Anaesthetic room and operating theatre

Assessment of competences for ANP / ACP / SCP

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note: Practitioners can add DOPS, PBAs and CEXs as evidence.**

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| --- | --- | --- | --- | --- |
|  | | **NOT competent** | **Competent** | **Signature and date** |
| Anaesthetic room and operating theatre | | | | |
| 1 | Clinical   * Confirm consultant anaesthetist (lead for patient care) * Confirm with ODP/anaesthetic nurse (lead for the anaesthetic room) * Confirm lead nurse for theatre * 07.30 set up of room * Aware and assist with set up of:   + Environment   + Infusions   + Medication   + Lines   + Airway and ventilation   + Safety test including calibration * Patient introduction * Patient positioning * Airway management * Introduction * Line insertion * TOE * Doppler * Catheterisation * Repositioning of patient * Transfer to theatres * Patient transfer to theatre table and set up |  |  |  |
| 2 | Management   * Arrive 07.30 * Safety aspects * Establish plan with OPD/anaesthetic nurse in charge of the room * Establish plan with anaesthetist * Demonstrate aspects of self-management   + Elements of professional behaviour as documented   + Infection control procedure |  |  |  |
| 3 | Professional   * Establish anxiety free atmosphere for patient * Demonstrate awareness of roles: who will be in the anaesthetic room * Demonstrate awareness of anaesthetic room practice * Demonstrate awareness of patient privacy and dignity * Demonstrate correct dress code for theatres * Demonstrate the importance of correct record keeping * Demonstrate correct behaviours for the environment   + Check in of patient   + Numbers of people in the room   + Traffic in/through the room   + Noise level   + When and content of conversation   + No phones |  |  |  |
| 4 | Education   * Theatre etiquette * Patient safety * MDT safety * Environment safety |  |  |  |
| **Assessor’s comments**: | | | | |
|  | | | | |
| **This practitioner has completed these outcomes to the appropriate standard.**  **Assessor’s name:**  **Signature and date:** | | **Practitioner’s signature:**  **Date:** | | |