CFPN
Certified Foundational Perioperative Nurse

Study Plan 2021-2022
For candidates sitting for the exam beginning June 10, 2021

References Cited in This Plan:

AORN Position Statements and endorsed documents are found at
http://www.aorn.org/guidelines/clinical-resources/position-statements

NOTE: Bolded items appear in multiple subject areas
Subject Area 1: Pre/Postoperative Patient Assessment and Diagnosis 15%

Primary General Readings:

*Alexander’s Care of the Patient in Surgery*: Chapters 1, 2, 30

*Berry and Kohn’s Operating Room Technique*: Chapters 2, 3, 11, 21

*Drain’s: Section II: Physiologic Considerations in the PACU*

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<thead>
<tr>
<th>Topic</th>
<th>Key Words</th>
<th>Additional Readings</th>
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</table>
| 2: Confirm correct procedure, operative site, side/site marking with a completed consent | Informed consent, site marking, Universal Protocol, wrong site, wrong procedure, wrong person | See Primary General Readings AORN Guidelines for:  
- Information Management, p. 362-363  
- Team Communication, p. 1079  

AORN Position Statement: Preventing Wrong- Patient, Wrong-Site, Wrong-Procedure Events  
Alexander’s: Chapter 19, p. 625  
Drain’s: Chapter 8, pp. 92-93  
| 3: Review relevant patient data | Allergies, diagnostic studies, laboratory results, medical history, surgical history, NPO status | AORN Guidelines for:  
- Local Anesthesia, pp. 443-462  
- Moderate Sedation, pp. 535-569  

B&K: Chapter 22  
Drain’s: Chapter 2, pp. 11-13 |
| 4: Use age and culturally appropriate health assessment techniques | Age appropriate, cultural competence, interview, observation | AORN Position Statement: Care of the Older Adult in Perioperative Settings  
Alexander’s: Chapters 26, 27  
B&K: Chapters 8,9  
Drain’s: Chapters 49, 50 |
| 5: Review medication reconciliation | Alcohol use, allergies, complementary/alternative medicine (CAM), herbs, home meds, medical marijuana, medication reconciliation, | AORN Guidelines for:  
- Complementary Care, pp. 35-49  
- Medication Safety, pp.474-476  

AORN Endorsed Document: Joint Position Statement on Substance Use  
Alexander’s: Chapter 19, p. 625; Chapter 29, pp. 1129-
<table>
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<tr>
<th>Step</th>
<th>Activity Description</th>
<th>References</th>
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</table>
| 6    | Conduct an individualized physical assessment                                          | - Pharmacology, preoperative medications, recreational drugs side effects  
- Age-appropriate, anatomy & physiology, assessment, body piercings, cognitive level, **diagnostic studies**, documentation, **laboratory results**, mobility, **NPO status**, **nursing process**, nutrition, pathophysiology, physical assessment, skin integrity, vital signs  
- AORN Guidelines for:  
  - Information Management, pp. 355-357  
  - Moderate Sedation/Analgesia, pp. 540-544  
  - Local Anesthesia, pp. 447-448  
- Alexander’s: Chapter 5, p. 112; Chapter 6, p. 160; Chapters 26,27; Appendix A  
- B&K: Chapters 7, 8, 9, 25  
- Drain’s: Chapter 27 |
| 7    | Obtain a focused assessment relevant to the procedure                                   | - Aldrete score, neurological assessment  
- AORN Guideline: Positioning, pp. 648-652  
- Alexander’s: Chapter 21, pp. 778-780; Chapter 26, p. 1053  
- B&K, Chapter 11, p. 197; Chapter 25, p. 474  
- Drain’s: Chapter 2, pp. 13-15; Chapter 3, pp. 21-22; Chapter 38, pp. 578-581 |
| 8    | Perform a pain assessment                                                             | - Pain measurement techniques  
- Alexander’s: Chapters 5, 10, 26, 27  
- B&K: Chapters 8, 9, 30  
- Drain’s: Chapter 31 |
| 9    | Formulate nursing diagnoses                                                           | - NANDA, **nursing diagnosis**, PNDS  
- AORN Guideline: Information Management, p. 357  
- AORN Endorsed Document: ANA Position Statement on Inclusion of Recognized Terminologies within EHR and other HIT Solutions |
| 10   | Confirm advance directive status and/or DNR status                                     | - Advance directive, DNR  
- AORN Position Statement: Perioperative Care of Patients with Do-Not-Resuscitate Orders  
- Drain’s: Chapter 7, p. 73; Chapter 8, pp. 93-94 |
| 11   | Conduct patient and family teaching as appropriate for procedure                      | - Teaching and learning theories  
- Alexander’s: Chapter 10, p. 284; Chapter 26, p. 1009-1010  
- B&K: Chapter 21, pp. 375-376  
- Drain’s: Chapter 28 |
## Subject Area 2: Individualized Plan of Care Development and Expected Outcome Identification 8%

### Primary General Readings:

*Alexander’s Care of the Patient in Surgery*: Chapter 1; Unit II: Surgical interventions  
*Berry and Kohn’s Operating Room Technique*: Chapters 2, 7, 21

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<tr>
<th>Topic</th>
<th>Key Words</th>
<th>Additional Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Identify measurable patient outcomes across the continuum of care</td>
<td>Outcome</td>
<td>Alexander’s: Chapter 10, pp. 263, 282</td>
</tr>
</tbody>
</table>
| 2: Identify specific interventions for each nursing diagnosis to achieve expected outcomes | Disease processes, interventions, **NANDA, nursing diagnoses, nursing process** | AORN Guideline: Information Management, p. 355  
AORN Endorsed Document: ANA Position Statement on Inclusion of Recognized Terminologies within EHR and other HIT Solutions  
Alexander’s: Chapter 1, pp. 4-5 |
| 3: Ensure care plan addresses specific patient considerations          | Age-specific, **behavioral responses**, community resources, **cultural/ethnic influences**, disease processes, diversity, family patterns, institutional resources, legal/ethical standards, patient rights/responsibilities, perioperative safety, **physiological responses**, plan of care, **spirituality** | AORN Guidelines for: Information Management, pp.354-355  
Local Anesthesia, p. 449  
Moderate Sedation/Analgesia, pp. 544-545  
AORN Position Statement: Patient Safety  
AORN Endorsed Document: Free from Harm: Accelerating Patient Safety Improvement 15 Years After  
Alexander’s: Plans of care are included in each specialty chapter |
| 4: Evaluate patient responses to plan of care                          | Evaluation                                                                 | Alexander’s: Chapter 1, pp. 3, 8-9                                                                            |
Subject Area 3: Intraoperative Activities 34% Total

Subject Area 3.a. Patient Care and Safety 25%

Primary General Readings:

*Alexander’s Care of the Patient in Surgery*: Unit II: Surgical interventions

*Berry and Kohn’s Operating Room Technique*: Section 12: Surgical Specialties

*Drain’s*: *Section IV: Nursing Care in the PACU*

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</thead>
</table>
| 1: Maintain patient and personnel safety by monitoring environmental hazards | Chemical, critical thinking skills, electrical, fire, expected outcomes, hazardous waste management, laser, radiation, regulatory guidelines, smoke plume | AORN Guidelines:  
- Energy-Generating Devices  
- Environment of Care  
- Radiation Safety  
- Surgical Smoke Safety  
AORN Position Statements for:  
- Distraction and Noise in the Perioperative Practice Setting  
Alexander’s: Chapter 2, pp. 28-30; Chapter 8; Chapter 19, pp. 629-630  
B&K: Chapter 7, pp. 109-110; Chapter 13; Chapter 20, pp. 357-360 |
| 2: Provide comfort measures to | Expected outcomes, | AORN Guidelines:  
- Complementary Care Interventions |
| Optimize behavioral responses to the surgical procedure | Psychological, spiritual, surgical procedure | Alexander’s: Chapter 30  
Drain’s: Chapter 28, pp. 395-396; Chapter 31, p. 438 |
|---|---|---|
| 3: Prepare the surgical site | **Anatomy and physiology, infection control, privacy, skin antisepsis** | AORN Guidelines:  
• Positioning the Patient  
• Patient Skin Antisepsis  
Alexander’s: Chapter 4, pp. 98-100  
B&K: Chapter 26, pp. 508-514  
Drain’s: Chapter 5, p. 54 |
| 4: Ensure the selection of appropriate procedure-specific barrier materials | **Infection control** | AORN Guidelines:  
• Product Evaluation  
Alexander’s: Chapter 4, pp. 100-102  
B&K: Chapter 26, pp. 515-517 |
| 5: Evaluate patient response to pharmacological agents | **Pain management, pharmacology** | AORN Guidelines for:  
• Care of the Patient Receiving Moderate Sedation/Analgesia  
• Medication safety  
• Ambulatory supplement: Medication safety  
• Care of the patient receiving local anesthesia  
AORN Endorsed Document: CDC Position Statement on Single-Dose/Single Use Vials  
Alexander’s: Chapters 5,10  
B&K: Chapter 23  
Drain’s: Chapter 19 |
| 6: Assist with anesthesia management | Agents, cricoid pressure, intubation, monitors, pharmacology | AORN Guidelines for:  
• Care of the Patient Receiving Moderate Sedation/Analgesia  
• Care of the patient receiving local anesthesia  
Alexander’s: Chapter 5  
B&K: Chapter 24  
Drain’s: Chapters 20, 21, 22, 23, 24, 25 |
| 7: Control environmental factors | Air exchange, humidity, infection control, noise, standard precautions, temperature, traffic, | AORN Guidelines for:  
• Design and Maintenance  
• Environmental Cleaning  
• Transmission-Based Precautions  
• Ambulatory Supplement: Transmission-Based Precautions  
AORN Position Statements: HVAC Interim Guidance Statement  
AORN Endorsed Documents:  
• ANA Position Statement on Immunizations  
• Joint Commission- OR Relative Humidity |
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<tr>
<th>Step</th>
<th>Description</th>
<th>Ref.</th>
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</table>
| 8 | Maintain a sterile field using aseptic technique | **AORN Guidelines for:**  
- Surgical Attire  
- Hand Hygiene  
- Sterile Technique  
  Alexander’s: Chapter 4, pp. 54-70  
  B&K: Chapters 10, 12; Chapter 15, pp. 250, 254-256 |
| 9 | Utilize equipment according to manufacturer’s recommendations | **AORN Guidelines:**  
- Product Evaluation. p. 725  
- Sterilization, pp. 990-991  
  B&K: Chapter 2, p. 23 |
| 10 | Maintain the dignity and privacy of the patient | **AORN Guidelines:**  
- Positioning, pp. 647-648  
  Alexander’s: Chapter 2, pp. 31-32  
  B&K: Chapter 3, pp. 38-39  
  Drain’s: Chapter 8, pp. 94-95 |
| 11 | Protect patients’ rights through advocacy | **AORN Guidelines:**  
- Specimen Management  
- Autologous Tissue Management  
  Alexander’s: Chapter 1, pp. 1-2; Chapter 2, p. 31  
  B&K: Chapter 2, p. 16  
  Drain’s: Chapter 7, p. 83 |
| 12 | Verify that specimens are prepared, labeled, and transported correctly | **AORN Guidelines:**  
- Specimen Management  
- Autologous Tissue Management  
  Alexander’s: Chapter 2, pp. 26-27  
  B&K: Chapter 2, p. 24; Chapter 22; Chapter 25, p. 477 |
| 13 | Verify that the correct implants are available | **AORN Guidelines:**  
- Sterilization, pp. 969; 994-995  
  Alexander’s: Chapter 22, p. 817  
  B&K: Chapter 28, pp. 563-558; Chapter 40, p. 836 |
| 14 | Verify that the implants are correctly prepared | **AORN Guidelines:**  
- Sterilization, pp. 969; 994-995  
  Alexander’s: Chapter 22, p. 817  
  B&K: Chapter 28, pp. 563-558; Chapter 40, p. 836 |
<p>| 15 | Prepare explants for final | <strong>AORN Guidelines:</strong> |</p>
<table>
<thead>
<tr>
<th>Disposition/Labeling/Sterilization</th>
<th>Labeling, management, rights</th>
<th>Surgical counts</th>
<th>Preoperative patient preparation, pre-procedure identification, pre-procedure verification, regulatory guidelines, site marking, time out, Universal Protocol</th>
<th>Blood salvage, transfusion,</th>
<th>Body mechanics, ergonomics</th>
<th>Anatomy and physiology;</th>
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<tbody>
<tr>
<td>Principle</td>
<td>Description</td>
<td>References</td>
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| 22: Intervene with impaired/disruptive behavior in patients, family members, and/or the perioperative team | Conflict management | AORN Guidelines: Team Communications, p. 1073  
Alexander’s: Chapter 3, pp. 51-52.  
B&K: Chapter 1, pp. 11-12; Chapter 6, pp. 88-89  
Drain’s: Chapter 7, pp. 74; 82-83 |
| 23: Identify wound classifications | *Principles of wound healing; wound classification* | AORN Guidelines:  
- Sterile Technique, p. 948  
Alexander’s: Chapter 9, pp. 250  
B&K: Chapter 29, pp. 570-572  
| 24: Maintain wound dressings | Drains, dressings, lines; *principles of wound healing* | Alexander’s: Chapter 9  
B&K: Chapter 29, pp. 574-579 |
**Subject Area 3.b. Management of Intraoperative Activities 9%**

**Primary General Readings:**

*Alexander’s Care of the Patient in Surgery*: Unit II: Surgical interventions

*Berry and Kohn’s Operating Room Technique*: Section 12: Surgical Specialties

*Drain’s: Section IV: Nursing Care in the PACU*

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<tr>
<th>Topic</th>
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</table>
| 1: Acquire needed equipment, supplies, and personnel | Room preparation | Alexander’s: Chapter 1, p. 12  
B&K: Chapter 25 |
| 2: Assess expiration date and package integrity of products | Packaging, sterilizing | AORN Guidelines:  
- Sterile Technique, p. 961-962  
Alexander’s: Chapter 4, p. 84  
B&K: Chapter 25, pp. 461-462 |
| 3: Implement cost-containment measure | Cost containment | AORN Guidelines for:  
- Product Evaluation  
Alexander’s: Chapter 4, p. 84  
B&K: Chapter 17, pp. 300-301;  
Chapter 25, pp. 485-486 |
| 4: Participate in product evaluation/selection | Product evaluation | AORN Guidelines for:  
- Product Evaluation  
B&K: Chapter 6, pp. 91-92 |
AORN Position Statement:  
- Orientation of the Registered Nurse and Surgical Technologist to the Perioperative Setting  
B&K: Chapter 1 |
<table>
<thead>
<tr>
<th>Task</th>
<th>Delegation, management technique, scope of practice</th>
<th>Reference</th>
</tr>
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</table>
Subject Area 4: Communication and Documentation 11%

Primary General Readings:

AORN Guidelines: Information Management; Team Communication
Alexander’s Care of the Patient in Surgery: Chapter 10
Berry and Kohn’s Operating Room Technique: Chapter 30

<table>
<thead>
<tr>
<th>Topic</th>
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</thead>
<tbody>
<tr>
<td>1: Maintain accurate patient records/documentation of all care provided</td>
<td>Documentation tools, downtime forms, Electronic Health Record (EHR) nursing interventions, patient data, unusual occurrences, specimens, medications</td>
<td>B&amp;K: Chapter 3, pp. 45-48; Chapter 25, p. 477</td>
</tr>
<tr>
<td>3: Communicate current patient status to the interdisciplinary healthcare providers</td>
<td>Allergies, communication techniques, critical lab values, implants/implantable devices, medical condition, medications</td>
<td>Alexander’s: Chapter 1, p. 9; Chapter 2, pp. 21-22 B&amp;K: Chapter 1, pp. 10-12; Chapter 6, pp. 77-78; Chapter 30, p. 599</td>
</tr>
</tbody>
</table>
| 4: Communicate measurable patient outcomes across the continuum of care | **Communication techniques, hand-offs** | Alexander's: Chapter 2, pp. 22-23; Chapter 10, pp. 261-262; Chapter 26, pp. 1004-1005; Chapter 27, p. 1156  
B&K: Chapter 6, p. 79  
Drain's: Chapter 26, pp. 350-351 |
|---|---|---|
| 5: Document perioperative education | **Interviewing techniques**, patient education techniques | AORN Guideline:  
- Care of the Patient Receiving Local Anesthesia, pp. 437-438  
- Medication Safety, pp. 457-458  
- Moderate Sedation, pp. 534-535  
Alexander's: Chapter 10, p. 284; Chapter 26, pp. 1009-1010; patient education is included in specialty-specific chapters, Unit II  
B&K: Chapter 21, p. 368-371  
Drain's: Chapter 28, pp. 388-389 |
| 6: Document post discharge follow up communication provided to patient | Postoperative complications, postoperative follow-up, regulatory guidelines | Alexander's: Chapter 2, p. 18; each chapter in Unit II has discharge planning information pertinent to that specialty  
B&K: Chapter 30, pp. 599-600  
Drain's: Chapter 3, pp. 21-22; Chapter 28, pp. 388-389; Chapter 49, pp. 730-731 |
| 7: Document preoperative assessment | **Neuro checks, skin, site-surgery checklist** | Alexander's: Chapter 1, p. 3-5; Chapter 26, pp. 1001-1003; Chapter 30, p. 1156  
B&K: Chapter 2, p. 29  
Drain's: Chapter 2, pp. 11-13 |
| 8: Document transfer of care criteria | Transfer of care criteria | Alexander's: Chapter 10  
B&K: Chapter 30  
Drain's: Chapter 26, pp. 351-355 |
| 9: Document appropriate measures to prepare and track implantable tissue and other trackable items | Implant records | AORN Guidelines:  
- Autologous Tissue Management, pp. 27-28  
Alexander's: Chapter 20, pp. 683-684  
B&K: Chapter 36, p. 749 |
| 10: Evaluate patient status to facilitate transfer to the next level of care | Home, ICU, PACU | AORN Guidelines:  
- Care of the Patient Receiving Moderate Sedation/Analgesia, pp. 531-534  
Alexander’s: Chapter 10  
B&K: Chapter 30  
Drain’s: Chapter 26 |
|---|---|---|
| 11. Implement effective solutions to identified patient communication barriers | Barriers, **communication techniques** | Alexander’s: Chapter 16, p. 534; Chapter 30, p. 1156  
B&K: Chapter 7, p. 97; Chapter 41, p. 851-852 |
| 12: Provide information about the patient according to HIPAA guidelines | Confidentiality, regulatory guidelines, status, updates | AORN Endorsed Document: ANA Position Statement on Inclusion of Recognized Terminologies within EHR  
B&K: Chapter 2, p. 18  
| 13: Utilize read-back for verbal orders | **Communication techniques**, read-back, verbal orders | AORN Guidelines:  
- Information Management, p. 362  
- Medication Safety, pp. 470-471; 484  
- Specimen Management, p. 936  
- Team Communication, p. 1074 |
| 14: Document surgical wound classification | Wound classification | Alexander’s: Chapter 9, pp. 250  
B&K: Chapter 29, p. 572  
## Subject Area 5: Infection Prevention and Control 16%

### Primary General Readings:

*AORN Guidelines*: Design and Maintenance; Environmental Cleaning; Environment of Care; Flexible Endoscopes; High-Level Disinfection; Instrument Cleaning; Packaging Systems; Sterilization

*Alexander’s Care of the Patient in Surgery*: Chapter 4

*Berry and Kohn’s Operating Room Technique*: Chapters 10, 17, 18

*Drain’s Perianesthesia Nursing*: Chapter 5

### Topic | Key Words | Additional Readings
--- | --- | ---
1: Ensure proper environmental cleaning for spills, room turnover, and/or terminal cleaning | Environmental cleaning, room turnover, spills, terminal cleaning | B&K: Chapter 12; Chapter 15, pp. 255-257

2: Select appropriate methods for cleaning, disinfecting, packaging, sterilizing, transporting, and/or storage of instruments and reusable goods | Professional and regulatory standards (e.g., AORN Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), Association for Professionals in Infection Control (APIC))
Principles of cleaning and disinfection of instruments/reusable goods
Principles of packaging and sterilizing of instruments and reusable goods
Spaulding Classification | AORN Position Statement:
- Immediate Use Steam Sterilization
Alexander’s: Chapter 4, p. 74; Chapter 8, pp. 210-211
AAMI. https://www.aami.org/
APIC. https://apic.org/

3: Select appropriate methods for transporting and storage of single-use items | Principles of transporting and storage of instruments, reusable goods, and single-use supplies | AORN Guidelines:
- Patient skin antisepsis, p. 610-611
Alexander’s: Chapter 8, p. 211-212
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| 4: Maintain appropriate documentation for sterilization and disinfection | Documentation | See primary readings  
AORN Guidelines:  
- Flexible Endoscopes: p.235  
- HLD: pp. 311-312  
- Sterilization: pp. 1006-1007 |
| 5: Ensure proper handling and disposition of hazardous materials | Chemo drugs, hazardous materials, radioactive materials | AORN Guidelines:  
- Environment of Care, pp. 134-139  
- Instrument Cleaning, pp. 424-430  
- Radiation Safety, p. 742  
Alexander’s: Chapter 3, pp. 45-46  
B&K: Chapter 7, pp. 110-111; Chapter 13, pp. 220-222 |
| 6: Ensure proper handling and disposition of biohazard materials | Biohazard materials, blood, Creutzfeldt-Jacob Disease, microbiology, and infection control | AORN Guidelines:  
- Environmental Cleaning, pp. 156-158; 162-164  
B&K: Chapter 13, pp. 225-226; Chapter 14, pp. 244  
| 7: Utilize appropriate Personal Protective Equipment (PPE) | Standard precautions, transmission-based precautions | AORN Guidelines:  
- Sharps Safety, pp. 887-889  
- Surgical Attire  
- Transmission-Based Precautions  
Alexander’s: Chapter 4, pp. 66,88-89  
B&K: Chapter 15, pp. 257-258; Chapter 16  
Drain’s: Chapter 5, pp. 48; 51-52 |
| 8: Adhere to appropriate procedures for sterilization, biological monitoring, and chemical monitoring | Documentation requirements for sterilization, biological and chemical monitoring | See primary readings |
| 9: Monitor environmental conditions of sterilization and storage areas | Environmental conditions of sterilization and storage areas | See primary readings  
AORN Position Statement:  
- Joint Interim Guidance: HVAC in the Operating Room and Sterile Processing Department |
### Subject Area 6: Emergency Situations 10%

**Primary Chapter Readings:**

*Alexander’s Care of the Patient in Surgery*: Chapter 28, Trauma Surgery

*Berry and Kohn’s Operating Room Technique*: Chapter 13, Potential sources of injury to the caregiver and the patient; Chapter 31, Potential Perioperative Complications

*Drain’s*: Chapters 54, 57

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<tr>
<th>Topic</th>
<th>Key Words</th>
<th>Additional Readings</th>
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<tbody>
<tr>
<td>1: Identify emergency situations</td>
<td>See Primary Readings</td>
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</tr>
<tr>
<td>2: Perform nursing interventions for malignant hyperthermia (MH)</td>
<td>Interventions, pathophysiology</td>
<td>Alexander’s: Chapter 5, pp. 138-139; Chapter 26, p. 1008</td>
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<tr>
<td>Task</td>
<td>Reference Information</td>
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<tr>
<td><strong>3: Perform nursing interventions for anaphylaxis</strong></td>
<td>Antibiotic, blood, immune response, interventions, latex</td>
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<tr>
<td><strong>4: Perform nursing interventions for cardiac arrest</strong></td>
<td>Interventions, pathophysiology</td>
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<tr>
<td><strong>5: Perform nursing interventions for trauma</strong></td>
<td>Interventions, pathophysiology</td>
<td></td>
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<tr>
<td><strong>6: Perform nursing interventions for hemorrhage</strong></td>
<td>Interventions, pathophysiology</td>
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B&K: Chapter 31, pp. 628-631

Drain's: Chapter 1, pp. 6-7; Chapter 49, pp. 729-730; Chapter 53, pp. 766-772


Alexander's: Chapter 3, pp. 48-49; Chapter 4, p. 95

B&K: Chapter 13, p. 227; Chapter 14, p. 246

Drain's: Chapter 18, pp. 238-240; Chapter 29, pp. 413-416; 54, pp. 787-788

AORN Guidelines:
- Minimally Invasive Surgery, pp. 524-526
- Positioning, p. 695
- Transmission-Based Precautions, p. 1101

B&K: Chapter 31, pp. 610-616

Drain's: Chapter 57

B&K: Chapter 3, p. 51; Chapter 6, pp. 79-80; Chapter 7, pp. 112-117; Chapter 8, p. 119; Section 12, Surgical Specialties contains a section on trauma for each specialty

Drain's: Chapter 54

Alexander’s: Chapter 21, p. 766; Chapter 25, p. 958; Chapter 28, pp. 1097-1105; Chapter 29, p. 1142

B&K: Chapter 31, pp. 619-
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| **7:** Perform nursing interventions for local anesthetic systemic toxicity (LAST) | Interventions, pathophysiology | AORN Guidelines:  
- Local Anesthesia, pp. 451-456  
Alexander’s: Chapter 5, p. 131  
B&K: Chapter 24, pp. 451-452  
Drain’s: Chapter 24, pp. 325-327 |
| **8:** Function as a member of the interdisciplinary team | Roles of the interdisciplinary team members | AORN Guidelines:  
Team Communication  
Alexander’s: Chapter 2, pp. 21, 22, 24  
B&K: Chapter 6; Chapter 25  
Drain’s: Chapter 3. pp. 23-34 |
| **9:** Safeguard patients and members of the healthcare team from environmental hazards and during disasters (e.g., fire, toxic fumes, natural disasters, terrorism) | Environmental hazards, fire, toxic fumes, natural disasters, terrorism | AORN Guidelines:  
- Electrosurgical Safety, pp. 88-90  
- Environment of Care  
- Environmental Cleaning, pp. 149-150  
- Surgical Smoke Safety  
Alexander’s: Chapter 2, pp. 28-29; Chapter 4, pp. 67-69; Chapter 8, pp. 235-236; Chapter 19, p. 630  
B&K: Chapter 2, p. 19Chapter 6, pp. 85-86; Chapter 13, pp. 221-226; Chapter 14, pp. 249-250; Chapter 20, p. 360  
Drain’s: Chapter 56 |
### Subject Area 7: Professional Accountabilities 6%

**General Chapter Readings:**


*Alexander’s Care of the Patient in Surgery:* Chapters 1, 2

*Berry and Kohn’s Operating Room Technique:* Chapters 2, 3, 4, 6

*Drain’s:* Chapter 8

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<tr>
<th>Topic</th>
<th>Key Words</th>
<th>Additional Readings</th>
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<tr>
<td>2: Seek assistance for recognized personal limitations</td>
<td>Accountability</td>
<td>B&amp;K: Chapter 1, pp. 10-12; Chapter 2, pp. 16, 25 Drain’s: Chapter 4</td>
</tr>
</tbody>
</table>
| 3: Report impaired/disruptive behavior in interdisciplinary healthcare team | Responsibilities regarding impaired and/or disruptive behavior (patient/family, interdisciplinary healthcare team members) | AORN Guidelines:  
- Team Communication, pp. 1069-1073  
AORN Position Statements:  
- Healthy Perioperative Practice Environment  
- Criminalization of Human Errors in the Perioperative Setting  
Alexander’s: Chapter 3, pp. 51-52. |
### 4: Uphold ethical and professional standards

<table>
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<th>Resources for personal growth and personal accountability</th>
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<tbody>
<tr>
<td>See primary readings AORN Position Statement: Perioperative Nursing Certification Alexander’s: Chapter 1, p. 12 B&amp;K: Chapter 4, p. 56 Drain’s: Chapter 3, pp. 25-26; Chapter 7, p. 83</td>
</tr>
</tbody>
</table>

### 5: Utilize resources for personal growth

<table>
<thead>
<tr>
<th>Evidence-based practice principles, research principles, performance improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexander’s: Chapter 1, pp. 9-12 B&amp;K: Chapter 2, pp. 25-26; 33-34; Chapter 6, p. 85 Drain’s: Chapter 3, p. 28; Chapter 9</td>
</tr>
</tbody>
</table>

### 6: Participate in quality improvement activities

<table>
<thead>
<tr>
<th>Committees, principles of shared governance, staff education</th>
</tr>
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<tbody>
<tr>
<td>AORN Guidelines: Team Communication B&amp;K: Chapters 4, 6 Drain’s: Chapters 4, 6</td>
</tr>
</tbody>
</table>

### 7: Participate in interdisciplinary teams

<table>
<thead>
<tr>
<th>Alexander’s: Chapter 2, p. 18 B&amp;K: Chapter 2, pp. 17-18</th>
</tr>
</thead>
</table>