PROTOCOL FOR: Maintaining Sterile Field

POLICY:

1. AORN's Recommended Practice for *Maintaining a Sterile Field* will be followed to assure aseptic technique.

2. Sterile setups older than 2 hours prior to entry of the patient into the OR will be dismantled.

3. Sterile setups may be covered for unplanned delays in surgery of up to 2 hours by double cuffed covering and extreme attention to removing drapes prior to use.

4. Vigilant attention will be paid to the sterile field when the risk for fire safety is great related to the use of fiberoptic light sources, electrocautery (disposable hot wire cauterization), high speed burs, and defibrillators. If there is alcohol in the skin prep, the risk for fire will be minimized by allowing the prep to dry completely prior to using beginning the procedure and using any instrumentation or equipment that increases the risk of fire, as listed above.

5. The nursing, surgical, and anesthesiology staff will collaborate regarding the need to maintain sterility of the instrumentation, equipment, and supplies until the patient leaves the OR. In most instances, it is acceptable to contaminate / dismantle the setup prior to discharging the patient from the OR. If there is any question as to patient stability, the setup will remain sterile until the patient leaves the OR.

DESIRED PATIENT OUTCOME:

1. The patient is free from signs and symptoms of infection.

2. The patient receives competent and ethical care within legal standards of practice.

3. The patient receives consistent and comparable levels of care from all caregivers, regardless of the setting.

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CLINICAL ASSESSMENT AND CARE:

1. Surgical hand scrubs or hand asepsis will be done according to *AORN Recommended Practices for Surgical Hand Asepsis / Hand Scrubs.*

2. Surgical attire will be worn according to the Surgical Attire protocol.

3. The surgical prep will be done in compliance with *AORN Recommended Practices for Surgical Skin Preps* and the adequacy of the surgical prep will be assessed.

4. The sterile field will be constantly monitored and maintained by initiation of corrective actions, as appropriate.

5. The surgical procedure and operative site will be assessed for proper wound classification and appropriate interventions related to the wound class (*see Wound Classification appendix).*

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 12/88

REVISION DATES: 1/92, 6/93, 9/97, 6/03, 2/06

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Class	Description	Examples
I *Clean*	Non-traumatic wound in which • no inflammation was encountered • no break in aseptic technique occurred • no entry into respiratory, alimentary, or urogenital tracts	• lens extraction, corneal transplants, oculoplastic procedures • cardiovascular, neurosurgical, thoracic, and non-open-fracture orthopedic procedures, • mastectomy, liver resection
II *Clean Contaminated*	Non-traumatic wound in which • minor break in aseptic technique occurred entry into respiratory, alimentary, or urogenital tracts without significant spillage ♦ ***any class I procedure in which minor break in aseptic technique directly affecting the patient occurred***	• tonsillectomy • appendectomy or cholecystectomy (no inflammation or spillage) • prostatectomy, ureterolithotomy, nephrectomy • Cesarean sections, normal vaginal deliveries, episiotomy, removal of ovary and/or tubes, tubal ligation, D&C
III *Contaminated*	Fresh traumatic wound from a relatively clean source, or an operative wound in which • major break in aseptic technique occurred • entry into alimentary tract with significant spillage of contents or in presence of infected bile • entry into urogenital tract with infected urine	• inflamed appendix • inflamed gall bladder ♦ ***any class II procedure in which major break in aseptic technique directly affecting the patient occurred***
IV *Dirty*	Traumatic wound from a dirty source, or an operative wound in which • treatment was delayed • fecal contamination other than significant spillage of contents in Class III situations • devitalized tissue is retained • acute bacterial inflammation or perforated viscus • clean tissue is entered to reach encapsulated pus	• I&D of abscess • ruptured appendix • traumatic injuries