



THE RN AS FIRST ASSISTANT TO THE SURGEON

Association of periOperative Registered Nurses, AORN Standards and Recommended Practices: www.aorn.org

AORN-RN First Assistant: <http://www.aorn.org/CareerCenter/CareerDevelopment/RNFirstAssistant/>

AORN Standards for RN First Assistant Education Program are available AORN periOperative Standards and Recommended Practices. See above website.

The role of RN first assistant to the surgeon requires the performance of a combination of nursing and medical functions. The RN first assistant directly assists the surgeon by controlling bleeding, providing wound exposure, suturing and other surgical tasks. The RN first assistant may provide other advanced assistance, such as mobilization of tissue, patient positioning and directing other surgical team members with specific individual tasks. The RN first assistant, practices perioperative nursing and must have acquired the necessary specific knowledge, skills and judgment. The RN first assistant practices under the supervision of the surgeon during the intraoperative phase of the perioperative experience. In order to perform those functions considered to be first assistant to the surgeon, the RN must adhere to standardized procedures. The RNFA may not perform the function of the scrub nurse while functioning as the RNFA.

STANDARDIZED PROCEDURES FOR MEDICAL FUNCTIONS

The means designated to authorize performance of a medical function by a registered nurse is a standardized procedure developed through collaboration among registered nurses, physicians and administrator in either a licensed health facility or an organized health care system which is a licensed health **facility where the standardized procedures are to be used. A licensed health facility is defined as a facility licensed under Chapter 2 (commencing with section 1250) of Division 2 of the Health and Safety Code. An organized health care system which is not licensed health facility under Chapter 2 of Division 2 of the Health and Safety Code includes clinics, home health agencies, physicians' offices, and public or community health services.** Because of this interdisciplinary collaboration, there is accountability on several levels for the activities to be performed by the registered nurse.

GUIDELINES FOR DEVELOPING STANDARDIZED PROCEDURES

Standardized procedures are not subject to prior approval by the boards that regulate nursing and medicine, however, they must be developed according to the following guidelines which were jointly promulgated by the Board of Registered Nursing and the Medical Board of California. (Board of Registered Nursing, Title 16, California Code of Regulations (CCR) Section 1474; Medical Board of California, Title 16 CCR Section 1379.)

- (a) Standardized procedures shall include a written description of the method used in developing and approving them and any revision there of.
- (b) Each standardized procedure shall:
 - 1) **Be in writing, dated and signed by the organized health care system** personnel authorized to approve it.
 - 2) Specify **which standardized procedure functions** registered nurses may perform and under what circumstances.

- 3) State any specific **requirements which are to be followed** by registered nurses in performing particular standardized procedure functions.
- 4) Specify any **experience, training and/or education** requirements for performance of standardized procedure functions.
- 5) Establish a method for initial and continuing **evaluation** of the competence of those registered nurses authorized to perform standardized procedure functions.
- 6) Provide for a method of maintaining a written record of those **persons authorized to perform** standardized procedure functions.
- 7) Specify the scope of supervision required for performance of standardized procedure functions, for example, telephone contact with the physician.
- 8) Set forth any specialized circumstances under which the registered nurse is to immediately **communicate with a patient's physician** concerning the patient's condition.
- 9) State the limitations on **settings**, if any, in which standardized procedure functions may be performed.
- 10) Specify patient **record-keeping** requirements.
- 11) Provide for a method of **periodic review** of the standardized procedures.

An additional safeguard for the consumer is provided by steps four and five of the guidelines which, together, form a **requirement that the nurse be currently capable** to perform the procedure. The registered nurse who undertakes a procedure without the competence to do so is grossly negligent and subject to discipline by the Board of Registered Nursing.