



# Facility Reference Center

## AORN's Guidelines for Perioperative Practice

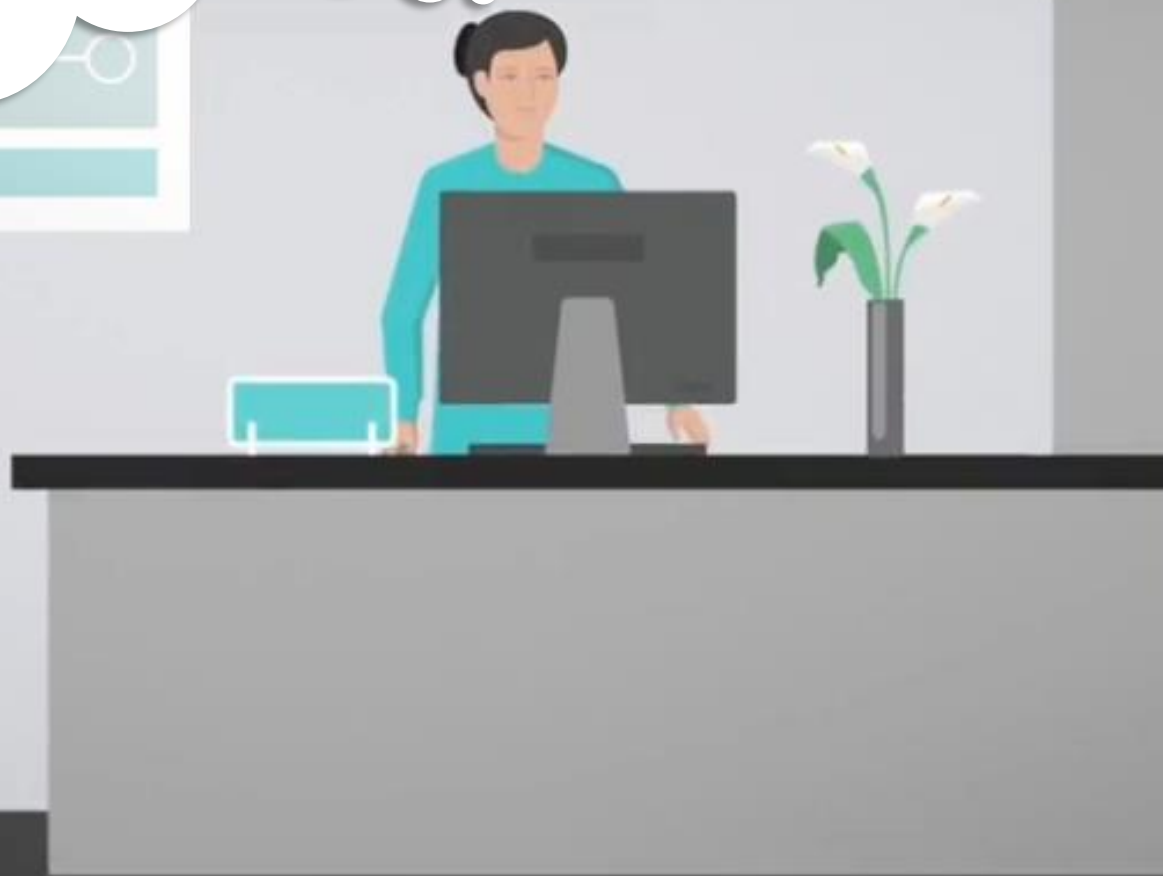
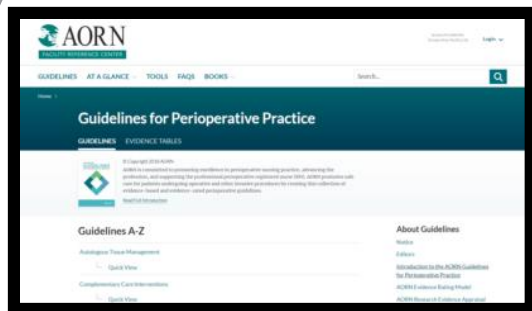
產品介紹

智泉國際事業有限公司

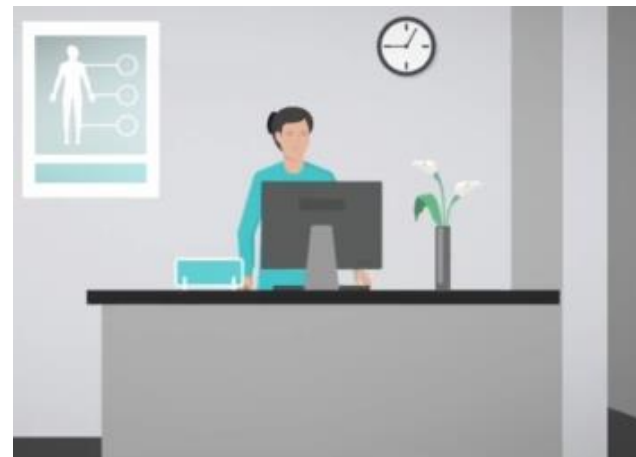
## 關於出版社

- Association of periOperative Registered Nurses (AORN)
- 成立於1949
- 非營利會員協會
- 提供護理教育、標準和臨床相關資源
- 出版AORN Guidelines for Perioperative Practice (簡稱AORN Guidelines), AORN Journal

# 什麼是AORN Guidelines ?

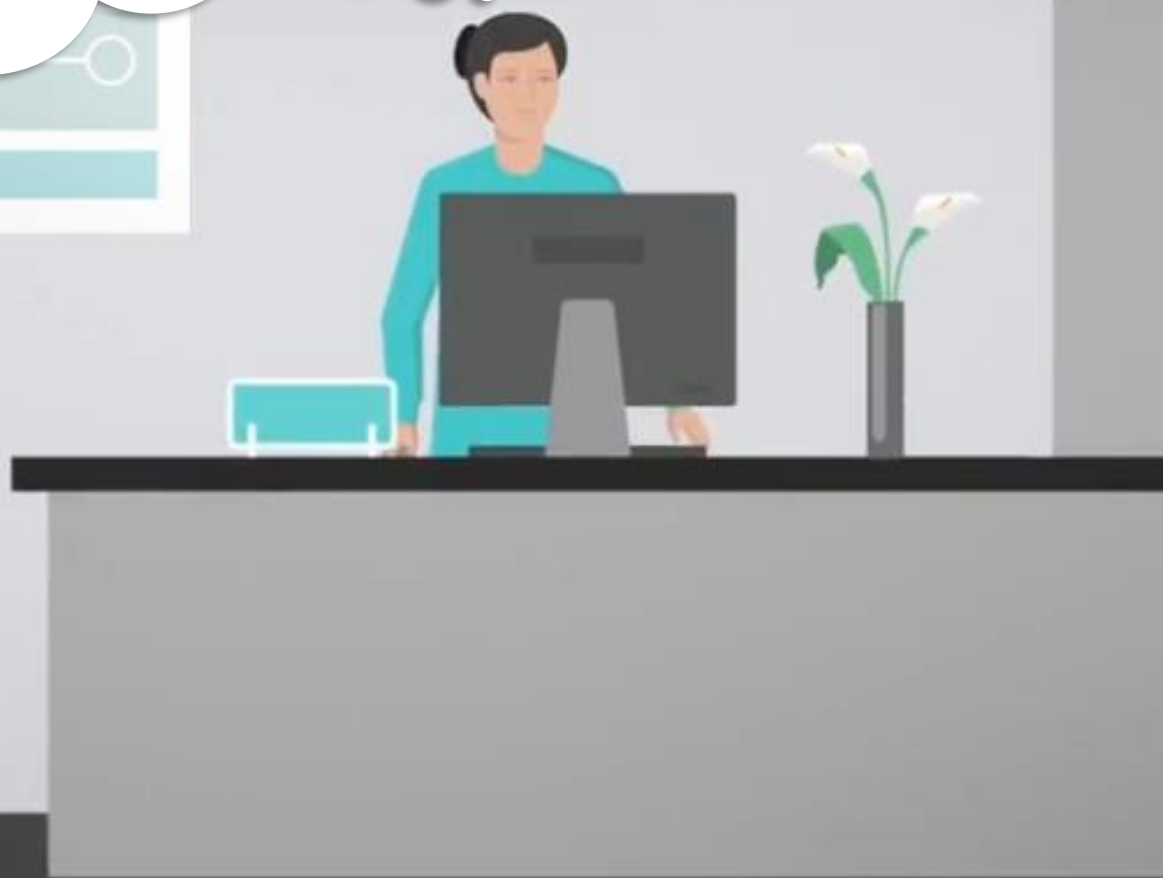


# 與手術相關人員所需的臨床工作指導方針



確保患者、同仁、  
工作環境的安全。

使醫院設施運用  
符合經濟效益



# AORN Guidelines是如何建立的？

- 七步驟嚴審資料
  - 1. 搜尋文獻
  - 2. 評估每項證據的等級與品質
  - 3. 將研究文獻轉化為建議 (recommendations)
  - 4. 確認符合AORN Guidelines的要素
  - 5. 每項建議均使用AORN的證據評級模型，進行評級
  - 6. 審視公眾意見

# AORN Guidelines是如何建立的？

- 七步驟嚴審資料 (續)
  - 7. 指南最終草案提交**指南顧問委員會**批准
- **指南顧問委員會**(Guidelines Advisory Board) -- 1名主席、8名圍手術期護士，以及其他來自專業協會的成員組成。



# 完成七步驟後 AORN Guidelines出版



# AORN's Guidelines內容



# AORN's Guidelines內容

## 五大類，32個具實證基礎的指導方針

### ■ 無菌施行

- 環境清潔
- 手部衛生
- 病患皮膚消毒
- 無菌技術
- 手術服

### ■ 設備和產品安全

- 發電設備
- 氣性止血帶
- 產品選擇

### ■ 病患和工作者安全

- 自體組織管理
- 護理環境安全，  
第1部分和第2部分
- 藥物安全
- 輻射安全
- 保留手術物品
- 銳器安全
- 標本管理
- 手術煙霧安全
- 傳染性感染

### ■ 病患護理

- 輔助照護介入
- 深部靜脈栓塞
- 失溫
- 資訊管理
- 局部麻醉
- 微創手術
- 中度鎮靜/止痛
- 定位 病患
- 病患護理資訊的轉移

### ■ 滅菌和消毒

- 可彎性內視鏡
- 高級別消毒
- 儀器清潔
- 包裝系統
- 滅菌

# 訂購AORN Guidelines的選擇



## BASE Package

- **Guidelines for Perioperative Practice**
- **200+ Clinical FAQs** (與Guidelines主題相關的熱門問題與答案)
- **In-service PowerPoint templates** (呈現Guidelines概述的PPT檔 (適用於訓練/教學目的))
- **Audit Tools** (審核項目表)
- **Case Studies** (強調遵循指導方針重要性的實例 (適合人員教育使用))
- **Clinical Calculators** (評估病患狀況的量表)
- **Clinical Checklists** (臨床工作檢查清單表)
- **Gap Analysis Tools** (評估設施可能不符合Guidelines的區域)
- **Implementation Road Map** (簡明資訊圖，說明實施Guidelines的流程步驟)
- **Key Takeaways** (每個指南中該記住的關鍵事項)

# 訂購AORN Guidelines的選擇



## PREMIUM Package

### Base package **PLUS**

- **At a Glance** (附插圖, 精簡呈顯實施步驟的指南)
- **Policy and Procedure templates** (依據最新版Guidelines所製作的範本)
- **Competency Verification Tools** (檢核人員能力是否能使設施符合要求)
- **Perioperative Job Descriptions** (手術相關人員的工作相關資訊)
- **Core Curriculum for the RNFA**
- **Guidelines and Tools for the Sterile Processing Team**
- **AORN Guideline and FAQs for Autologous Tissue Management**
- **ASC Infection Prevention Policy and Procedure templates** (*coming July 2018*)

# Facility Reference Center

## 網站快覽



## New Guideline on Design and Maintenance

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# GUIDELINES 頁面

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## Guidelines for Perioperative Practice

**GUIDELINES**

[EVIDENCE TABLES](#)



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AORN is committed to promoting excellence in perioperative nursing practice, advancing the profession, and supporting the professional perioperative registered nurse (RN). AORN promotes safe care for patients undergoing operative and other invasive procedures by creating this collection of evidence-based and evidence-rated perioperative guidelines.

[Read Full Introduction](#)

### Guidelines A-Z

[Autologous Tissue Management](#)

[Quick View](#)

[Complementary Care Interventions](#)

[Quick View](#)

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Guidelines for Perioperative  
Practice](#)

[AORN Evidence Rating  
Model](#)



# GUIDELINES 頁面

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## Autologous Tissue Management

BOOK VIEW

QUICK VIEW

 [Expand All Sections](#)

 [Contents](#)

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### Introduction

The Guideline for Autologous Tissue Management has been approved by the AORN Guideline Advisory Board. It was presented as a proposed guideline ...

[READ MORE](#)

### Recommendations

- I. Avulsed teeth that cannot be immediately replanted in the patient at the time of avulsion should be placed in a storage medium to help maintain periodontal ligament (PDL) cell viability.



- II. The patient's autologous cranial bone flap may be preserved and replanted



### Related Content

#### FAQs

[How should autologous bone autografts be stored?](#)

[Can autologous bone be subjected to the steam sterilization process?](#)

[Can allografts and autografts be stored in the same refrigerator or freezer?](#)

[What actions should be taken when an autograft intended for replantation or autotransplantation is](#)

# GUIDELINES 頁面


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## Recommendations

I. Avulsed teeth that cannot be immediately replanted in the patient at the time of avulsion should be placed in a storage medium to help maintain periodontal ligament (PDL) cell viability.



II. The patient's autologous cranial bone flap may be preserved and replanted.



III. The patient's parathyroid tissue may be cryopreserved and autotransplanted.



IV. The patient's autologous skin may be preserved and autotransplanted.



 Print Recommendation

The collective evidence indicates that refrigerated storage of split-thickness skin grafts for delayed autotransplantation is a common practice. [111,112](#) The use of a storage medium may improve and extend the viability of the stored human skin

subjected to the steam sterilization process?

Can allografts and autografts be stored in the same refrigerator or freezer?

What actions should be taken when an autograft intended for replantation or autotransplantation is contaminated or dropped on the OR floor?

How should autologous human skin autografts be stored?

[View All FAQs](#)

# GUIDELINES 頁面

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## Autologous Tissue Management

[BOOK VIEW](#)

[QUICK VIEW](#)

### Contents

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[Transfer from the Sterile Field](#)

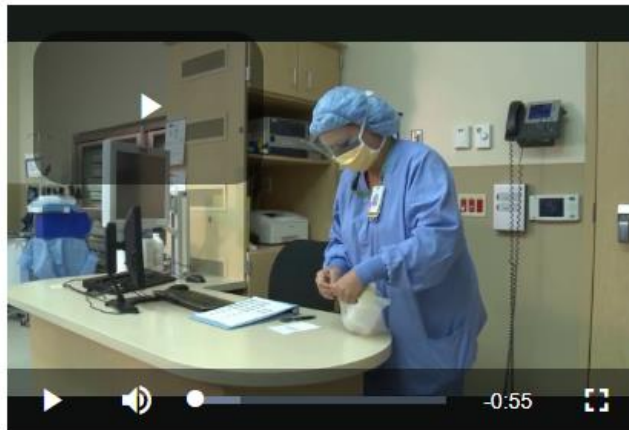
[Labeling](#)

[Contaminated Autografts](#)

[Transport and Storage](#)

[Equipment Maintenance](#)

[Safe Handling](#)



### Transfer from the Sterile Field

- Pass autologous tissue that will be stored within the facility off the sterile field as soon as possible.
- Sequester, identify, and monitor autologous tissue that will be kept on the sterile field before transfer.
- Keep autologous tissue moist until transfer from the sterile field.

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# FAQS 頁面

[GUIDELINES](#)[AT A GLANCE](#) ▾[TOOLS](#)[FAQS](#)[BOOKS](#) ▾[Home](#) >

## Frequently Asked Questions



### FAQ Topics

[Autologous Tissue](#)[Energy-Generating Devices](#)[Environment of Care](#)[Environmental Cleaning](#)[Flexible Endoscopes](#)[Hand Hygiene](#)[High-Level Disinfection](#)[Hypothermia](#)[Medication Safety](#)[Minimally Invasive Surgery](#)[Moderate Sedation](#)[Patient Skin Antisepsis](#)[Positioning the Patient](#)[Radiation Safety](#)[Retained Surgical Items](#)[Safe Patient Handling and  
Movement](#)[Specimens](#)[Sterile Technique](#)[Sterilization](#)[Surgical Attire](#)[Surgical Smoke](#)[Transmissible Infections](#)[Venous Thromboembolism](#)[Design and Maintenance](#)

# FAQS 頁面

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## Autologous Tissue

### FAQs

#### Autologous Tissue

Energy-Generating  
Devices

Environment of Care

Environmental Cleaning

Flexible Endoscopes

Hand Hygiene

High-Level Disinfection

Hypothermia

Instrument Cleaning

Medication Safety

Minimally Invasive Surgery

Moderate Sedation



 Expand All Sections

How should autologous bone autografts be stored?



There are gaps in the literature related to best practices for storage of autologous bone and further research is warranted.

Can autologous bone be subjected to the steam sterilization process?



Autologous bone should not be subjected to the steam sterilization process unless there is a clinical indication to do so.

Can allografts and autografts be stored in the same refrigerator or freezer?



# TOOLS 頁面

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## Tools

### Browse by Tool Type

Select a tool for all guidelines

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[Competency Verification Tools](#)

[Job Descriptions](#)

[Case Studies](#)

[Gap Analysis Tools](#)

[Key Takeaways](#)

[Clinical Calculators](#)

[Implementation Road Map](#)

[Policy and Procedure Templates](#)

[Clinical Checklists](#)

[Inservice PowerPoints](#)

### Browse by Guideline

Select a guideline topic for associated tools

[Autologous Tissue](#)

[Local Anesthesia](#)

[Retained Surgical Items](#)

**Premium Packages 內容**


# TOOLS - Audit Tool

[Home](#) > [Tools](#) >

## Audit Tool

### Design and Maintenance

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Audit Item	Yes	No	Comments/Action
Provides input to or participates in the interdisciplinary team that has oversight of surgical suite construction or renovation projects.			
Provides input into the selection of equipment, traffic patterns, space utilization, and ergonomic safety.			
Verifies the presence and integrity of construction barriers and infection prevention measures.			
Communicates to the surgical team the progress of the construction project and information that will affect the daily functions of the surgical suite (eg, new barriers, additional cleaning needed, noise and vibrations that will be caused by construction).			
Removes external shipping containers in the supply breakout area/room before carrying containers or boxes into the restricted area.			
Reports utility failures to the appropriate personnel per facility protocol and policy and procedure.			

### Related Content

- [Guideline for Design and Maintenance](#)
- [More Tools Related to Design and Maintenance](#)



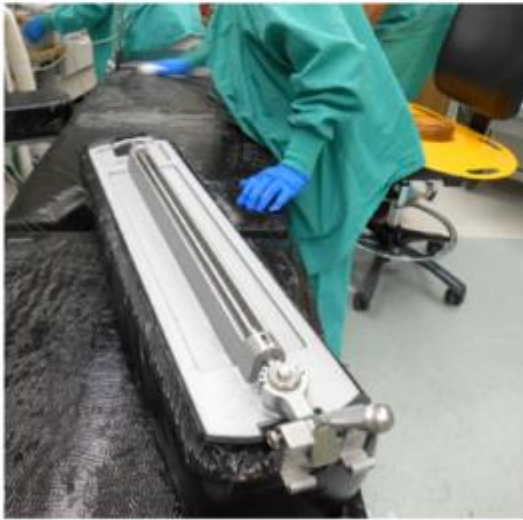
# TOOLS - Case Study

Home > Tools >

## Case Studies Environmental Cleaning

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### An Infection Outbreak Associated with Contaminated Roll Boards



surgical procedure.

Is a checklist used in your ORs that includes a list of surfaces to be cleaned after each patient use?

Are damaged and worn positioning or transporting devices replaced?

An outbreak of multiresistant *Klebsiella pneumoniae* (MRKP) infection occurred among seven patients admitted to the intensive care unit (ICU) of a regional teaching hospital. Four of the patients died as a result of their infections. Six of the seven patients became infected with MRKP shortly (ie, four to five days) after undergoing a

### Related Content

[Guideline for Environmental Cleaning](#)

[More Tools Related to Environmental Cleaning](#)



# TOOLS - Inservice PowerPoints

PowerPoint\_Design\_and\_Maintenance.pptx - PowerPoint

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1 New Guideline: Design and Maintenance of the Surgical Suite Part 1: Design

2 Developed and originally presented by Byron L. Burlingame, MS, RN, BSN, CNOR  
Byron Burlingame is a senior perioperative practice specialist in AORN's Nursing Department. Byron is the lead author of various guidelines, including the Guideline for Design and Maintenance of the Surgical Suite, which incorporates evidence-based recommendations for safety in all phases of construction and daily maintenance of the surgical suite. Byron also serves on the Facility Guidelines Institute's Steering Committee of the Health Care Guidelines Revision Committee, which authors the Guidelines for Design and Construction of Health Care Facilities. Byron has authored clinical issues columns and other articles published in the AORN Journal and other professional publications. Before coming to AORN, Byron worked as an RN director and in various levels of management in large and rural hospitals.

3 OBJECTIVES

1. Describe the revised requirements for the unrestricted, semi-restricted, and restricted zones of the surgical suite.
2. Identify the security zones within the surgical suite.
3. Explain the four zones within the operating room.

4

New Guideline: Design and Maintenance of the Surgical Suite Part 1: Design

These slides are taken from the webinar New Guideline: Design and Maintenance of the Surgical Suite, presented August 23, 2018. To listen to the webinar, visit <https://www.aorn.org/education/individuals/education-webinars/recorded-webinars>. THE VIEWS EXPRESSED IN THESE SLIDES ARE THOSE OF THE PRESENTERS AND DO NOT NECESSARILY REPRESENT THE VIEWS OF AND SHOULD NOT BE ATTRIBUTED TO AORN.

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# TOOLS - Key Takeaways

Home > Tools >

## Key Takeaways Design and Maintenance

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Takeaway	Explanation
The surgical suite should be divided into zones (ie, unrestricted, semi-restricted, restricted).	<ul style="list-style-type: none"><li>• All zones<ul style="list-style-type: none"><li>- have specific heating, ventilation, and air conditioning (HVAC) design requirements associated with the intended use of the space, as described in <i>ANSI/ASHRAE/ASHE Standard 170-2017 Ventilation of Health Care Facilities</i>, and</li><li>- have surfaces on floors, walls, ceilings, and cabinets that are durable, smooth, cleanable, and able to withstand cleaning practices.</li></ul></li><li>• Unrestricted zones<ul style="list-style-type: none"><li>- are accessible from the exterior of the building, other unrestricted areas, or semi-restricted areas and</li><li>- do not require the wearing of surgical attire (ie, wearing of street clothes is permitted).</li></ul></li><li>• Semi-restricted zones</li></ul>

### Related Content

[Guideline for Design and Maintenance](#)

[More Tools Related to Design and Maintenance](#)

# TOOLS - Competency Verification Tools

## (Premium)

Home > Tools >

## Competency Verification Tool

### Design and Maintenance

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### Competency Verification Tool—Perioperative Services Practice: Power or HVAC System Failure – RN or Non-RN

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Competency Statement:** The perioperative RN or non-RN team member has completed facility- or health care organization-required education and competency verification activities related to effectively preparing for and managing situations that occur after a power or heating, ventilating, and air conditioning (HVAC) system failure.<sup>1</sup>

**Patient Outcome:** Not applicable.

Competency Statements/Performance Criteria	Verification Method [Select applicable code from legend at bottom of page]	Not Met (Explain
	DEM/DO/DA KAT S/SPT/CS V PWM/P&P Q	

### Related Content

[Guideline for Design and Maintenance](#)

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# TOOLS - Policy and Procedure Templates (Premium)

22\_AutologousTissue\_AllTypes.doc [相容模式] - Word

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4 2 2 4 6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 50 52 54

**AUTOLOGOUS TISSUE MANAGEMENT-ALL TYPES**  
[Insert facility name or a header]

**ADMINISTRATIVE APPROVAL**

Date Created: \_\_\_\_\_

Last Date Revised: \_\_\_\_\_

Last Date Reviewed: \_\_\_\_\_

Date of Next Review: \_\_\_\_\_

Approval signature(s) with title and date of signature:

Signature	Title	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Purpose**

To provide guidance to perioperative personnel for managing autologous tissue in the perioperative practice setting. The expected outcome is that the patient's specimen(s) is managed correctly and the patient is free from signs and symptoms of infection

**Policy**

It is the policy of [insert name of facility] that:

- Autologous tissue for delayed replantation or autotransplantation will be recovered, processed, packaged, labeled, stored, and tracked in a manner that minimizes microbial growth, prevents mix-ups, and reduces the risk for errors.

**Procedure Interventions**

The following steps will be followed when managing autologous tissue.

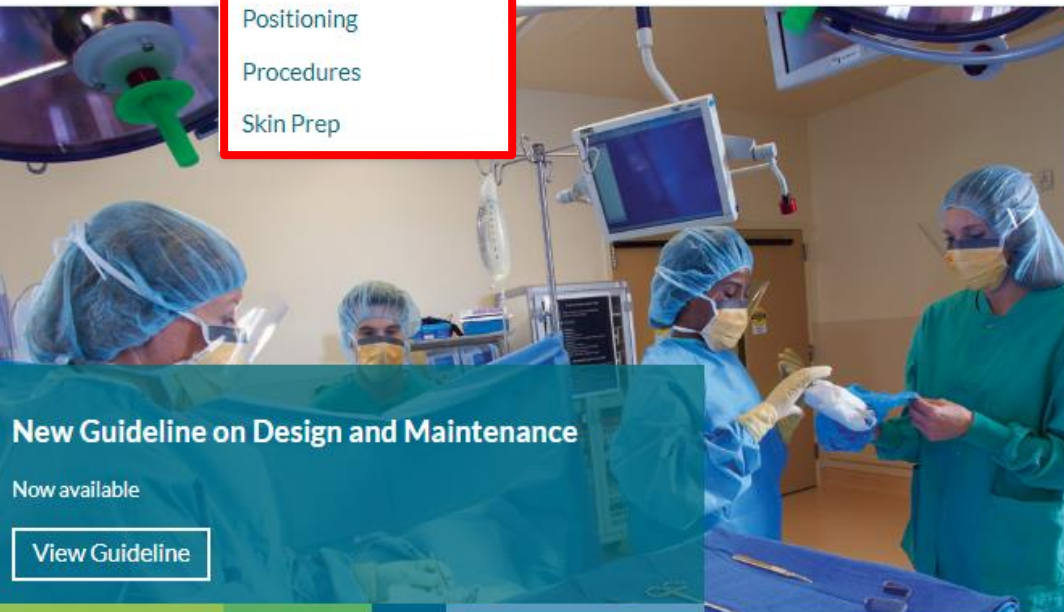
# AT A GLANCE (Premium)



Positioning

Procedures

Skin Prep

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### Recommendations

RE: All personnel should take personal safety measures to limit transmission of  
Hemorrhagic fever with renal syndrome (HFRS) and hantavirus pulmonary syndrome (HPS).  
View Recommendation Download

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# AT A GLANCE – Procedures (Premium)

Home > Procedures At a Glance >

## Contents

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INDICATIONS FOR  
PROCEDURE

PREPARING FOR THE  
PROCEDURE

PATIENT POSITIONING

BASIC WORKFLOW FOR  
PROCEDURE

POSSIBLE COMPLICATIONS

ALTERNATIVE APPROACHES  
AND TREATMENTS

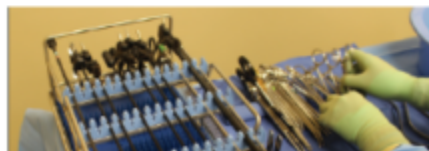
POSTOPERATIVE  
RECOVERY COURSE

REFERENCES

## INDICATIONS FOR PROCEDURE

- Laparoscopic appendectomy is the standard treatment for uncomplicated acute inflammation of the appendix to prevent perforation and peritonitis. The procedure involves removing the appendix from its attachment to the cecum.<sup>1</sup>
- Symptoms may include
  - stomach pain,
  - pain in the lower right side of the abdomen,
  - loss of appetite,
  - low fever,
  - nausea or vomiting, and
  - diarrhea or constipation.<sup>2</sup>

## PREPARING FOR THE PROCEDURE





# BOOKS (Premium)

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### Recommendations

01. All personnel should take precautionary measures to limit transmission of microorganisms when performing environmental cleaning and handling tasks

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# BOOKS - Core Curriculum for the RNFA

## (Premium)

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## Core Curriculum for the RNFA

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MODULE I: Essential Elements of RNFA Practice

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MODULE II: Communication, Collaboration, and Safety

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MODULE III: Tissue Handling and Wound Healing

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MODULE IV: Surgical Procedures

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MODULE IV Section 1: General Surgery/Gynecology/Urology

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MODULE IV Section 2: Minimally Invasive Surgery

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MODULE IV Section 3: Orthopedics: Total Joint Arthroplasty

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MODULE IV Section 4: Orthopedics: Bone Fractures

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MODULE IV Section 5: Neurology: Head and Spine

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*Thank You!*

Q & A