

# Theatre Induction & Student Nurse Workbook

Name.....

## Welcome to the Operating Department

This hand book is designed to give you valuable information and insight into the Theatre Department for your placement with us.

With this handbook and any background reading you wish to do, we ask that you formulate a series of learning goals that you wish to achieve or knowledge that you wish to gain during your placement.

This can be discussed at the start of your placement so we can help you get the most out of your time with us.

You will be allocated a member of staff to shadow but due to shift patterns and what you want to see or get involved with, you will spend time with other members of theatre staff too. Anyone will help and advise you. Just ask.

At the end of this booklet are some learning objectives that you are required to complete whilst on placement in the department. You can use this as evidence for your portfolio.

Most importantly, don't be scared and don't be afraid to ask questions.

Learning Environment Managers are **Megan Blake** and **Andreea Scripcaru**. Their contact details are [megan.blake2@nhs.net](mailto:megan.blake2@nhs.net) and [Andreea.scripcaru@nhs.net](mailto:Andreea.scripcaru@nhs.net)

If you are ill or unable to attend during your placement, please ring switchboard before 08.00 that morning and ask for **Theatre Coordinator** and leave a message for the **Learning Environment Manager**, you also need to report this to the University in the usual way.

## **Theatre Department Complex**

We have a team on site 24 hours a day, 7 days a week. Out of hours (after 17.30 until 08.00, bank holidays and weekends) we cover emergency obstetrics, orthopaedic trauma and general emergencies. We also provide cover for the Emergency Department if they require anaesthetic intervention and our staff travel with the anaesthetist and ambulance crew if a patient needs to be transferred to another hospital.

We have 12 theatres divided into 2 'phases' and a satellite theatre on Holywell ward for ophthalmic surgery.

### **Phase 1**

Theatres 1 - 8

Reception 1

Recovery 1

### **Phase 2**

Theatres 9-12

Reception 2

Recovery 2

### **Surgical specialities**

Theatre 1 General Emergencies

Theatre 2 General /colorectal

Theatre 3 General /colorectal

Theatre 4 ENT & Max fax

Theatre 5 Orthopaedic

Theatre 6 Orthopaedic

Theatre 7 Orthopaedic

Theatre 8 Orthopaedic

Theatre 9 Gynaecology & Obstetrics

Theatre 10 Urology

Theatre 11 Emergency obstetrics

Theatre 12 Breast

### **Expectations of students whilst in theatre**

- Always maintain confidentiality.
- Participate as part of the team.
- Act professionally at all times.
- Adhere to NMC standards.
- Identify yourself as a student to patients and staff by introducing yourself and wearing your name badge at all times.
- Respect the wishes of the patients at all times.
- Always work under the supervision of a registered practitioner (Registered Nurse or Operating Department Practitioner).
- Always attend theatre properly dressed in theatre blues and hat with all hair tucked into the hat.

## Theatre Etiquette

- All staff including students must attend the team brief in the morning.
- Please introduce yourself to the team leader and all other staff members.
- Always introduce yourself to patients and staff.
- Mobile phones are not permitted in theatre or clinical areas they must be kept in your bag or locker. Please bring a padlock with you.
- Personal bags are also not permitted in theatre and must be kept in the staff room or in a locker.
- No food or drinks are allowed in theatre
- If a patient is being induced by the anaesthetic room - DO NOT ENTER.
- Do not use the anaesthetic room as a corridor.
- Keep a good distance away from the sterile field unless scrubbed.
- DO NOT DIRECTLY SPEAK TO THE OPERATING SURGEON, please ask the scrub nurse to pass on a message.
- Do feel free to ask the circulating staff any questions regarding the procedure.
- Please speak up if you have any concerns about staff or patient safety.
- Operating theatre attire must always be worn; this includes no outdoor clothes or footwear.
- No jewellery should be worn in theatre (plain wedding band is acceptable)
- Please be silent during the WHO CHECKLIST sign in and sign out.
- Patients should not be left unattended at any time if you see a patient unattended please wait with the patient until the practitioner arrives.
- If you have any problems, please see either your team leader or theatre coordinator.

## **Learning opportunities**

- Understanding patient care in the preoperative setting.
- Understanding the roles of the circulating person, scrub person and anaesthetic practitioner.
- Learning and practicing correct scrubbing, gowning and gloving technique!!!!
- Developing and understanding of surgical procedures.
- Observing anaesthetic procedures.
- Assisting the anaesthetic practitioner where possible.
- Tracking a patient and their journey from reception to theatre and into recovery.
- Assisting members of the team to clean and prepare theatre in the morning and at the end of the list.
- Helping remove rubbish and dirty sets from theatre after a procedure.

## **Guide to theatres**

Theatres is a very large department with many members of staff all dressed the same, so hopefully the information below will help you sort out where you are and who is who.

### **Theatre reception**

All patients and visitors enter the department through reception. The reception team welcomes visitors and patients and organises beds etc. When patients enter theatre reception their details are checked by a reception support workers. They are then transferred to a theatre trolley and then a member of the theatre team meets the patient, has a handover from reception team then escorts the patient to the anaesthetic room.

### **Anaesthetic room**

There is an anaesthetic room attached to every theatre. It contains all the drugs and equipment required for monitoring the patient and to provide the anaesthesia required for surgery. Many patients are anxious when they are going to sleep so it is important that no one enters the anaesthetic room during this time, unless called for by a member of staff in there. When the anaesthetist is happy with the depth of anaesthesia and the patient's observations, the patient is then brought into theatre.

### **Main theatre**

Each theatre has a main room where surgery takes place and has a variety of equipment. There is an anaesthetic machine to maintain anaesthesia and monitor the patient. Each theatre also has a scrub room for hand washing and for putting on gown and gloves, and a prep room which holds a stock of sundries and equipment specific to that speciality. After surgery the patients are transferred to the recovery room (PACU) for further monitoring before returning to the ward.

## **Staff room/Coffee room**

Our staff room is located opposite theatre 5. There are several fridges and microwaves so you are more than welcome to bring your own food or buy food from the canteen located at the entrance to the hospital. In the coffee room there is also tea, coffee and squash that you can help yourself too. The coffee room can get very busy in the mornings and may feel a little daunting but don't be shy everyone is welcoming and friendly. There are no set breaks times in the theatre. We fit our breaks in when it is most appropriate and safe for our theatre lists.



## **Theatre Staff**

### **Scrub assistant**

This member of staff is responsible for all instruments and other items such as swabs, sutures etc used during surgery. The scrub assistant anticipates the surgeon's needs throughout. The scrub assistant should have good knowledge of all instrument used and the surgery taking place. The assistant is usually a registered practitioner, either a nurse or operating department practitioner (ODP) (band 5/6) however in this hospital theatre practitioners (band 4) also scrub.

### **Instrument Tray Colour Coding**

Orthopaedics & Trauma—Red Lid

General—Black Lid

Maxillofacial (Max Fax) - Green Lid

ENT—Blue Lid

Ophthalmic—Grey Lid

Urology—Black Lid

Gynaecology – Yellow Lid

## **Anaesthetic assistant**

This member of staff is responsible for all anaesthetic equipment, ensuring all is available and in good working order. Drugs and IV fluids are checked and equipment ready according to which sort of anaesthesia is being administered. The anaesthetic assistant remains with the anaesthetist throughout surgery supplying equipment and support where needed. This is the role of a band 5/6 ODP or nurse.

## **Circulating assistants**

These members of staff (who can be any member of the team, theatre support worker, nurse, ODP, theatre practitioner) anticipates the needs of the scrub assistant and is responsible for opening all of the instruments trays and passing sundries to the scrub assistant. The circulating assistant can take part in the counts with the scrubbed assistant and is responsible along with the rest of the team for positioning and safety of the patient.

## Dressings

Here are a number of commonly used dressings used throughout all theatre specialities.

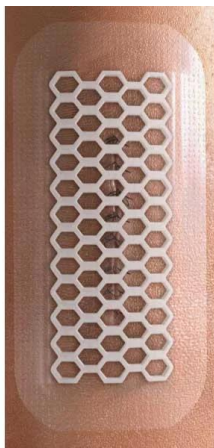
### Opsite Post-op

Opsite post-op provides an impermeable barrier against bacteria, to reduce the risk of surgical site infection. These dressings are breathable and waterproof and can stay in situ for up to 7 days.



### Opsite Post-op Visible

Opsite Post-Op Visible is a transparent film with a see-through absorbent pad. It has a breathable film which is waterproof and bacteria-resistant. The lattice structure foam pad enables allow continual monitoring of the incision site without the need to disrupt the healing process.



### Pico Dressings (negative pressure dressings)

Negative pressure wound therapy is clinically effective in reducing the incidence of surgical site infections and complications.

## Indications

- BMI >30
- Uncontrolled insulin dependent diabetics
- Immunosuppression
- Smoking



## Sutures

### VICRYL® Plus Antibacterial Suture

VICRYL Plus Suture is indicated for use in general soft tissue approximation and/or ligation, except for ophthalmic, cardiovascular and neurological tissues.



## MONOCRYL® Plus Antibacterial Suture

MONOCRYL Sutures are ideal for subcuticular skin closure. High initial breaking strength to maintain wound approximation during the critical first few days of skin healing.



## PDS® Plus Antibacterial Suture

PDS Sutures combine the features of soft, pliable, monofilament construction with absorbability and extended wound support. Retains 60% of its original strength for 6 weeks, providing support to the fascia as it slowly.



## VICRYL RAPIDE Suture

VICRYL RAPIDE Suture is a synthetic absorbable sterile surgical suture.



## **Common Prefixes**

Ab - away from (any motion that moves a structure away from the centre of the body)

Ad - towards (any motion that moves a structure towards the centre of the body)

Angio - related to the arteries.

Arthr/o - related to the joint.

Brady – Slow.

Cardio - the heart.

Colo - the colon.

Cyst - the bladder.

Gastro - the stomach.

Hyster - relating to the uterus.

Hemi - only half or partial removal (for example right hemicolectomy is the removal of the right side of the colon)

Haem - related to the blood.

Ileo - the ileum.

Nephro - relating the kidney.

Rhino - relating to the nose.

Oculo - relating to the eye.

Osteo - relating to the bone.

Salpingo - relating to the fallopian tube.

Tachy - rapid.

Ectomy - surgical removal of (for example appendectomy is the removal of the appendix, tonsillectomy is the surgical removal of the tonsils)

Ostomy - to create an opening surgically (for example a colostomy involves bringing one end of the colon out through an opening that has been created in the abdominal wall)

Otomy - to cut into (for example osteotomy involves making a surgical opening within the bone)

Plasty - modify or reshape (for example Arthroplasty is the surgical reconstruction or replacement of a joint)

Oscopy - viewing of (for example a gastroscopy is viewing/ looking at the oesophagus, stomach and the small intestine, arthroscopy is viewing the joint)

Supine - patient lies on their back.

Prone - patient lies on their stomach.

Lithotomy - patient lies supine with their legs raised and secured.

Lateral - patients lies on either their left or right side.

Good luck and enjoy your placement!



## Theatre circulating

Learning objectives	Observed/discussed	NMC standard
Become familiar with cleaning of theatre before and after use.		
Become familiar with cleaning protocol after an infected case.		
Understand the need to check stock levels before surgical list starts.		
Assist with checking if equipment is clean and working -diathermy -suction -theatre lights -air flow system -laparoscopic equipment		
Basic understanding of diathermy and where to place the pad.		
Be aware of the computer based care plan Ormis and the paper based care plan.		
Be aware of the WHO document and the Importance of the STOP moment.		
Assist in setting up of surgical cases.		
Understand and assist in the use of pressure care devices.		
Understand and assist with the use of patient warming in theatre.		
Assist in the aseptic opening of theatre instruments and sundries.		
Assist in checking through sets using the instrument check sheet with the scrub nurse.		
Assist in the counting of swabs, blades, sutures etc with the scrub nurse correctly and recording them.		
Be aware of the sterile field- (what you can touch and what you cannot!!!)		

## Theatre Scrub

Learning objectives	Observed/ discussed	NMC Standard
Practice correct hand washing technique.		
Practice correct technique for donning gown and gloves.		
Have an understanding of what is meant by sterile field and how and why it must be maintained.		
Basic understanding of handing instruments when scrubbed.		
Understand limitations of being a student nurse when scrubbed.		
Correct procedure for counting instruments and sundries.		
Understand when counts should take place according to national and local guidelines.		
Basic knowledge of sutures used in surgery.		
Basic knowledge of different skin preparation used.		
Basic knowledge of dressings used.		
Basic understand of procedure to follow when an instrument or swab is lost.		
Basic knowledge of incident reporting policy.		

## Anaesthesia

Learning objectives	Observed/ discussed	NMC Standard
Observe patient being checked into the department.		
Understand why the questions are asked in reception.		
Basic understanding of correct moving and handling procedure of patients in theatre reception.		
Assist in the placement of monitoring in anaesthetic room.		
Observe the placement of IV Cannula.		
Observe -general anaesthetic -spinal/epidural -regional nerve block -local anaesthetic		
Basic understanding of major drugs used in anaesthesia.		
Importance of patient warming.		
Understand the importance of providing emotional support to patients prior to anaesthetic.		