nursing process. The nurse functions within the Health Disciplines Act, the Standards of Nursing Practice for Registered Nurses and Registered Nursing Assistants, the College of Nurses of Ontario or related organization in the various provinces, and the International Council of Nurses (ICN) Code: Ethical Concepts Applied to Nurses.

The following qualifications are those which a registered nurse coming to the operating room must develop beyond the minimal level. They are considered essential to the interest of the patient and to the effective functioning of the team:

- a) ability to demonstrate technical competence;
- b) ability to plan and organize work for self and other members of the nursing team;

- c) ability to supervise nursing team members;
- d) ability to identify the legal implications of nursing practice in the operating room;
- e) ability to identify situations requiring change and, to be a changing agent;
- f) ability to identify and meet educational needs for self and others;
- g) ability to work effectively with a variety of workers and disciplines.

## Policy guidelines

Prior to June, 1981, acts in the practice of medicine which physicians could delegate to nurses were listed in the publication "Statement re: Policy and Procedures for Registered Nurses, Nursing and Technical Personnel." In June, 1981, this document was replaced by "Policy Guidelines re: Delegation of Acts in the Practice of Medicine." The new Policy Guidelines are a publication of the College of Physicians and Surgeons of Ontario (CPSO). They were prepared in co-operation with the College of Nurses of Ontario, the Registered Nurses Association of Ontario, the Ontario Hospital Association, and the Ontario Medical Association.<sup>1</sup>

Although only one province (Ontario) has been considered with regard to acts which have been sanctioned for delegation, and the documentation of such acts may vary from province to province, the underlying principles in relation to the practice of the act remain unchanged.

## Standards

In the "Standards of Nursing Practice for Registered Nurses and Registered Nursing Assistants" published by the College of Nurses, nursing skills

and guidelines are clearly defined:

1. Delegated medical acts (or special procedures) are acts which the College of Physicians and Surgeons has decided that physicians are permitted to delegate (under certain conditions);

2. Sanctioned Medical Acts are those delegatable acts which the College of Nurses has sanctioned for its registrants; that is, which the College of Nurses agree that its registrants may accept, if they receive appropriate additional training.<sup>2</sup>

3. Added nursing skills are acts in the practice of nursing for which the basic nursing program provides neither specific theory nor clinical practice. Registrants therefore cannot be expected to perform them without instruction and (at least at first) supervision.<sup>3</sup>

## Maintaining competency

Since procedures designated as being appropriate for specially trained nursing personnel are not included in the curriculum of basic nursing programs, it must be expected that special instructions approved by the medical authorities will be provided for those persons selected and willing to meet the requirements to become competent.

For the protection of all involved, it is advisable that the clinical department(s), the department of nursing and the administration of the hospital jointly approve the implementation of sanctioned medical acts or added nursing skills, and establish a protocol to verify the competency of the specific individual. Provisions must be made for the nurse to develop the appropriate knowledge base and technical skills through formal, standardized educational programs, and to maintain competence if tasks are carried out on an irregular and infrequent basis.

## Approved medical acts

In the interpretation of sanctioned medical acts as they apply to the surgical nurse, some acts have been approved for delegation to registered nurses and registered nursing assistants. They are listed below.

### • Technical assistance at operations

The provision of the following technical assistance to a physician who is present in the operating room by a designated person in a hospital for a surgical operation designated by the medical authority:

- Place retractor
- Cauterize vessels, clip, and/or ligate vessels
- Irrigate operative site
- Apply force to bone-cutting instruments
- Insert and remove packing sponges
- Insert drains
- Suture subcutaneous tissue and close skin
- Cut tissue identified by physician<sup>4</sup>

**Note:** In the May, 1989 "College Communique," revisions by the CPSO in consultation with the CNO were made regarding Technical Assistance at surgical operations. Previously identified medical acts are no longer considered exclusively within the practice of medicine. They have, with the exception of "suture subcutaneous tissue and close skin," been added to the added nursing skills list. The decision as to when the act will be performed will continue to require a physician's order and will be performed under direct supervision of the surgeon.

### • Responsibility and delegation

Some hospitals may elect to have the nurse in the operating room carry out all or some of these tasks. The department of nursing and the physician will decide which technical tasks the nurse may practice and will authorize the nurse once competence has been achieved. If, however, there is no suitably qualified person available to carry out the act, the act may not be delegated. The College of Nurses emphasize two points in relation to this:

#### 1. Delegation is individual.

A sanctioned medical act which an agency has approved for delegation, is not delegated to all nursing staff in that agency. It is delegated to specifically named individuals working in specific areas within the agency. Only those individuals would carry out the procedure and then, only after suitable training.

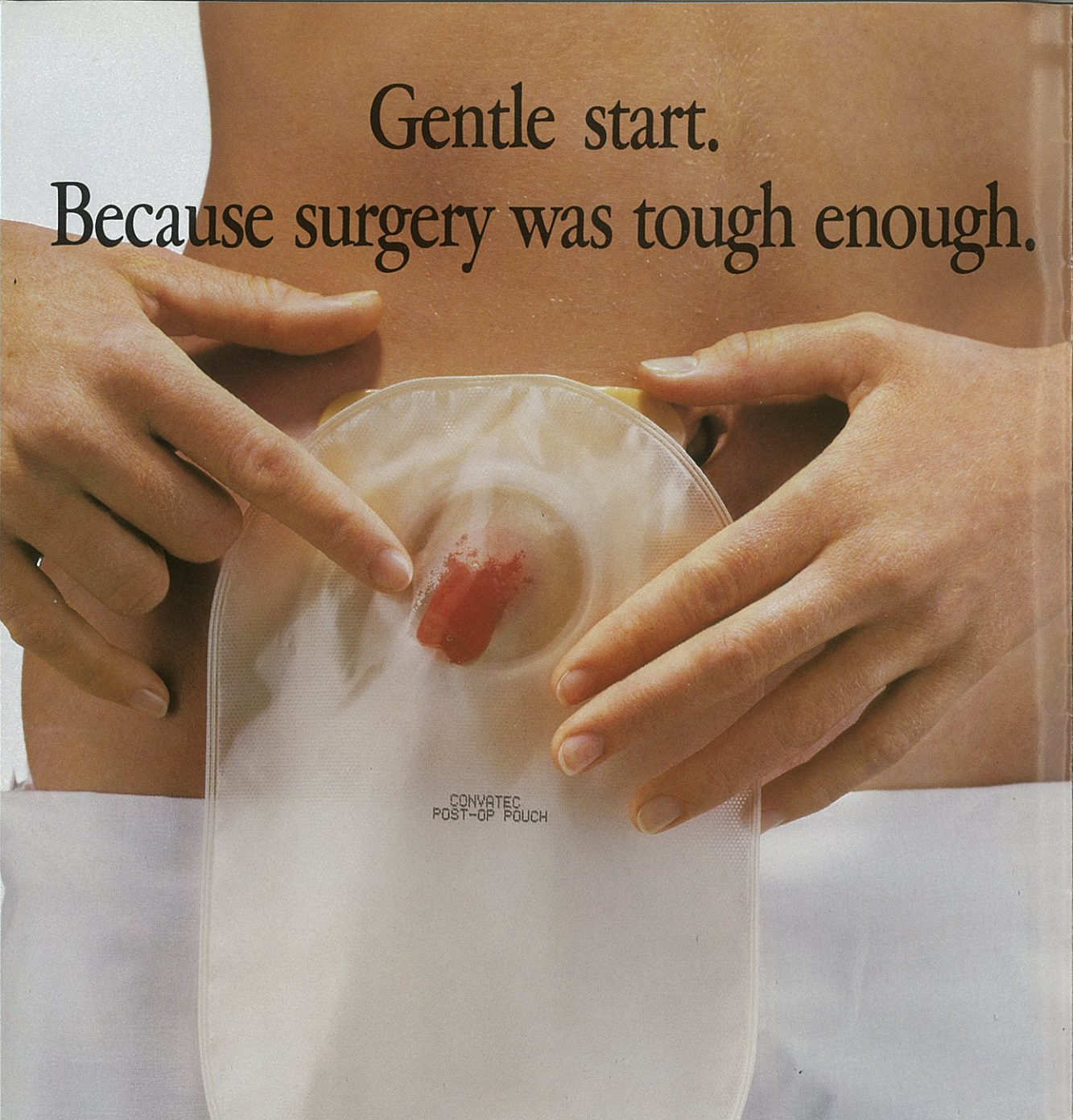
#### 2. Responsibility is not delegated.

The carrying out of a delegated act upon a patient is jointly the responsibility of the physician who delegates the act, the person who carries it out, and the agency which permits the delegation.

The physician is responsible for delegating to a suitable person. If anything goes wrong, the physician must be able to demonstrate that he/she had good reason to believe that the person selected to carry out the act was properly prepared to do so.

The agency is responsible for selecting suitable people to carry out such delegated acts and for providing them with the necessary training or for re-

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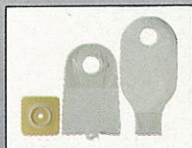
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fusing to allow the delegation.

The person who carries out the act is responsible for ensuring he/she is able to carry it out safely, or for refusing to undertake it.<sup>5</sup>

### Program development

Once the delegated/sanctioned medical act(s) to be carried out have the approval of the medical advisory committee and the hospital board, it is important to identify the person or persons to whom the act will be delegated, to assess the knowledge and experience of the candidate, and to appoint a physician or clinical instructor who will be responsible for teaching the act. A program for each act must be developed. Considerations for developing the program include:

- a) Content - to include theory and practice.
- b) Nature and purpose of procedure.
- c) Conditions specific to the individual unit under which the procedure is delegated.
- d) Associated knowledge base - i.e., anatomy and physiology, pharmacology.
- e) Indications and contraindications.
- f) Risk factors and potential complications and management of complications.
- g) Recognition of methods for notifying the physicians of complications.
- h) Teaching techniques - i.e., demonstrations and supervised "hands-on" training.
- i) Skill evaluation criteria.
- j) Certification process must be formal and should include: (1) verbal and written testing, (2) evaluation of actual "hands-on" return demonstration.
- k) Defined re-certification process *may* include

both the above, but *must* include the latter.

### Record keeping

Records must be kept and must include the hours of instruction, certification and re-certification and the name of the physician who delegates the act. Re-certification is recommended on a yearly basis to maintain competency. A copy of the certificate should be sent to the department of nursing and to the nurse certified. A list of nurses authorized to perform sanctioned medical acts should be maintained on the medical unit for reference purposes.

Through the credentials committee, the hospital board should also be made aware of the nurses who are competent and approved to carry out the sanctioned medical acts.

### Certification

Staff newly hired at the hospital, who have a certificate for a given act from another hospital, may challenge the recertification process. If successful in passing, that staff member will not be required to take the full training, but will be required to be certified. The final factor to consider in order to facilitate ongoing quality assurance, is a definitive plan to evaluate the program and the learner.

In the operating room, the "sanctioned medical acts" or added nursing skills may be written in the format of a policy, followed by the procedural steps. The following are examples of a format that may be used for two medical acts as they apply to technical assistance at surgical operations:

- (1) Placement of a retractor
- (2) Irrigating the operative site

## Technical assistance at surgical operations

### I. Place retractor

#### Policy:

Scrub nurse is required to place retractor in superficial wounds under the surgeon's guidance.

Scrub nurse is required to hold retractor in deep body cavity, following placement by the surgeon.

#### Procedure:

1. Choose retractor of appropriate size in relation to the tissue to be retracted, i.e., length, width.

#### Purpose:

To assist the surgeon during a surgical procedure by retracting tissue in order to maintain the greatest possible access, and obtain an optimal field of vision, in order to facilitate the surgical procedure.

#### Rationale:

- If blade length and width of retractor is inappropriate in relation to the tissue to be retracted: (Cont'd)

2. Observe tip location of retractor in wound.

3. Scrub nurse should maintain a continuous, constant pressure with the retractor while retracting. (Degree of retraction determined by the surgeon).

4. Moist, warm sponges should be provided during deep abdominal retraction.

5. Superficial retractor may be placed by the scrub nurse in field of vision, under surgeon's guidance.

6. Deep retractors are placed by surgeon and held there by the scrub nurse.

7. Retractor must not be removed until directed by the surgeon.

- Obstruction in viewing of operative site
- May cause pressure or damage to friable tissue, nerves, blood vessels or surrounding organs
- Difficult for the scrub nurse to maintain accurate precision when retracting

- To avoid pressure or damage to friable tissue, nerves, blood vessels or surrounding organs

- If retractor slips during sharp dissection, injury to surrounding tissue and organs may occur

- Potential danger of nerve damage if excess pressure applied

- Excess force may cause hematoma or swelling

- Insufficient force will decrease field of view

- Prevent the impediment of blood flow to blood vessels and surrounding organs

- Prevent injuries to wound edges by retractor blade

- Prevent injury to surrounding organs, nerves and blood vessels

- Provide warm, non-adhering sponge to pack-off surrounding organs

- Scrub nurse can identify wound edges and place retractor, as directed, to assist surgeon

- Scrub nurse is removed from the area of direct view. The placement of retractor by the scrub nurse could result in injury to tissue

- Surgeon may be at a critical stage in procedure. The removal of retractor prior to requested time may interfere with surgeon's direct line of view and/or cause injury to operative area

## II. Irrigate operative site

### Policy:

Scrub nurse is required to provide irrigation in the operative site with irrigation solutions designated by the operating room surgeon.

### Procedure:

1. Irrigation solutions must be mixed according to the surgeon's directions.

2. Irrigation solutions which have been mixed by the scrub nurse should be labelled according to the contents and to the ratio of medication to solution.

### Purpose:

To facilitate a clear field of vision

To assist the surgeon in identifying bleeding points

To irrigate septic wounds with antibiotic solutions

To prevent osteogenesis and osteonecrosis when drilling of bone is employed

### Rationale:

- Improper mixing of solutions with drugs may cause injury to tissue, or be ineffective, according to the surgeon's desired intention

- To prevent mix-up of drugs and solutions on set-up, and ascertain proper dilution of irrigation solution to be used

3. Surgeon, circulating nurse and scrub nurse must all verify medications and solutions prior to mixing.

4. Anaesthetist must give consent for drugs which may alter effects of anaesthesia, i.e., adrenalin.

5. All irrigation solutions must be verified by the circulating and scrub nurses.

6. Irrigation solutions used intra-abdominally must be at body temperature.

7. Normal saline 0.9% may be used at room temperature during drilling procedures on bone.

8. Prepare irrigation solution in calibrated pitcher.

9. Irrigation delivered by pouring directly into operative site from basin, or by aspeto syringe

10. Suction must be readily available following the irrigation of the operative site

- Prevent wrong medication for patient delivery

- Prevent untoward effects in patients' cardiac output

- Double check the proper irrigation solution as per surgeon's request

- Hot solutions can cause burns to tissue, and cold solutions can cause neurogenic shock

- Solutions at room temperature will prevent osteonecrosis due to overheating of bone during drilling

- Prevent the migration of bone in adjacent areas of surgery which could cause osteogenesis

- Large size allows easy mixing and dilution if powdered drugs used

- Enables visual calculation of irrigation solution

- Ensures fast, easy delivery of irrigation solution

- To remove irrigation and debris from surgical site to facilitate viewing of operative site

## Conclusion

The role of the nurse in the operating room involves much more than expertise in the technical aspects. The opening statement from the I.C.N. Code for Nurses and its statement regarding Nurses and Practice are documents that more than adequately sum up our role as patient advocates in the O.R.

"The fundamental responsibility of the nurse is fivefold:

1. To restore health
2. To alleviate suffering
3. To promote health
4. To prevent illness
5. To create a spiritual environment

The nurse carries personal responsibility for nursing practice and for maintaining competence by continual learning."<sup>6</sup>

## References

1. The College of Nurses of Ontario, "Standards of Nursing Practice for Registered Nurses and Regis-

tered Nursing Assistants;" pg. 40, 1987.

2. Ibid, pg. 40

3. Ibid, pg. 19

4. Ibid, pg. 50

5. Ibid, pg. 41

6. International Council of Nurses, Geneva, Switzerland, 1973; also, International Nursing Review; 20 (1973): 132.

7. College of Nurses of Ontario, "College Communique," 12, 13, May, 1989.

## About the author

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