# CFPN Task & Knowledge Statements

## Subject Area 1: Pre/postoperative Patient Assessment and Diagnosis

1. Confirm patient identity with two patient identifiers

2. Universal protocol

3. Confirm correct procedure, operative site, side/site marking with a completed appropriate consent (e.g., surgery, anesthesia, blood)

4. Universal protocol

5. Surgical consent

6. Review relevant patient data (e.g., allergies, lab/diagnostic studies, medical history, surgical history, NPO status, H&P)

7. Pathophysiology

8. Diagnostic procedures and results

9. Age-appropriate health assessment physical and psychosocial techniques

10. Pharmacology

11. Use age and culturally appropriate health assessment techniques (e.g., interview, observation)

12. Age-appropriate health assessment physical and psychosocial techniques

13. Cultural competence, including physical and psychosocial accommodations

14. Review medication reconciliation (e.g., preoperative meds, home meds, alternative and herbal supplements, medical marijuana, alcohol use, recreational drug use)

15. Age-appropriate health assessment physical and psychosocial techniques

16. Cultural competence, including physical and psychosocial accommodations

17. Pharmacology

18. Pain measurement techniques, including multi-model and alternative therapies

19. Conduct an individualized physical and psychosocial assessment (e.g., skin integrity, mobility, nutrition, body piercings, cognitive level, family support, socioeconomic factors, spiritual)

20. Anatomy and physiology

21. Pathophysiology

22. Age-appropriate health assessment physical and psychosocial techniques

23. Cultural competence, including physical and psychosocial accommodations

24. Advance directives and DNR

25. Pain measurement techniques, including multi-model and alternative therapies

26. Obtain a focused assessment relevant to the procedure (e.g., Aldrete score, neurological assessment, any required preoperative preparation/procedures)

27. Anatomy and physiology

28. Pathophysiology

29. Age-appropriate health assessment physical and psychosocial techniques

30. Cultural competence, including physical and psychosocial accommodations

31. Pain measurement techniques, including multi-model and alternative therapies

32. Perform a pain assessment

33. Age-appropriate health assessment physical and psychosocial techniques

34. Cultural competence, including physical and psychosocial accommodations

35. Pharmacology

36. Pain measurement techniques, including multi-model and alternative therapies

37. Identify nursing diagnoses

38. Anatomy and physiology

39. NANDA International, Inc; PNDS (Perioperative Nursing Data Set)

40. Cultural competence, including physical and psychosocial accommodations

41. Confirm advanced directive status and/or DNR status

42. Advance directives and DNR

43. Conduct patient and family teaching as appropriate for procedure

44. Age-appropriate health assessment physical and psychosocial techniques

45. Cultural competence, including physical and psychosocial accommodations

46. Teaching and learning theories

## Subject Area 2: Individualized Plan of Care Development and Expected Outcome Identification

1. Identify measurable patient outcomes across the continuum of care

    a. Nursing process

    b. NANDA International, Inc; PNDS (Perioperative Nursing Data Set)

    c. Physiological responses

    d. Disease process

    e. Behavioral and emotional responses to the surgical experience

    f. Age specific needs and patient centered care

    g. Transcultural nursing theory (e.g., cultural and ethnic influences, family patterns, spirituality and related practices, gender identity)

    h. Critical thinking

2. Identify specific interventions for each nursing diagnosis to achieve expected outcomes

    a. Nursing process

    b. Perioperative safety based upon individual patient assessment, e.g., existing implants, pacemakers, AICD

    c. Age specific needs and patient centered care

    d. Patient rights and responsibilities

    e. Transcultural nursing theory (e.g., cultural and ethnic influences, family patterns, spirituality and related practices, gender identity)

    f. Theories of and resources for patient/family education (e.g., community and institutional resources)

    g. Critical thinking

3. Ensure care plan addresses specific patient considerations, including physiological and behavioral responses, perioperative safety, age considerations, diversity, legal and ethical guidelines

    a. Physiological responses

    b. Disease processes

    c. Behavioral and emotional responses to the surgical experience

    d. Age specific needs and patient centered care

    e. Perioperative safety based upon individual patient assessment, e.g., existing implants, pacemakers, AICD

    f. Patient rights and responsibilities

    g. Transcultural nursing theory (e.g., cultural and ethnic influences, family patterns, spirituality and related practices, gender identity)

    h. Theories of and resources for patient/family education (e.g., community and institutional resources)

      i.    Legal and ethical responsibilities and implications for patient care

      j.    Critical thinking

4. Evaluate patient responses to plan of care

    a.   Nursing process

    b.   Physiological responses

    c.   Disease processes

    d.   Behavioral and emotional responses to the surgical experience

    e.   Perioperative safety based upon individual patient assessment, e.g., existing implants, pacemakers, AICD

    f.   Legal and ethical responsibilities and implications for patient care

5. Update plan of care as needed

    a.   Nursing process

    b.   NANDA International, Inc; PNDS (Perioperative Nursing Data Set)

    c.   Communication skills

    d.   Physiological responses

    e.   Behavioral and emotional responses to the surgical experience

    f.   Perioperative safety based upon individual patient assessment, e.g., existing implants, pacemakers, AICD

    g.   Critical thinking

6. Utilize critical thinking skills to facilitate patient care

    a.   Critical thinking

## Subject Area 3: Management of Intraoperative Activities Section 3a: Patient Care and Safety

1. Maintain patient and personnel safety by monitoring environmental hazards (e.g., chemical, fire, smoke plumes, radiation, electrical, laser)

    a.   Professional standards of care

    b.   Critical thinking skills

    c.   Universal protocol

    d.   Regulatory guidelines

    e.   Role as a patient advocate

    f.   Principles of patient/personnel safety, e.g., surgery smoke safety, hazardous waste management, chemical, fire, laser, radiation

    g.   Environmental factors (e.g., temperature, humidity, air exchange, noise, traffic patterns)

2. Provide comfort measures to optimize behavioral responses to the surgical procedure (e.g., physiological, psychological, spiritual)

   a. Physiologic responses to the surgical experience

   b. Preoperative patient preparation activities

   c. Patient's rights

   d. Role as a patient advocate

   e. Pain/comfort measures

   f. Environmental factors (e.g., temperature, humidity, air exchange, noise, traffic patterns)

3. Prepare the surgical site per procedure and surgeon preference

   a. Anatomy and physiology

   b. Surgical procedures

   c. Principles of infection control prevention

   d. Aseptic technique

   e. Skin antisepsis

   f. Universal protocol

   g. Principles of patient/personnel safety, e.g., surgery smoke safety, hazardous waste management, chemical, fire, laser, radiation

   h. Ergonomics and body mechanics

   i. Principles of positioning including risk factors for pressure and nerve injury

4. Ensure the selection of appropriate procedure-specific protective barrier materials (e.g., lead aprons and drapes, eye goggles, laser shields)

   a. Anatomy and physiology

   b. Surgical procedures

   c. Regulatory guidelines

   d. Principles of patient/personnel safety, e.g., surgery smoke safety, hazardous waste management, chemical, fire, laser, radiation

   e. Instruments, supplies, and equipment related to surgical procedure

5. Evaluate patient response to pharmacological agents, e.g. pain management

   a. Physiological responses to the surgical experience

   b. Expected outcomes related to identified interventions

   c. Pharmacology

   d. Anesthesia management and anesthetic agents

    e.   Pain/comfort management

    f.   Medication management (e.g., medication rights, labeling)

6.  Assist with anesthesia management (e.g. intubation, extubation, applying monitors, applying cricoid pressure)

    a.   Anatomy and physiology

    b.   Physiological responses to the surgical experience

    c.   Expected outcomes related to identified interventions

    d.   Principles of positioning including risk factors for pressure and nerve injury

    e.   Anesthesia management and anesthetic agents

7.  Control environmental factors (e.g., noise, temperature, humidity, positive pressure, traffic)

    a.   Professional standards of care

    b.   Regulatory guidelines

    c.   Role as a patient advocate

    d.   Principles of patient/personnel safety, e.g., surgery smoke safety, hazardous waste management, chemical, fire, laser, radiation

    e.   Environmental factors (e.g., temperature, humidity, air exchange, noise, traffic patterns)

8.  Maintain a sterile field utilizing aseptic technique

    a.   Professional standards of care

    b.   Principles of infection control prevention

    c.   Aseptic technique

    d.   Role as a patient advocate

    e.   Instruments, supplies, and equipment related to surgical procedure

    f.   Environmental factors (e.g., temperature, humidity, air exchange, noise, traffic patterns)

    g.   Conflict management

9.  Utilize equipment according to manufacturer's recommendations

    a.   Role as a patient advocate

    b.   Principles of patient/personnel safety, e.g., surgery smoke safety, hazardous waste management, chemical, fire, laser, radiation

    c.   Instruments, supplies, and equipment related to surgical procedure

    d.   Equipment use per manufacturer's instructions

10. Maintain the dignity and privacy of the patient

- a. Professional standards of care
- b. Patient's rights
- c. Role as a patient advocate

11. Protect patients' rights through advocacy

- a. Professional standards of care
- b. Patient's rights
- c. Role as a patient advocate
- d. Conflict management

12. Verify that specimens are prepared, labeled and transported correctly

- a. Professional standards of care
- b. Principles of infection control prevention
- c. Standard and transmission-based precautions
- d. Requirements for handling specimens

13. Verify that the correct implants are available

- a. Surgical procedures
- b. Preoperative patient preparation activities
- c. Critical thinking skills
- d. Universal protocol
- e. Instruments, supplies, and equipment related to surgical procedure
- f. Implants and explants (e.g., handling, tracking, sterilization)

14. Verify that the implants are correctly prepared

- a. Aseptic technique
- b. Regulatory guidelines
- c. Instruments, supplies, and equipment related to surgical procedure
- d. Implants and explants (e.g., handling, tracking, sterilization)
- e. Equipment use per manufacturer's instructions

15. Prepare explants for final disposition

- a. Standard and transmission-based precautions
- b. Regulatory guidelines
- c. Patient's rights

d. Principles of patient/personnel safety, e.g., surgery smoke safety, hazardous waste management, chemical, fire, laser, radiation

e. Implants and explants (e.g., handling, tracking, sterilization)

16. Label solutions, medications, and medication containers

   a. Professional standards of care

   b. Regulatory guidelines

   c. Patient's rights

   d. Pharmacology

   e. Medication management (e.g., medication rights, labeling)

17. Perform appropriate surgical counts

   a. Surgical procedures

   b. Professional standards of care

   c. Expected outcomes related to identified interventions

   d. Role as a patient advocate

   e. Surgical counts

   f. Conflict management

18. Perform universal protocol (e.g., time outs, pre-procedure identification and verification, site marking, post procedure debrief)

   a. Professional standards of care

   b. Regulatory guidelines

   c. Patient's rights

   d. Preoperative patient preparation activities

   e. Universal protocol

   f. Role as a patient advocate

   g. Implants and explants (e.g., handling, tracking, sterilization)

   h. Intraoperative blood transfusion/salvage

19. Anticipate the need for intraoperative blood transfusion/salvage

   a. Surgical procedures

   b. Physiologic responses to the surgical experience

   c. Critical thinking skills

   d. Universal protocol

e. Regulatory guidelines

f. Intraoperative blood transfusion/salvage

20. Utilize proper body mechanics

a. Anatomy and physiology

b. Critical thinking skills

c. Ergonomics and body mechanics

21. Perform proper patient positioning appropriate for procedure

a. Anatomy and physiology

b. Surgical procedures

c. Critical thinking skills

d. Expected outcomes related to identified interventions

e. Preoperative patient preparation activities

f. Principles of patient/personnel safety, e.g., surgery smoke safety, hazardous waste management, chemical, fire, laser, radiation

g. Principles of positioning including risk factors for pressure and nerve injury

h. Instruments, supplies, and equipment related to surgical procedure

i. Equipment use per manufacturer's instructions

22. Intervene with impaired/disruptive behavior in patients, family members and/or the perioperative team in accordance with facility/institutional policy

a. Professional standards of care

b. Critical thinking skills

c. Role as a patient advocate

d. Conflict management

23. Identify wound classifications

a. Anatomy and physiology

b. Surgical procedures

c. Principles of infection control prevention

d. Regulatory guidelines

e. Principles of wound healing, including management of tubes, lines and drains

f. Wound classification

24. Maintain wound dressings, including tubes, lines and drains

a.  Principles of infection control prevention

b.  Aseptic technique

c.  Skin antisepsis

d.  Wound classification

## Section 3b: Management of Personnel, Services and Materials

1.  Acquire needed equipment, supplies and personnel

    a.  Acquiring equipment, supplies, and personnel for proper room preparation

2.  Assess expiration date and package integrity of products

    a.  Principles of packaging and sterilizing

3.  Implement cost-containment measures

    a.  Principles of product evaluation and cost containment

    b.  Environmental stewardship (e.g., go green)

4.  Participate in product evaluation/selection

    a.  Principles of product evaluation and cost containment

5.  Provide supervision of and education to healthcare team members

    a.  Scope of practice for the interdisciplinary team

    b.  Basic management techniques and delegation, e.g., chain of command

    c.  Role of the Healthcare Industry Representative (HCIR)

    d.  Role of non-OR personnel in the ORDelegate tasks to appropriate personnel according to regulatory agencies and facility policy and procedures

    a.  Scope of practice for the interdisciplinary team

    b.  Basic management techniques and delegation, e.g., chain of command

    c.  Role of non-OR personnel in the OR

6.  Supervise visitors (e.g., students, family, non-OR personnel)

    a.  Basic management techniques and delegation, e.g., chain of command

    b.  Role of the Healthcare Industry Representative (HCIR)

    c.  Role of non-OR personnel in the OR

7.  Manage Healthcare Industry Representative (HCIR) presence in the OR

    a.  Basic management techniques and delegation, e.g., chain of command

b.  Role of the Healthcare Industry Representative (HCIR)

8.  Practice environmental stewardship (e.g., go green, minimize waste)

    a.  Principles of product evaluation and cost containment

    b.  Environmental stewardship (e.g., go green)

## Subject Area 4: Communication and Documentation

1.  Maintain accurate patient records/documentation of all care provided (e.g., relevant facts, data elements, unusual occurrences, specimens, medications)

    a.  Documentation of all nursing interventions, including patient education

    b.  Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)

    c.  Regulatory guidelines (e.g., confidentiality)

    d.  Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)

    e.  Documentation of the transfer of care

2.  Collaborate with the interdisciplinary healthcare team (e.g., nutrition, wound care, social work, visiting nurse, referrals, transportation)

    a.  Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)

    b.  Interdisciplinary plan of care, medication reconciliation, universal protocol

    c.  Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)

    d.  Interdisciplinary services for care coordination

3.  Communicate current patient status to the interdisciplinary healthcare providers (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, specimen results)

    a.  Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)

    b.  Interdisciplinary plan of care, medication reconciliation, universal protocol

    c.  Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)

    d.  Interdisciplinary services for care coordination

    e.  Regulatory guidelines (e.g., confidentiality)

4. Communicate measurable patient outcomes across the continuum of care (e.g., hand offs)

    a. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)

    b. Postoperative complications

    c. Transfer of care criteria

5. Document perioperative education provided to patient and advocate where applicable

    a. Documentation of all nursing interventions, including patient education

    b. Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)

    c. Perioperative patient education techniques

    d. Patient postoperative follow-up communication within regulatory guidelines

6. Document post discharge follow up communication provided to patient

    a. Documentation of all nursing interventions, including patient education

    b. Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)

    c. Patient postoperative follow-up communication within regulatory guidelines

7. Document preoperative and postoperative assessment (e.g., skin, neuro status, site-surgery checklist)

    a. Documentation of all nursing interventions, including patient education

    b. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)

    c. Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)

8. Document transfer of care

    a. Documentation of all nursing interventions, including patient education

    b. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)

    c. Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)

    d. Transfer of care criteria

    e. Documentation of the transfer of care

9. Document appropriate measures taken to prepare and track implantable tissue and other trackable items

    a. Documentation of all nursing interventions, including patient education

    b. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)

    c. Regulatory guidelines (e.g., confidentiality)

    d. Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)

10. Evaluate patient status to facilitate transfer to the next level of care (e.g., PACU, ICU, home)

    a. Documentation of all nursing interventions, including patient education

    b. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)

    c. Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)

    d. Transfer of care criteria

    e. Documentation of the transfer of care

    f. Patient postoperative follow-up communication within regulatory guidelines

11. Implement effective solutions to identified patient communication barriers (e.g., translation services, hearing aids, assistive devices)

    a. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)

    b. Interviewing techniques

12. Provide information about the patient according to HIPAA guidelines (e.g., status, updates)

    a. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)

    b. Regulatory guidelines (e.g., confidentiality)

    c. Postoperative complications

    d. Patient postoperative follow-up communication within regulatory guidelines

13. Utilize read back for verbal orders

a. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)

b. Regulatory guidelines (e.g., confidentiality)

c. Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)

14. Document surgical wound classification

a. Documentation of all nursing interventions, including patient education

b. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)

c. Regulatory guidelines (e.g., confidentiality)

d. Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)

e. Wound classification

## Subject Area 5: Infection Prevention and Control of Environment, Instrumentation and Supplies

1. Ensure proper environmental cleaning for spills, room turnover and/or terminal cleaning

a. Environmental cleaning (e.g., spills, room turnover, terminal cleaning)

b. Microbiology and infection control

c. Standard and transmission-based precautions, including PPE and hand hygiene

d. Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)

e. Handling and disposition of hazardous materials (e.g., chemo drugs, radioactive materials)

f. Handling and disposition of biohazard materials (e.g., blood, CJD)

2. Ensure appropriate methods for cleaning, disinfecting, packaging, sterilizing, transporting and/or storage of instruments and reusable goods

a. Microbiology and infection control

b. Standard and transmission-based precautions, including PPE and hand hygiene

c. Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)

d. Principles of cleaning and disinfection of instruments and reusable goods

e. Principles of packaging and sterilizing of instruments and reusable goods

f.  Principles of transporting and storage of instruments, reusable goods and single use supplies

g.  Handling and disposition of hazardous materials (e.g., chemo drugs, radioactive materials)

h.  Handling and disposition of biohazard materials (e.g., blood, CJD)

i.  Environmental conditions of sterilization and storage areas

j.  Spaulding classification

3.  Ensure appropriate methods for transporting and storage of single-use items

a.  Microbiology and infection control

b.  Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)

c.  Principles of transporting and storage of instruments, reusable goods and single use supplies

d.  Handling and disposition of biohazard materials (e.g., blood, CJD)

4.  Maintain appropriate documentation for sterilization and disinfection

a.  Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)

b.  Documentation requirements for sterilization, biological and chemical monitoring

c.  Regulatory requirements for tracking of materials and instruments brought in from outside the facility

5.  Ensure proper handling and disposition of hazardous materials (e.g., chemo drugs, radioactive materials)

a.  Environmental cleaning (e.g., spills, room turnover, terminal cleaning)

b.  Standard and transmission-based precautions, including PPE and hand hygiene

c.  Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)

d.  Handling and disposition of hazardous materials (e.g., chemo drugs, radioactive materials)

6.  Ensure proper handling and disposition of biohazard materials (e.g., blood, CJD)

a.  Environmental cleaning (e.g., spills, room turnover, terminal cleaning)

b.  Standard and transmission-based precautions, including PPE and hand hygiene

c.  Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)

d.  Handling and disposition of biohazard materials (e.g., blood, CJD)

7.  Utilize appropriate Personal Protective Equipment (PPE)

a.  Standard and transmission-based precautions, including PPE and hand hygiene

b.  Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)

c.  Handling and disposition of hazardous materials (e.g., chemo drugs, radioactive materials)

d.  Handling and disposition of biohazard materials (e.g., blood, CJD)

e.  Surgical attire based on surgical/perioperative zones

8.  Adhere to appropriate procedures for sterilization, biological monitoring and chemical monitoring

a.  Standard and transmission-based precautions, including PPE and hand hygiene

b.  Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)

c.  Principles of cleaning and disinfection of instruments and reusable goods

d.  Principles of packaging and sterilizing of instruments and reusable goods

e.  Documentation requirements for sterilization, biological and chemical monitoring

f.  Spaulding classification

9.  Monitor environmental conditions of sterilization and storage areas

a.  Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)

b.  Principles of packaging and sterilizing of instruments and reusable goods

c.  Principles of transporting and storage of instruments, reusable goods and single use supplies

d.  Environmental conditions of sterilization and storage areas

10. Track materials and instruments brought in from outside the facility

a.  Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)

b.  Principles of transporting and storage of instruments, reusable goods and single use supplies

c.  Regulatory requirements for tracking of materials and instruments brought in from outside the facility

11. Adhere to guidelines regarding proper surgical attire based on restricted, semi-restricted, or non- restricted zone

a.  Microbiology and infection control

b.    Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)

c.    Surgical attire based on surgical/perioperative zones

12.  Adhere to proper hand hygiene guidelines, including surgical hand scrubbing

a.    Microbiology and infection control

b.    Standard and transmission-based precautions, including PPE and hand hygiene

c.    Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)

## Subject Area 6: Emergency Situations

1.    Identify emergency situations, including difficult airway, robotic

a.    Pathophysiology of malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST

b.    Emergency management and roles of the interdisciplinary healthcare team members

2.    Perform nursing interventions for malignant hyperthermia (MH)

a.    Pathophysiology of malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST

b.    Interventions for malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST

c.    Emergency management and roles of the interdisciplinary healthcare team members

3.    Perform nursing interventions for anaphylaxis

a.    Pathophysiology of malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST

b.    Interventions for malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST

c.    Emergency management and roles of the interdisciplinary healthcare team members

4.    Perform nursing interventions for cardiac arrest

a.    Pathophysiology of malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST

b.    Interventions for malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST

c.    Emergency management and roles of the interdisciplinary healthcare team members

5. Perform nursing interventions for trauma

   a. Pathophysiology of malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST

   b. Interventions for malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST

   c. Emergency management and roles of the interdisciplinary healthcare team members

6. Perform nursing interventions for hemorrhage

   a. Pathophysiology of malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST

   b. Interventions for malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST

   c. Emergency management and roles of the interdisciplinary healthcare team members

7. Perform nursing interventions for local anesthetic systemic toxicity (LAST)

   a. Pathophysiology of malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST

   b. Interventions for malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST

   c. Emergency management and roles of the interdisciplinary healthcare team members

8. Function as a member of the interdisciplinary healthcare team

   a. Emergency management and roles of the interdisciplinary healthcare team members

9. Safeguard patients and members of the healthcare team from environmental hazards and during disasters (e.g., fire, toxic fumes, natural disasters, terrorism, active shooter)

   a. Environmental hazards

   b. Natural disasters

   c. Terrorism and mass casualties

   d. Fire and laser safety

   e. Emergency management and roles of the interdisciplinary healthcare team members

## Subject Area 7: Professional Accountabilities

1. Function within Scope of Practice

   a. Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines, OSHA, ANA Code of Ethics for Nurses with Explications for Perioperative Nurses, state Nurse Practice Act)

b. Scope of practice

c. Resources for professional growth and personal accountability

2. Seek assistance for recognized personal limitations

   a. Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines, OSHA, ANA Code of Ethics for Nurses with Explications for Perioperative Nurses, state Nurse Practice Act)

   b. Scope of practice

   c. Resources for professional growth and personal accountability

3. Report impaired/disruptive behavior in interdisciplinary healthcare team

   a. Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines, OSHA, ANA Code of Ethics for Nurses with Explications for Perioperative Nurses, state Nurse Practice Act)

   b. Responsibilities regarding impaired and/or disruptive behavior (e.g., patient/family, interdisciplinary healthcare team members)

4. Uphold ethical and professional standards

   a. Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines, OSHA, ANA Code of Ethics for Nurses with Explications for Perioperative Nurses, state Nurse Practice Act)

   b. Scope of practice

   c. Patient's rights

5. Utilize resources for professional growth

   a. Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines, OSHA, ANA Code of Ethics for Nurses with Explications for Perioperative Nurses, state Nurse Practice Act)

   b. Scope of practice

   c. Resources for professional growth and personal accountability

   d. Principles of evidence-based practice

6. Participate in quality improvement activities (e.g., research, evidence-based practice, performance improvement)

   a. Research principles

   b. Performance improvement

   c. Principles of evidence-based practice

7. Participate in interdisciplinary teams (e.g. shared governance activities, staff education, committees)

a. Principles of shared governance

8. Participate in professional organizations

a. Resources for professional growth and personal accountability