

This meant to serve as an EXAMPLE TIP SHEET FOR NURSING. Please always follow the policies and procedures for your institution and practice. Please always follow the treating physician's orders.

Nursing Tip Sheet: Operative Assessment for Pelvic HDR Brachytherapy (GYN & Prostate)

Pre-Procedure (Before Patient Arrives / Setup)- Collaborate with other team members assisting with setup (scrub tech, medical assistant, nurses, RTTs, etc):

- OR bed prepared for **dorsal lithotomy positioning**
- Leg, arm, and head supports + positioning devices available (such as stirrups, candy canes, wedges/pads, foam pads, etc)
 - Protection of brachial plexus
 - avoid extended arms more than 90 degrees, avoid crossing arms too tightly across chest, keep head neutral and midline)
 - Protection of ulnar nerve
 - If using arm board, maintain palms upward (supinated position)
 - Place sufficient padding on elbows such as a foam pad
 - Protection of hips
 - Only raise and lower legs in unison (not one at a time) to protect hip joint
 - Ensure lower extremities are well-secured within stirrups or candy canes to prevent falling out during procedure
 - Protection of skin
 - Minimize number of layers underneath patient
 - Do not pull-out pads or sheets from under patient, which can cause shearing of skin
- Ultrasound machine (TRUS/TAUS) available and functioning
 - TRUS = internal probe (transrectal) for precise guidance
 - TAUS = external probe (abdominal), may require full bladder
- Confirm necessary equipment is available and ready, as needed:
 - Templates
 - Needles / catheters / applicators

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- Fiducials
- Spacer
- Sutures + fixation devices
- Surgical trays (per preference card)
- SCDs
- Warming device
- Stepper/stabilizer
- Equipment for ancillary procedures under anesthesia as needed such as cystoscopy, proctosigmoidoscopy, cervical dilation, biopsy, etc
- Imaging (CT/MRI) coordinated prior to OR

Pre-Procedure (Patient Readiness)

- H&P within 30 days + same-day H&P attestation
- Consent (procedure + anesthesia+ others as applicable) signed
- Allergies verified
- NPO status confirmed
- Last medications reviewed
- IV access established and patent
- Pregnancy test (if applicable)
- Dentures/contacts removed
- Skin assessment completed (document issues)
- Vital signs obtained
- Patient questions addressed
- Transportation/support person confirmed

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Intraoperative Safety

- Participate in **sign-in, time-out, sign-out**
- Confirm:
 - Patient identity (2 identifiers)
 - Procedure
 - Laterality / site
 - Allergies
 - Antibiotics (if needed)
- Head/neck neutral alignment
- Arms neutral if tucked (thumbs up)
- Sacral padding in place
- No pressure from stirrups or straps
- Epidural chair ready (if needed)
 - Assist anesthesia with positioning, support, and patient stability during epidural placement
- Placement of safety strap

Anesthesia Support

- Prior to start of case, communicate with anesthesia support personnel if additional or specialized equipment (such as GlideScope) needed
- Monitors connected:
 - Telemetry
 - Pulse oximetry
 - Capnography
 - Temperature (if needed per anesthesia)
- Oxygen administration
- Sequential compression device (SCD)

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- Warming device
- IV-line patent, accessible and positioning verified by anesthesia
- Stay at head of bed during induction (no multitasking/distractions during induction)
- Ready to assist with emergencies during or after anesthesia induction
 - Laryngospasm
 - Hypotension
 - Aspiration
 - Malignant hyperthermia

During Procedure

- If needed, assist with:
 - Positioning
 - Examination Under Anesthesia (EUA) / scopes
 - Ultrasound guidance
 - Applicator / needle placement
 - Spacer placement
 - Template fixation
 - Monitor patient condition continuously
 - Communicate any changes immediately
 - Maintain sterile field
 - Minimize OR traffic + door openings
 - Do not leave field unattended and monitor field to assure sterility has not been compromised
 - Do not cover sterile fields or leave open for a significant amount of time, open supplies immediately prior to use
 - Use hair coverings and masks in presence of sterile field

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- Prior to opening all supplies onto field, verification of expiration date should be completed
- Do not reach across sterile fields if not scrubbed in
- Do not walk between sterile fields and team members scrubbed in, go around back side of table

Documentation

- Real-time documentation of procedure
- Equipment + supplies are recorded
- Lot numbers + expiration dates documented
- Implant details documented
- Medications (if not charted by anesthesia)
- Skin condition before and after anesthesia documented
- Site preparation documented
- As above, safety sign-in, timeout and safety sign-out documented
- Surgical counts documented (at minimum, initial and final)

Post-Procedure (Immediate)

- Assist with anesthesia emergence
- Provide safe environment for patient while waking up from anesthesia, including fall prevention, prevention of corneal abrasions, etc.
- Confirm implant/template secure
- Educate anesthesia to not elevate head of bed after procedure for pelvic HDR brachytherapy
- Ensure patient stable before transfer
- Coordinate transport + imaging (CT/MRI if needed)
- Provide handoff report as needed
- Educate patient + family

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- Promote calm environment

Radiation Safety & Teamwork

- Follow radiation safety protocols
- Coordinate with:
 - Radiation oncology
 - Physics/dosimetry
 - Anesthesia
 - Maintain clear multidisciplinary communication

Emergency Readiness

- Know location of:
 - Crash cart
 - Malignant hyperthermia kit
 - Fire extinguisher
 - Lipid emulsion therapy
 - Eye wash station
 - PPE (personal protective equipment)
- Be prepared for:
 - Cardiac arrest or other medical emergency (ACLS current)
 - Local Anesthetic Systemic Toxicity (LAST) syndrome
 - Malignant hyperthermia
 - Airway emergencies
 - Hypotension