I have been an Operating Room Nurse since 1995. Previously, I worked in the Operating Room as a LPN/Surgical Technician from 1980-1994. I love working there. I do tire of hearing comments from other nurses that OR nurses don’t really do nursing duties.

I’m here to set the record straight. I am as much a RN as the next nurse and I do patient care. Operating Room Nurses assess, diagnose, plan, intervene, and evaluate their patients just like every other nurse. Let me tell you how.

The RN specializing in Perioperative Nursing practice performs nursing activities in the preoperative, intraoperative, and postoperative phases of the patients' surgical experience. Based on the Standards and Recommended Practices for Perioperative Nursing--A.O.R.N., the operating room nurse provides a continuity of care throughout the perioperative period, using scientific and behavioral practices with the eventual goal of meeting the individual needs of the patient undergoing surgical intervention. This process is dynamic and continuous, and requires constant reevaluation of individual nursing practice in the operating room.

Assessment

The patient enters the preoperative area and is assessed by the preoperative RN. The perioperative RN (Circulating Nurse), then interviews the patient with particular emphasis on ensuring the patient has informed consent, has been NPO for at least 6 hrs. prior to surgery, and current medical history to determine any special needs for the care plan. The perioperative nurse explains to the patient what will happen during the operative phase and tries to alleviate any anxieties the patient and their family may have. The nurse develops a rapport with the patient that enhances the operative experience for the patient by building trust and assuring the patient and the family of the best care possible.
The assessment includes, but is not limited to:

- Skin color, temperature, and integrity
- Respiratory status
- History of conditions that could affect surgical outcomes (i.e. diabetes)
- Knowledge base related to the planned surgery and complications that could arise
- NPO status
- What medications were taken the morning of surgery and the time taken
- Allergies and what reactions the patient experiences
- Placement of any metal implants, especially AICD's and pacemakers
- Time of last chemotherapy or radiation therapies
- Verification of patient's name and date of birth
- Checking to verify all medical record numbers match the patient's name band and paperwork

This information is then used to develop the perioperative nursing care plan.

**Diagnosis**

The nursing diagnosis is written in a manner that helps determine outcomes. Some nursing diagnoses for surgical patients are:

- Impaired gas exchange related to anesthesia, pain, and surgical procedure
- Potential for infection related to indwelling catheter and surgical procedure
- Activity intolerance related to pain
- Anxiety related to anesthesia, pain, disease, surgical procedure
- Alteration in nutrition less than body requirements related to NPO status.

**Planning**

Planning the patient's care in the operating room is focused on patient safety. The nurse gathers supplies needed for the procedure according to the surgeon's preference card, positioning equipment, and any special supplies needed as determined by the nurse's assessment and the patient's history. Preparation assures that the nurse will be able to remain in the surgical suite as much as possible to provide care for the patient. The nurse leaving the room is avoided as much as possible, but unforeseen circumstances may require the nurse to leave to obtain equipment or supplies. When the patient is brought to the operating room and transferred to operating table, patient comfort and safety are the priority. The nurse provides warmed blankets for the patient and applies the safety strap across the patient. The surgeon is called to the OR suite and the "time out" is performed with the patient participating. Items verified in the time out are the patient's name, date of birth, allergies, procedure to be performed, correctness of consent, site marking, if applicable, and any antibiotics to be given within one hour prior to incision. The patient is instructed to take deep breaths before and after anesthesia to maintain oxygen saturation above 95%. Strict aseptic and sterile technique are maintained throughout the surgical procedure to reduce the risk for postoperative infection. The nurse remains at the bedside during the induction phase and holds the patient's hand to help reduce anxiety. The patient is reassured as needed.

**Nursing Intervention**

The circulating nurse and the scrub nurse/technician work as a team to protect the sterility of the operative field by maintaining constant surveillance. Any breaks in sterile technique, such as a tear in the surgeon's glove, are remedied immediately.

The nurse provides for patient comfort by placing warm blankets, remaining at the patient's side until anesthesia has been successfully induced and the anesthesia provider releases the care of the patient to the surgical team. At this time a foley catheter will be placed, if indicated, using aseptic technique. The patient will be positioned and all pressure points will be padded to prevent altered skin integrity. The surgical skin prep is then performed aseptically and allowed to dry before placement of the surgical drapes. Fumes from a wet surgical prep can form pockets of gas that have the potential to be ignited by a spark from the electrocautery used in surgery.

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Prior to the surgical incision, the anesthesia provider initiates the infusion of the antibiotic ordered by the surgeon. A preincision verification performed by the circulating nurse rechecks the patient’s name, the surgical procedure, the site/side of the procedure, the antibiotic infusion has started, and the prep is dry.

**Evaluation**

The circulating nurse monitors the patient vigilantly during the course of the perioperative phase which includes preoperative, operative, and postoperative stages of surgery. He/she is responsible for the smooth transition for the patient between these phases. Evaluation of the patient’s response to the surgical intervention is ongoing and continuous. Have the surgical outcomes been met? If not, reassessment takes place to plan further.

**Conclusion**

The patient under anesthesia is totally dependent on the surgical team for their well-being. The perioperative nurse advocates for the patient. He/she is their voice during the surgical intervention.

Whether scrubbing, circulating, or supervising other team members, the perioperative nurse is always aware of the total environment, as well as the patient’s reaction to the environment and the care given during all three phases of surgical intervention. The perioperative nurse is knowledgeable about aseptic technique, patient safety, legal aspects of nursing, and management of nursing activities associated with the specific surgical procedure being performed. OR nursing is unique: it provides a specialty service during the perioperative period that stresses the need for continuity of care and respect for the individuality of the patient’s needs.

**More info...**

[What is Operating Room / Perioperative Nursing?](http://allnurses.com/operating-room-nursing/what-do-operating-426443.html)

**What it’s Like to be an Operating Room Nurse**

![Operating Room Nurse Video](http://allnurses.com/operating-room-nursing/what-do-operating-426443.html)

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