CANADIAN
OPERATING ROOM
NURSING JOURNAL
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Elevating the Field of Perioperative Nursing

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President's Message

"If you want to go fast - travel alone,
If you want to go far – travel together."
- Massai African Tribe legend

The Association of periOperative Registered Nurses' (AORN) Past President, Jeannie Botsford, cites Tecker for a definition of strategic planning as "the process of identifying key activities and innovative occurrences that will guide and move the organization forward".[1] The ORNAC leaders of the past laid the foundation for the organization's success through strategic planning. Your current leaders, recognizing the importance of the strategic planning activity, began the formal process in August 2010. The Executive and representatives of the provinces and affiliate groups examined the external realities affecting the association and reviewed the internal strengths that the provincial members bring to the profession.

At the fall Board meeting ORNAC Executive Director, Catherine Harley, presented the strategic plan that had been being refined since the summer meeting. Three strategic priorities have evolved from the discussions to date: demonstrate leadership in patient safety; enable best practices in perioperative patient care; and advance perioperative practice. The three priorities can be summarized as the vision statement "Leaders in perioperative practice and patient safety." Throughout December and January, the members of the provinces were invited to provide comments and critique in preparation for a further strategic plan revision. The final version, and the operational blueprint, will be presented to the Board at the Annual General Meeting on May 9, 2011.

The focus of the strategic plan is to determine what ORNAC needs to do in order to create a sustainable association. It became apparent, during the strategic work, that we cannot predict where the health care industry is heading nor can we set our sites on a fixed point as such a target might not exist in the next few years. It became evident that future success will depend on the ability to be innovative and to foster relationships with key professional perioperative partners – especially the ORNAC membership. Our future also lies in demonstrating and promoting our value to patients, to the community of perioperative practitioners, and to healthcare decision makers.

As your President I challenge every member of each province to actively engage in the process of strategic planning. It all begins with you! I also want to hear your thoughts on strategic planning for the association. We are all part of the ORNAC team and, as such, all have the responsibility to plan for the future.

ORNAC's evolution over the years has been phenomenal and I am truly privileged to have been a part of the journey. My term as President will conclude at the 22nd National conference in Regina, SK. On page 18 is my invitation for each of you to attend. The National Conference Planning Committee has coordinated a fantastic event – educational sessions with outstanding presenters, social activities that will showcase the hospitality of the province, and the opportunity to network with colleagues. ORNAC is very grateful to our industry partners who have continued the tradition of providing sponsorship and support for this event.

I hope to see you in Regina, SK, from May 8 to 13! I welcome your comments and can be reached at president@ORNAC.ca.

Bonnie W. McLeod

References

1. Botsford, J. "The past is a prologue to the future" AORN Journal. 67.1 (1998): 8.

Bonnie W. McLeod, RN, BScN, MN, CPN(C), is Clinical Nurse Educator - Perioperative, Fraser Health Authority, Ridge Meadows Hospital site, the ORNAC representative on the Canadian Patient Safety Institute, and the past Chair of the ORNAC Standards committee.

Mot de la president

« Si on regarde dans la bonne direction, on n'a qu'à continuer d'avancer. »
- Proverbe bouddhiste.

L'ancienne présidente de l'Association des infirmières et infirmiers autorisés en soins périopératoires (AIIASP), Jeannie Botsford, cite la définition de la planification stratégique qu'a fait Tecker, soit « le processus d'identifier les activités clés et les circonstances novatrices qui guideront et feront progresser l'organisme ».1 (traduction libre). C'est grâce à la planification stratégique que les précédents leaders de l'AIISOC ont jeté les fondations pour le succès de l'organisme. Reconnaissant l'importance de l'activité de planification stratégique, vos leaders actuels ont débuté le processus officiel en août 2010. Le comité exécutif et les représentants des provinces et des groupes affiliés ont étudié les réalités externes ayant des répercussions sur l'association et ont révisé les forces internes qu'insufflent les membres provinciaux à la profession.

Lors de la réunion du conseil d'administration de l'automne, la directrice générale de l'AIISOC, Catherine Harley, a présenté le plan stratégique qui avait été peaufiné depuis la réunion de l'été. Jusqu'à ce jour, trois priorités stratégiques se sont développées à partir des discussions : faire preuve de leadership dans le domaine de la sécurité des patients; encourager les pratiques exemplaires en soins périopératoires des patients et faire progresser la pratique des soins périopératoires. Ces trois priorités peuvent se résumer en un énoncé de vision : « Leaders dans la pratique des soins périopératoires et la sécurité des patients ». Tout au cours des mois de décembre et de janvier, les membres des provinces ont été invités à donner leurs commentaires et leurs opinions en préparation pour une nouvelle révision du plan stratégique. La version finale et le plan opérationnel seront présentés au conseil d'administration lors de l'Assemblée générale annuelle du 9 mai 2011.

Le plan stratégique vise essentiellement à déterminer les mesures que doit prendre l'AIISOC afin de créer une association durable. Lors du travail stratégique, il est devenu évident que nous ne pouvions prédire la direction que prendra l'industrie des soins de santé ni que nous pouvions avoir des vues sur un point fixe, étant donné qu'il se peut qu'une telle cible n'existe pas dans les années à venir. Il nous est apparu évident que le succès futur reposera sur notre capacité à innover et à forger des relations avec des partenaires clés en soins périopératoires – tout particulièrement les membres de l'AIISOC. Notre objectif futur dépend également de la façon dont nous démontrerons et ferons la promotion de notre valeur auprès des patients, de la communauté de praticiens en soins périopératoires et des preneurs de décisions dans le domaine de la santé.

En tant que présidente, je mets tous les membres de chaque province au défi de participer activement au processus de planification stratégique. Vous en êtes le point de départ! J'aimerais également connaître votre avis sur la planification stratégique de notre association. Nous faisons tous et toutes partie de l'équipe de l'AIISOC et, à ce titre, nous avons la responsabilité de planifier notre avenir.

Le développement de l'AIISOC au cours des années a été phénoménal et je me considère vraiment privilégiée d'y avoir participé. Mon mandat à titre de présidente se terminera à la 22e Conférence nationale à Regina, en Saskatchewan. Vous trouverez à la page 19 mon invitation pour y participer. Le comité de planification de la conférence nationale a coordonné un événement fantastique – des séances éducatives animées par de formidables présentateurs, des activités sociales qui vous feront connaître l'hospitalité de la province et l'occasion de réseauter entre collègues. L'AIISOC tient à remercier chaleureusement ses partenaires de l'industrie qui perpétuent la tradition d'offrir leur appui et leur parrainage pour cet événement.

En espérant vous voir à Regina, SK, du 8 au 13 mai! J'apprécie vos commentaires que vous pouvez m'envoyer à president@ORNAC.ca.

References

1. Botsford, J. "The past is a prologue to the future" AORN Journal. 67.1 (1998): 8.

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PRATIQUES EXEMPLAIRES POUR PRÉVENIR LES BLESSURES DE PRESSION ACQUISES EN MILIEU HOSPITALIER CHEZ LES PATIENTS OPÉRÉS

Auteures :

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RÉSUMÉ :

Bien que l'on considère que les plaies de pression acquises en milieu hospitalier et les blessures des tissus profonds puissent être évitées, elles continuent dans la plupart des cas de toucher de nombreux patients en installations de soins actifs. Pour de nombreuses raisons, les patients opérés risquent tout particulièrement de développer des plaies de pression acquises en milieu hospitalier, entre autres, à cause de leur immobilité lors des périodes intra-opératoire et post-opératoire. Les plaies de pression acquises en milieu hospitalier nuisent considérablement aux patients et prennent la forme de douleurs, de vulnérabilité accrue à l'infection et de retard dans la guérison. Les infirmières et les infirmiers en soins périopératoires doivent adopter une approche proactive et globale afin de protéger leurs patients des blessures de pression, y compris les plaies de pression acquises en milieu hospitalier et les blessures des tissus profonds.

Les normes de l'AIISOC relatives à cet article figurent dans la publication Normes, lignes directrices et énoncés de positions pour la pratique de soins infirmiers périopératoires autorisés (9e édition) de l'Association des infirmières et des infirmiers de salle d'opération du Canada (AISSOC) de juin 2009, section 3, p. 187-192, Normes 2.7; section 5, p. 300-2, Normes 1.1 et 1.3; et section 5, p. 304, Normes 2.14.

BEST PRACTICES FOR PREVENTING HOSPITAL-ACQUIRED PRESSURE INJURIES IN SURGICAL PATIENTS

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ABSTRACT

Hospital-acquired pressure ulcers (HAPUs) and deep tissue injuries (DTIs), while considered to be preventable in most cases continue to affect many patients in acute care facilities. Surgical patients have an especially high risk of developing HAPUs for several reasons, including immobility during the intraoperative and immediate postoperative periods. HAPUs are responsible for significant patient harm in the form of pain, increased susceptibility to infection, and delayed recovery. Perioperative nurses must take a proactive and comprehensive approach to protecting their patients from pressure injuries, including HAPUS and DTIs.

INTRODUCTION:

Hospital-acquired pressure ulcers (HAPUs) are preventable in most cases and yet this condition continues to have an impact on many patients in acute care facilities. Surgical patients have an especially high risk of developing pressure injuries for several reasons (see Table I for factors that increase the risk of pressure injury for surgical patients). Pressure ulcers are responsible for causing significant pain, an increased risk of developing hospital-acquired infections and delayed surgical recovery. HAPUs contribute to increased healthcare costs due to extended hospital stays and the expenses associated with treatment of the ulcers.[1]

What is a Pressure Ulcer?

The National Pressure Advisory Panel defines a pressure ulcer as an area of localized injury, on the skin and/or subcutaneous tissue, caused by external pressure alone or pressure in combination with shearing or friction.[2] Most pressure ulcers develop over bony prominences with the majority of HAPUs developing over the sacrum and the heels of the feet. Pressure ulcers are classified according to the extent of tissue injury[3] (see Table II).

Table I
Factors placing Surgical Patients at an Increased Risk of Developing Pressure Ulcers [4, 6, 7, 11]

Patient-intrinsic factors	• Pre-existing skin conditions (including fragile skin in elders) • Co-morbid conditions, including diabetes, peripheral vascular disease, heart disease and obesity • Poor preoperative nutritional status, especially protein deficiency • Low preoperative hemoglobin • Tobacco use • Patient transferred from another facility
Extrinsic factors	• Pressure • Friction • Shearing
Risks specific to surgical patients	• Immobility during the surgical procedure: procedures lasting longer than 2.5 hours are associated with an increased risk for developing pressure injuries • General and regional anesthesia suspend protective mechanisms that allow individuals to feel pressure-related sensations and to reposition themselves to relieve the pressure • Anesthetic agents may lower blood pressure and cause peripheral hypo-perfusion • Intraoperative hypothermia • The use of vasoactive medications during surgery
Risk specific to cardiac surgery patients	• Altered tissue perfusion due to extracorporeal circulation during the surgical procedure • Hemodynamic instability during the surgical procedure • The use of mechanical circulatory assist devices (intra-aortic balloon pumps and ventricular assist devices)

Table II - Pressure Ulcer Staging [2]

Stage I	Intact skin with non-blanching erythema of a localized area (usually over a bony prominence)
Stage II	Superficial ulcer involving partial skin loss affecting the epidermis and/or dermis
Stage III	Full-thickness skin loss accompanied by damage to subcutaneous tissue, does not penetrate the fascia
Stage IV	Full-thickness skin loss with significant destruction of underlying tissues, possible damage to muscle, tendons and bone
Deep Tissue Injury	Localized area of discoloured (usually maroon or purple) skin or blood-filled blister due to pressure/shearing injury of subcutaneous tissues. Changes in skin appearance may be preceded by skin at the site of the injury felling warmer or cooler, “mushy”, “boggy”, firmer than surrounding area. Area may be painful.

What is a Deep Tissue Injury?

The body’s various tissues range in their ability to tolerate pressure; muscle tissue is less tolerant of sustained pressure than skin and subcutaneous tissue. The most common type of intraoperative pressure injury, deep tissue injury (DTI), develops first in the muscle and subcutaneous tissue and spreads outward to the skin. DTIs have a very different appearance from pressure ulcers. DTIs initially manifest as a dark red, maroon or purple discolouration that is often initially misdiagnosed as a burn injury. Over the course of the early postoperative period DTIs tend to progress rapidly to develop necrosis of the affected muscle, subcutaneous tissue and skin.[4] The discolouration associated with deep tissue injuries may be visible at the completion of the surgical procedure or might not be apparent for several days. This can make it difficult for caregivers to determine the etiology of the injury.[5]

What are the Risk Factors for hospital-acquired pressure injuries?

Surgical patients are at risk of developing pressure ulcers due to a combination of intrinsic and extrinsic factors. Some pressure ulcer risk factors cannot be controlled (such as the patient’s age and overall health status) making it crucial that the perioperative nurse recognize and addresses the risk factors that can be controlled.[6,7,8]

How do pressure injuries develop?

Pressure and/or friction and shearing forces contribute to the development of intraoperative pressure injuries.[8] Pressure ulcers develop as the result of tissue damage caused by external pressure of sufficient intensity and duration to obstruct the capillary blood supply to the skin and muscle tissues. Obstructed blood flow causes an interruption of the flow of oxygen and nutrients to the tissue resulting results in cell ischemia which predisposes the patient to pressure-related skin breakdown.[9] The pressure exerted on the skin and underlying tissues is dependent on the patient’s weight and health status, the surgical position and the characteristics of the surface under the patient. Tissue tolerance for external

Continued on Page 22

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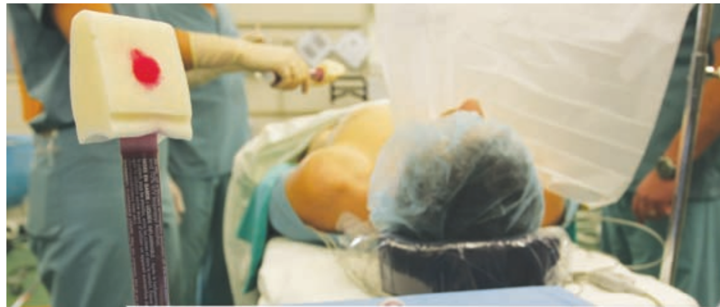

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-New England Journal of Medicine, January 2010

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[1] Darouiche, R.O., Wall, M.J., & Kamal, M.F. et al. (2010). Chlorhexidine-Alcohol versus Povidone-Iodine for Surgical-Site Antisepsis. New England Journal of Medicine, 362, 18-26.

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Dr. J. Judelson – « Greffe de membrane amniotique »
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Dr. Claude Laflamme & Gillian Graves – « Nouvelles recommandations de l'ICSP/ Des soins de santé plus sécuritaires maintenant! pour la prévention des ISO »
Team from the 2010 Olympics – « Les médicalistes olympiques »
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AUTRES SUJETS DONT LA PRÉSENTATION EST CONFIRMÉE :

- Traiter avec les différents degrés d'anxiété des patients
- Motivation à venir travailler
- Gestion stratégique
- Soins de santé verts
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- Recherche dans le domaine de la pratique des soins périopératoires
- Planification de la relève
- Compétences en salle d'opération
- Secours en Haïti
- Sécurité des patients
- Éducation en soins périopératoires
- Présentations internationales sur les soins infirmiers périopératoires presentations

Et bien plus!

Ne manquez surtout pas cette occasion de réseauter et de parfaire vos connaissances grâce aux spécialistes, mentors et praticiens pairs en soins périopératoires qui seront présents!
Visitez www.ORNAC.ca pour obtenir l'horaire quotidien détaillé du programme.

La Conférence nationale de l'AIISOC est l'événement idéal pour célébrer votre profession, partager vos connaissances et votre expérience et apprendre des meilleurs spécialistes du domaine.
La Conférence nationale de l'AIISOC vous permettra de participer à des séances éducatives abordant des sujets pertinents à la pratique des soins périopératoires et des soins de santé.
The La Conférence nationale de l'AIISOC vous donnera l'occasion de visiter la plus grande salle d'exposants de produits chirurgicaux en Amérique du Nord et d'acquérir des connaissances directes sur de nombreux produits chirurgicaux utilisés de nos jours.

Friends of African Nursing (Canada)

Author: *Mary Knight, RN, MN CPN(C) is Chair, FoAN (Canada); Past President, ORNAC; and Associate Member, MORNA.*

Perioperative nurse in Malawi receives a gift of protective eyewear.

Friends of African Nursing (**FoAN**) is a small UK-based charity that was founded in 2001 to help teach and train perioperative nurses in Africa. Entirely volunteer run, **FoAN** aims to create a legacy of sustainable educational resources for African nurses working in difficult conditions and without access to continuing education. Most perioperative nurses in Africa work in clinical conditions that would be unrecognizable to Canadian nurses. Operating rooms in Africa may have concrete floors, broken or no equipment, outdated sutures and supplies, and a lack of important items such as gloves, dressings and scrub solutions. Perioperative education is limited or non-existent – **FoAN** spent time in one country where that had been no perioperative education available for 36 years!

In 2003 Kate Woodhead, in her role as then-President of the International Federation of Perioperative Nurses (IFPN) and the Chair of Trustees for **FoAN**, was invited to present the Val Sherrif Memorial Lecture at the ORNAC National Conference in Winnipeg. She introduced delegates to **FoAN** and its work, including providing educational programs based on a framework that begins with an update of perioperative skills and extends as far as leadership development. Since its inception **FoAN** has provided education to over 1,000 nurses during several visits over a four year period, in nine African countries: Uganda, Zambia, Kenya, Malawi, Tanzania, Ghana, Botswana, Lesotho and Ethiopia.

After several years of planning, a small group has created **FoAN** (Canada) – an organization that will be officially launched during the 2011 ORNAC Conference in Regina.

FoAN (Canada) is a new, independent organization that will work alongside its counterpart in the UK to advance the education and training of perioperative nurses in the developing world with a strong focus on African countries. **FoAN** (Canada) is looking for creative ways to support this objective and face the many challenges ahead – most notably the need for fundraising and the need to cover shipping costs to Africa. As its first initiative, **FoAN** (Canada) plans to sponsor a "Canada Day" where for a mere $1,000 the organization will pay for the delegate and trainer costs for one day of the 2011 educational programs being provided by **FoAN** (UK) in Africa.

For more information about **FoAN** (Canada), to get involved or to support its activities, please email **contact@foan.ca** or visit www.foan.ca.

STANDARDS, GUIDELINES, AND POSITION STATEMENTS FOR PERIOPERATIVE REGISTERED NURSING PRACTICE

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OPERATING ROOM NURSES ASSOCIATION OF CANADA
(ORNAC)
10th Edition

ORNAC Standards 10th edition available in **May 2011.**

Standards available from CSA at **www.CSA.ca.**

Re: THE OPERATING ROOM NURSES ASSOCIATION OF CANADA'S 22nd NATIONAL CONFERENCE

To: Perioperative Nurses and Health Care Professionals

On behalf of the Operating Room Nurses Association of Canada's (ORNAC) Executive and Board/Membership, I am extending an invitation to each of you to attend the 22nd National Conference from May 8-13, 2011, in Regina, SK. The conference theme, "Elevating the Field of Perioperative Nursing" encourages nurses to build upon their knowledge to promote the highest and safest level of perioperative patient care delivery possible. The provision of continuing education is of utmost importance to ORNAC. We strive to ensure sessions meet a variety of needs for perioperative nurses. Patient safety, expanding technology, infection control practices and innovation in leadership are just a few of the educational topics to be presented during the week.

The ORNAC National Conference will also offer the opportunity to meet a variety of perioperative leaders, view peer submitted poster displays, see the latest OR technology from our industry partners, and connect with colleagues! It is our hope that everyone will be given the opportunity to attend and trust that those in a position to support and encourage attendance at national conferences will do so. It is through this collaboration and participation that past National Conferences have been successful and that this event has become the choice avenue for professional development.

If you have any questions or concerns, please do not hesitate to contact me at **president@ornac.ca**.

Sincerely,

Bonnie W. McLeod

Bonnie McLeod, *RN, BScN, MN, CPN(C)*
ORNAC President

Objet LA 22e CONFÉRENCE NATIONALE DE L'ASSOCIATION DES INFIRMIÈRES ET DES INFIRMIERS DE SALLES D'OPÉRATION DU CANADA

Destinataires : Infirmières et infirmiers en soins périopératoires et professionnels de la santé

Au nom du conseil de direction et du conseil d'administration / des membres de l'Association des infirmières et des infirmiers de salles d'opération du Canada (AIISOC), il me fait plaisir de vous inviter à participer à notre 22e Conférence nationale qui aura lieu du 8 au 13 mai 2011, à Regina, en Saskatchewan. Le thème de la conférence, « Améliorer le domaine des soins périopératoires », encourage les infirmières et les infirmiers à prendre appui sur leurs connaissances pour promouvoir le degré le plus élevé et le plus sécuritaire possible de soins périopératoires apportés aux patients. L'offre de formation continue est de la plus grande importance pour l'AIISOC. Nous nous efforçons de faire en sorte que les séances répondent à la variété des besoins des infirmières et des infirmiers en soins périopératoires. Parmi les sujets éducatifs qui seront présentés au cours de la semaine, nous retrouvons, entre autres, la sécurité des patients, la technologie croissante, les pratiques en matière de lutte anti-infectieuse et l'innovation dans le domaine du leadership.

La Conférence nationale de l'AIISOC sera également l'occasion de rencontrer toute une panoplie de leaders en soins périopératoires, de voir l'exposition des affiches soumises par vos pairs, de vous renseigner sur la toute dernière technologie en salles d'opération présentée par nos partenaires de l'industrie et de bavarder avec vos collègues! Nous espérons que vous aurez tous et toutes la chance d'y participer et nous avons confiance que ceux en position d'appuyer et d'encourager la participation aux conférences nationales s'y emploieront. C'est par le biais de cette collaboration et participation que les conférences nationales passées ont connu du succès et que cet événement est devenu la voie de choix pour le développement professionnel.

Pour toute question ou préoccupation, n'hésitez pas à communiquer avec moi à **president@ornac.ca**.

Cordialement,

Bonnie W. McLeod

Bonnie McLeod, *IA, B.Sc.Inf., M.Sc.Inf., CSP(C)*
Présidente de l'AIISOC

Friends of African Nursing (Canada)

Auteure : *Mary Knight, IA, M.Sc.Inf. CSP/C, présidente de FoAN (Canada), ex-présidente de l'AIISOC et membre associée de MORNA.*

Infirmière en soins périopératoires au Malawi recevant en cadeau des lunettes de protection.

Friends of African Nursing (**FoAN**) est une petite organisation caritative du Royaume-Uni qui a été fondée en 2001 pour contribuer à l'éducation et à la formation d'infirmières en soins périopératoires en Afrique. **FoAN** est entièrement géré par des bénévoles. Sa mission est de créer une tradition d'éducation des infirmières africaines qui travaillent dans des conditions difficiles et qui n'ont accès à aucune formation permanente. En Afrique, la plupart des infirmières en soins périopératoires travaillent dans des conditions cliniques inimaginables au Canada. Le plancher des salles d'opération est souvent en béton, l'équipement est défectueux ou inexistant, les fils de suture et les fournitures sont désuets et les outils de travail essentiels comme les gants, pansements et solutions antiseptiques de nettoyage des mains manquent cruellement. La formation en soins périopératoires est limitée ou non existante; par exemple, **FoAN** a œuvré dans un pays où il n'y avait pas eu de formation en soins périopératoires depuis 36 ans!

En 2003 Kate Woodhead, qui était alors présidente de l'IFPN (Fédération internationale des infirmières en soins périopératoires) et présidente des administrateurs de **FoAN**, a été invitée à présenter un exposé intitulé Val Sherrif Memorial Lecture lors de la conférence nationale de l'AIISOC à Winnipeg. Elle a parlé de **FoAN** et de ses activités, notamment des programmes d'éducation structurés qui commencent par un résumé des compétences en soins périopératoires et traient ensuite de nombreux sujets allant jusqu'au développement du leadership. Depuis ses tout débuts, **FoAN** a contribué à l'éducation de plus de 1 000 infirmières dans le cadre de nombreuses visites sur une période de quatre ans dans neuf pays d'Afrique, soit l'Ouganda, la Zambie, le Kenya, le Malawi, la Tanzanie, le Ghana, le Botswana, le Lesotho et l'Éthiopie.

Après plusieurs années de planification, un petit groupe a créé **FoAN** (Canada), un organisme qui sera officiellement lancé pendant la conférence de 2011 de l'AIISOC à Regina.

FoAN (Canada) est un nouvel organisme indépendant qui collaborera avec le chapitre du Royaume-Uni pour promouvoir l'éducation et la formation des infirmières en soins périopératoires dans les pays en développement, principalement en Afrique. **FoAN** (Canada) cherche des moyens créatifs d'appuyer cet objectif et de surmonter les nombreux défis qui l'attendent, notamment le financement et le défraiement des coûts d'expédition en Afrique. La première initiative prévue par **FoAN** (Canada) sera de commanditer une « Journée du Canada » où, pour seulement 1 000 $, l'organisme paiera les coûts d'une journée aux programmes éducatifs de 2011 de **FoAN** (R.-U.) en Afrique pour un délégué et un formateur.

Pour plus d'information au sujet de **FoAN** (Canada), pour participer à ses activités ou pour les appuyer, veuillez écrire à **contact@foan.ca** ou visiter www.foan.ca.

UPCOMING EVENTS / EVÉNEMENTS SUIVANTS

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PROVINCIAL & REGIONAL CONFERENCES

New Brunswick	Moncton, NB	April 9 & 10, 2011
Nova Scotia	Halifax, NS	June 3 & 4, 2011
Saskatchewan	TBA	September 2011
Newfoundland & Labrador	Corner Brook, NL	October 13-15, 2011
Alberta	Red Deer, AB	October 26-29, 2011
25th Atlantic Conference	Charlottetown, PEI	September 26-28, 2012

ORNAC CONFERENCES www.ORNAC.ca

22nd National	Regina, SK	May 8-13, 2011
23rd National	Edmonton, AB	May 5-10, 2013

INTERNATIONAL CONFERENCES

AORN (www.AORN.org)	Philadelphia, PA	March 19-24, 2011
AfPP (www.afpp.org.uk)	Bournemouth, UK	October 1, 20119-21

RELATED PROFESSIONS

CAS (www.cas.ca)	Toronto, ON	June 24-28, 2011

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pressure varies among individuals depending on the patient's physical condition – this includes the presence and severity of co-morbid conditions (see Table III for factors that place surgical patients at an increased risk of developing HAPUs).[9] Duration and intensity of pressure are both crucial to the development of pressure ulcers. Low-intensity pressure of a long duration can be as damaging to tissue as high-intensity pressure experienced over a shorter period of time.[10]

Shearing occurs when the patient's skin and underlying tissues slide while the bone remains stationary. This can occur when a patient is pulled up or down on the OR bed to position the patient in preparation for surgery. Shearing can also occur if only a portion of the patient's body is repositioned (for example, when positioning a patient laterally for a thoracotomy procedure and making final positioning adjustments by "dragging" the patient's upper body to the edge of the OR bed).[11] The force of shearing can compromise blood flow in vessels close to the skin by bending and stretching the capillaries that provide blood flow to the skin. The resulting damage can be more intense because less pressure is required to obstruct capillary blood flow when shearing forces are also present.[12]

Friction occurs when skin rubs against another surface such as what can happen when a patient is pulled across a rough bed sheet during positioning. Friction can cause superficial skin injuries such as abrasions and skin tears.[10]

Moisture can play a role in the development of intraoperative skin injuries and skin breakdown. When prep solutions pool under the patient it promotes skin breakdown by altering normal skin pH, weakening skin cell walls, and causing bed linens to adhere to the wet skin, all of which increase the patient's vulnerability to skin injury from friction and shearing.[13]

TAKING A COMPREHENSIVE APPROACH TO PREVENTING INTRAOPERATIVE SKIN INJURIES IN SURGICAL PATIENTS:

The essential components of any pressure injury prevention program are:

- assessment and documentation of the patient's skin condition;
- pressure reduction; and
- prevention of friction and shearing forces.

Skin Assessment and Documentation

It is important for operating room nurses to perform a thorough skin assessment, including visual inspection of potential pressure points, both before and after the surgical procedure. When performing the preoperative and postoperative skin assessment it is important to document all abnormal findings, including any breaks in skin integrity and/or redness or discolouration at major pressure points. Utilization of a single standardized skin assessment tool such as the Braden Scale (see Table III), throughout the patient's hospitalization, promotes reporter consistency and enhances communication between caregivers working in different units or on different shifts. Any relevant skin assessment findings should be included in the nurse-to-nurse handoff communication at any transfer of care including shift changes and when the patient is transferred to the post-anaesthesia care unit (PACU).[14]

Pressure Reduction

Pressure reducing/relieving materials commonly used in the OR include OR bed mattresses, mattress overlays and padding materials (including dry polymer viscoelastic (gel) and foam pads). Pressure relieving materials and surfaces can help to prevent pressure injuries by reducing and/or redistributing pressure through the following mechanisms:

Redistribution of pressure: reduces pressure and shearing forces.

Envelopment: provides pressure reduction by enveloping irregularities such as bony prominences.

Immersion: reduces and redistributes pressure over a wider area by allowing the body part to sink into the support surface.[15]

The patient's body mass index is an important consideration when choosing pressure relieving surfaces and padding materials. Most OR mattresses will provide adequate pressure relief for a thin patient but may not provide adequate support and pressure relief for an obese patient.[16]

It is advisable to inspect OR bed mattresses on a regular basis as a worn or damaged mattress produces an unequal distribution of pressure that can increase the likelihood of pressure injuries in surgical patients.[9] Gel mattress overlays and pads offer the advantage of supporting the patient's weight without "bottoming out" (when the padding material becomes so compressed by the patient's body weight that it no longer provides any pressure relief) and of being self-repairing when punctured.[5] Standard foam pads and corrugated foam ("eggcrate" foam) are easily compressed and may not offer effective pressure relief for overweight or obese patients.[9]

Minimizing shearing and friction

Patient handling techniques, including the use of low-friction transfer devices such as slide sheets or air-assisted transfer devices, may help prevent skin injuries during the perioperative period by minimizing the force of shearing and friction during lateral transfers and repositioning.[10] Placing a transparent adhesive dressing over bony prominences may help to prevent skin tears, caused by shearing, for those patients with fragile skin and for very thin patients.[5] The perioperative nurse should also avoid allowing prep solutions to pool under the patient.[13]

CONCLUSION:

All surgical patients should be considered to be at risk for pressure injuries, including pressure ulcers and DTIs, for a combination of reasons. A comprehensive approach for perioperative nurses is essential to promoting positive patient outcomes by preventing intraoperative pressure injuries. Crucial components of any prevention strategy include the incorporation of regular skin and HAPU-risk assessments; routine use of pressure-relieving surfaces; and nursing interventions designed to minimize shearing and friction during patient positioning and transfer.

ORNAC Standards pertaining to this article can be found in the Operating Room Nurses Association of Canada (ORNAC) (June 2009). Recommended Standards, Guidelines, and Position Statements for Perioperative Registered Nursing Practice (9th edition). Section 3, pp 187-192, Standard 2.7; Section 5, pp 300-2, Standard 1.1 and 1.3; and Section 5, p 304, Standard 2.14.

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Table III. Braden Scale for Predicting Pressure Ulcer Risk [18]

BRADEN SCALE FOR PREDICTING PRESSURE SORE RISK

Patient's Name: ______________________ Evaluator's Name: ______________________ Date of Assessment

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of con-sciousness or sedation. OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over ½ of body.	3. Slightly Limited Responds to verbal com-mands, but cannot always communicate discomfort or the need to be turned. OR has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort..				
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift.	3. Occasionally Moist: Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals.				
ACTIVITY degree of physical activity	1. Bedfast Confined to bed.	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours				
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.	3. Slightly Limited Makes frequent though slight changes in body or extremity position independently.	4. No Limitation Makes major and frequent changes in position without assistance.				
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than ⅓ of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	2. Probably Inadequate Rarely eats a complete meal and generally eats only about ½ of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. OR receives less than optimum amount of liquid diet or tube feeding	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.				
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down.	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair.					
				Total Score				

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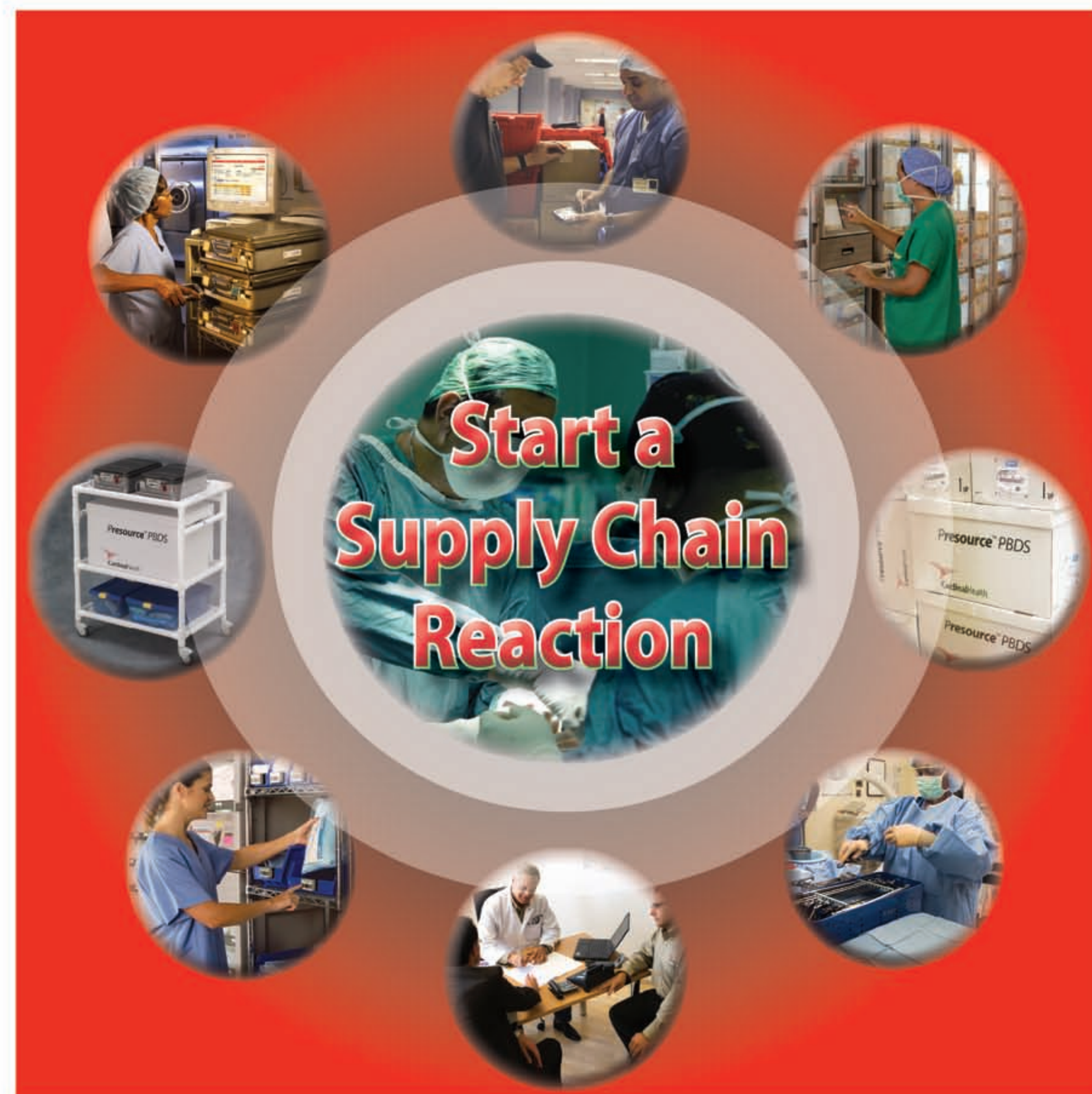

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