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## Principles of asepsis pdf

By Cathy Osman, RN, BSN, CNORForedre surgical infection in the operating room is the primary goal of the surgical team, and all activities performed by the team support this goal. Some of these activities include patient risk assessment, environmental cleaning, disinfection and sterilization of instrumentation, patient antibiotic prophylaxis and the use of standard precautions. However, surgical room activities related to asepsis and aseptic practice have the greatest direct impact on the surgical team to help reduce the patient's risk of infection at the surgical site. The goal of asepsis is to prevent contamination of the open surgical wound by isolating the operating site from the surrounding non-sterile environment.1 The surgical team achieves this by creating and maintaining the sterile field and by following aseptic principles aimed at preventing microorganisms from contaminating the surgical wound.3Standards and recommended practices, Developed by the Association of periOperative Registered Nurses (AORN), guidelines to be used by surgical teams to achieve optimal levels of technical and aseptic practice when caring for their patients in perioperative environments.3 These guidelines should not be considered guidelines. They should be used by institutions to provide guidance and information about perioperative practices as they incorporate them into their own policies and procedures. The principles of aseptic technique play an important role in achieving the goal of asepsis in the operating room environment. It is each surgical employee's responsibility to understand the importance of these principles and incorporate them into their daily practices. The principles of aseptic technique include the following principles. Principle #1Scrubbed people work within a sterile field.2The surgical team consists of sterile and non-sterile members. Sterile members or scrubbed personnel work directly in surgical field while the non-sterile members work on the periphery of the sterile surgical field. All surgical team members wear scrub attire. In addition to scrubbing outfits, scrubbed individuals must wear a sterile surgical dress, mask and gloves in the sterile field to establish bacterial barriers.2.4 These barriers protect the patient from the transmission of microorganisms from the surgical team. When the scrubbed person dons the sterile surgical dress, the sterility of the dress is limited to the dress parts directly seen by the scrubbed person. These sterile areas include the dress front, from chest to sterile field level, and sleeves from two inches above the elbow to the cuff.2.4 The scrubbed staff always perform a surgical hand scrub before wearing their sterile surgical dress and gloves. Principle #2Sterile curtains are used to create a sterile field.2.5Sterile surgical curtains establish an aseptic barrier minimizing the passage of microorganisms from nonsterile to sterile areas.2 Sterile curtains placed on the patient, furniture and equipment to be included in the sterile field, so that only the section site is exposed.5 During the draping process, only scrubbed personnel should handle sterile curtains. The curtains should be held higher than the operating bed with the patient draped from the pre-inserted section point into the periphery.2 Once the sterile curtain is placed, it should not be moved or rearranged.5 Remember that when the patient and the operating room tables are draped, only the top surface of the draped area is considered sterile.1Principle #3All elements used in a sterile field must be sterile.2.4Under no circumstances should sterile and non-sterile elements / areas be mixed since one pollutes the other.4 Sterilization provides the highest level of safety for all instruments, sutures, liquids, supplies, and curtains are devoid of microorganisms.2 The sterility of a package is determined by events, not by time. To ensure sterility, all sterile objects must be inspected for packet integrity and sterilization process indicators, such as indicator bands and internal chemical indicators, before introduction to sterile fields.2 If a package is compromised, it should be considered contaminated and not used.5Fluid or air may contaminate a sterile package. When liquid penetrates into a sterile package, fluid throughthrough occurs. The liquid creates a vehicle in which the migration of microorganisms reaches the sterile element. When a sterile packaged item is released on the floor, air penetrates into the sterile package. The force created when the package comes into contact with the floor, the sterile barrier may be penetrated by forcing sterile air out and releasing contaminated air and particles into the package.1.3Principle #4All items introduced to a sterile field should be opened and transmitted using methods that maintain sterility and integrity.2.4All sterile items should be dispensed to the sterile field using methods that preserve the integrity of the objects and sterile fields.1 Non-sterile, personnel usually the circulating nurse must use good judgment when dispensing sterile items on the sterile field either by presenting them directly to the scrubbed person or placing them securely on the sterile field.1.2 Sterile items thrown onto the sterile field , may displace other sterile objects, penetrate the curtains, or roll off the sterile field causing contamination to happen.1.2When opening wrapped supplies, the non-sterile person should open the top wrapper flap away from them first, and then open the flaps to each side. The last wrapping flap is drawn against the non-sterile person who opens the package.3 This technique of opening a wrapped package ensures that the non-sterile person does not reach over the sterile item inside. All packing edges should be attached to prevent the packaging from turning and contaminating the contents of the sterile package or field.2.5 After an opened, the inside of the packaging is the wrapping Its contents are considered sterile except for the 1-inch outer edge of the wrapper.1 This 1-inch outer edge of the wrapper is considered a safety margin between sterile and non-sterile. When a package package is packaged twice, each institution's guidelines and procedures determine whether one or both wrappers are opened before presentation to the sterile field.5When you open a peeling package, the non-sterile person opens the package by rolling the wrapping over their hands and presenting the inner contents of the package to the scrubbed person.5 The package and contents must be presented in such a way to prevent contamination of the sterile item or the scrubbed person. When determining the sterility of package contents, the inner edge of the heat sealing line is considered as separates sterile from non-sterile. When opening a solution container, the non-sterile person should lift the cap straight up and pour the contents of the bottle into a sterile container. The sterile container is held either by the scrubbed person away from the sterile field or placed near the edge of a sterile waterproof draped table. Only the top edge of the bottle top and bottle contents are considered sterile when the cap is removed from the bottle. Therefore, when sterile liquids are dispensed, the entire contents of the bottle must be poured or the liquid left in the bottle discarded.1 When solutions are poured onto the sterile field, they should be poured slowly to prevent contamination and fluid throughthrough from splashes.2Principle #5A sterile field should be maintained and monitored all the time.2.5It is the responsibility of the operations staff to monitor and maintain the sterile field. Sterility can never be fully guaranteed, but surgical team members should make all reasonable efforts to reduce the likelihood of contamination and be vigilant for violations in sterility.2 When a violation of sterility occurs, team members must take immediate and appropriate measures to correct violations in technique to reduce further risk of contamination. Keep in mind that if there is any doubt about an object's sterility, it should not be sterile.3 The sterile field should be cooked as close as possible to the duration of use.2 The sterility of supplies used during a surgical procedure may be affected by the events taking place in the operating room and how long the objects have been exposed to the environment.4 Once set up, the sterile field must be monitored at all times. When the sterile field is left unattended, personnel, airborne contaminants, insects and liquids can contaminate the sterile field.2 Each facility should have guidelines and procedures that resolve these issues for the surgical team to follow. Principle #6All personnel moving within or around a sterile field should do so in a way to maintain the sterile field.2 Since the patient is the center of the sterile field, scrubbed personnel should remain close to this area without wandering around the This movement may cause contamination of the sterile field.2.4 Scrubbed personnel should only move from sterile areas to sterile areas. When scrubbed personnel change position, they should keep a safe distance from each other and always pass each other by returning to back or face-to-face.2 This movement reduces the risk of contamination by ensuring that the scrubs pass either non-sterile or sterile to sterile. Scrubbed personnel should remain in the position where they began the operation. For example, if the operation begins with the scrubbed person sitting and is finished with the scrubbed person standing, the part of the dress that was considered sterile.5 Scrubbed personnel should keep their arms and hands within the sterile field at all times to avoid accidental contact with non-sterile objects or areas. Scrubbed personnel must keep a safe distance when approaching non-subtract objects and personnel. This safe distance or safety margin is important for identifying safe boundaries between sterile and non-sterile areas. Non-sterile personnel should always remain in non-sterile areas and only contact non-sterile items to prevent contamination of the sterile field. It is important that the non-sterile personnel always meet the sterile field at approach and should never pass between two sterile fields.2 This ensures that the sterile area is always observed and accidental contact is avoided. Just as the sterile scrubbed person must maintain a safe distance from non-sterile areas and persons, non-sterile personnel must always be aware of and maintain a safety margin when approaching sterile fields and scrubbed personnel. And finally, when delivering sterile supplies to the sterile field, the non-sterile team member must always maintain a safety margin between himself and the sterile field, never contacting or reaching any part of the sterile area.5 This safety margin is generally identified as a minimum of 30 cm (12 inches) or more. Principle #7Policies and procedures for maintaining a sterile field should be written, reviewed annually and readily available in the practice setting.2The recommended practice for aseptic technique should be used as guidelines for the development of policies and procedures within the practice setting.2 Introduction and review of policies and procedures should be included in the orientation and ongoing education of all perioperative personnel.2Training of aseptic technique and practice requires experienced and skilled surgical team members to demonstrate these skills to new and inexperienced personnel. New personnel should be assigned to an experienced mentor who will be a good role model and teacher who provides leadership and education in perioperative practice. SummaryAll surgical team members must practice these principles of aseptic technique to prevent the transmission of microorganisms to the surgical wound during the perioperative It is the responsibility of surgical team members to develop a strong surgical conscience, follow the principles of asepsis and correct any inappropriate technique seen in the operating room. In addition to the principles of asepsis, proper surgical attire plays an important role in the reduction of infections at the surgical site by reducing the amount of hair and skin contaminants that reach the sterile field. The goal of asepsis and aseptic technique is to prevent the transmission of microorganisms to the surgical wound. Prevention of contamination at the surgical site requires all trained surgical team members to use their knowledge and experience in aseptic practice to provide patients with optimal treatment, resulting in positive surgical results. For references, go to the ICT website. Site.

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