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Education
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References:

Circulating Nurse Responsibilities, 88.03.00

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SUPERSEDES: 05/07, 5/04, 1/02, 3/99, 5/97, 6/96, 3/87

POLICY:

The Circulating Nurse will be a registered nurse. The Circulating Nurse will be in charge of activities in the OR suite. Circulating Nurse is responsible for the care and safety of the patient during the perioperative period to insure the best possible care.

RESPONSIBILITIES:

1. Identify patient prior to being brought to the OR suite.
2. Verify with patient the procedure to be performed and operative site. Ensure OR site is marked with skin marker (i.e., left or right as applicable).
3. Assess patient data from chart including lab work, medical conditions or disabilities, prostheses, allergies, operative permit, and any other pertinent data, which serves as the basis of intraoperative care.
4. Pre-Operative care consists of staying with sedated patients, conversing calmly with them, making them comfortable, reinforcing the patient's and family's trust and check on IV tubes or other devices.
5. The Circulating Nurse/Anesthesia Assistant should be standing by when the anesthesiologist begins induction of anesthesia to assist and ensure patient safety.
6. Circulating Nurse shall position the patient to avoid any pressure points and maintain good body alignment.
7. While circulating, the nurse must be able to operate all equipment necessary for the surgery such as tourniquets, cautery, suction, air equipment, etc.
8. The circulator is responsible for sponge, needle, and instrument counts as described in "count" procedure.
9. With the scrub nurse/tech, concurrently verify the name, concentration and expiration date of medications and fluids passed to the sterile field. Clearly communicate with operative team regarding medications in delivery hand-offs and administration.
10. The surgical prep is done by the circulator as described in the specific procedure.

11. Circulator is able to anticipate needs of the scrub nurse/tech and is prepared with extra suture, sponges, instruments, etc. that might be needed.
12. Clearly communicate with surgeon and scrub regarding specimen preparation as applicable. Inquire as to how specimen(s) will be labeled and how it is to be sent to the receiving department (lab, pathology, radiology, mammography, etc.). If specimen is routine (placed in formalin), it will be taken to the OR utility room, placed in the appropriate bin with requisition slip and noted in the specimen log book. It is the ultimate responsibility of the circulator to insure the specimen is in the container, and the container and is properly labeled with requisition completed and transported appropriately to receiving department or utility holding bin. Also, appropriate documentation is complete. Circulator is ultimately responsible for ensuring the specimen is taken to the Lab or appropriate receiving department.
13. At times of temporary and permanent relief by another circulator, provide a report of the progress of the procedure, patient information obtained during the preoperative assessment and interview, any special needs or requests of the operative team, and any other pertinent information deemed necessary.
14. The Circulating Nurse is responsible for the intraoperative records and for accurate recording of surgical charges. Document all implanted items on the intraoperative record and progress notes.
15. The Circulating Nurse is responsible for all visitors, guests, traffic and official documentation in the OR suite.
16. At close of surgery, the circulator should be close by the patient to keep them from injuring themselves on awakening from anesthesia. Should also be available to assist anesthesia when extubating, if necessary.
17. Accompany anesthesia with patient to PACU and give report.
18. The circulating nurse is responsible for maintaining a sterile environment.

REFERENCE:

AORN. (2011). **Standard, Recommended Practices, and Guidelines**, Denver: AORN Inc. Rothrock, Jane C., *Alexander's Care of the Patient in Surgery*, 14th ed., Mosby, 2011.

Attachments:

No Attachments