



# **Certification Recertification Policy Manual**

## **Purpose of the Manual**

The Competency and Credentialing Institute (CCI) conducts a voluntary certification and recertification program for registered nurses practicing perioperative nursing. This Manual has been prepared to furnish essential and useful information about these programs and processes.

The Manual is organized according to the certification/recertification processes. Policies and procedures pertaining to the various steps and information designed to aid in accomplishing the processes are included.

Copyright © February 2010

All Rights Reserved

By

Competency and Credentialing Institute (CCI)

2170 South Parker Road

Suite 295

Denver, Colorado 80231

(303) 369-9566 • (888) 257-2667 (CNOR)

## **Certification**

### **Definition of Certification**

CNOR certification is a voluntary recognition program designed for nurses whose practice emphasis is providing perioperative nursing care. Certification recognizes the professional achievement demonstrated when an individual nurse's performance in the perioperative role exceeds that which is necessary for competency in practice. Certification of operation room nurses is defined as:

The documented validation of the professional achievement of identified standards of practice by an individual registered nurse providing perioperative nursing care.

### **Purposes of Certification**

- Demonstrates concern for accountability to the general public for nursing practice.
- Enhance quality patient care.
- Identify registered nurses who have demonstrated professional achievement in providing perioperative nursing care.
- Provide employing agencies a means of identifying professional achievement of an individual practitioner.
- Provide personal satisfaction for practitioners.

### **Objectives of the Certification Program**

- Recognize the individual professional nurse who is proficient in practice.
  - Strengthen conscious use of theory in assessing, planning, implementing and evaluating patient care.
  - Enhance professional growth through continued learning that results in greater depth of knowledge and expanded skills.
- ❖ An applicant's nationality, race, creed, life-style, color, sex or age is not a factor in determining eligibility for certification or recertification.

## **Certification Process**

### **Examination**

An examination shall be the method whereby eligible registered nurses can demonstrate professional achievement in perioperative care. The examination consists of 200 multiple choice questions and is intended to be completed in 3 hours and 45 minutes. The examination is constructed to reflect the professional actions taken by perioperative nurses in providing care for patients during the preoperative, intraoperative, and postoperative period. Questions will test a candidate's ability to apply knowledge and skills to practice.

CCI has contracted with Prometric, a professional testing agency, to administer the CNOR examination at over 300 Prometric Testing Centers throughout the U.S. and Canada. Candidates may take the examination Monday through Saturday, except holidays, year round. Test centers are now available worldwide for international candidates.

The computerized format of the examination requires no previous computer experience. An optional pre-examination tutorial will provide instructions on how to take the examination on the computer. It will also provide examples on how to select answers and how to mark any questions you may want to return to and review before finishing the exam.

Your score on the examination is the total number of questions you answer correctly. It is to your advantage to answer each item even if you are not certain of the correct response. Because Prometric,

our testing agency, and the test center independently score and verify CCI test results for accuracy, **hand-scoring of the CNOR test is not available.**

## **Test Center Regulations**

### **Security Measures**

Several security measures will be enforced during the test administration to ensure the integrity of the programs. Be aware that you will be observed at all times while taking the examination. This observation may include direct observation by test center staff, as well as video recording of your testing session.

Examinations cannot be viewed, copied, or studied by any individuals. Copying or retaining test questions or transmitting the test questions in any form to other individuals, organizations, or study groups will result in forfeiting your right to have your examination scored and may result in civil prosecution and disciplinary action by CCI.

### **Misconduct Policy**

No personal belongings are permitted in the test center except for the pencils and scratch paper you have been given by the test center administrator. The computer will keep the official time. You may not eat, drink, or use tobacco in the testing room. The test center administrator is authorized to dismiss you from the test session for any of the following reasons, and to notify Prometric and CCI of the action taken:

- Failure to follow the test center administrator's directions
- Creating a disturbance of any kind
- Giving or receiving assistance of any kind
- Using prohibited aids, such as reference materials, mechanical listening devices, and recording or photographic devices
- Removing or attempting to remove test questions and/or responses (in any format) from the testing room
- Removing or attempting to remove scratch paper from the test center
- Attempting to take the test for someone else
- Attempting to tamper with the operation of the computer
- Leaving the testing room without permission
- Leaving the test center/building at any time
- Using electronic communications or recording equipment such as Palm Pilots, pagers, cellular phones, etc;
- Using notes, books, or other aids
- Bring any materials to the test center that may compromise the administration
- Share information about the test and test questions with any unauthorized persons

If a proctor witnesses what may be believed to be a security breach, the exam is stopped immediately; all related materials are retained and an incident report is generated and routed to Prometric. The Prometric Security Office makes a copy of the video and reviews it for quality and to determine if there was any inappropriate action requiring follow-up with the test center personnel. The copy of the video and any related materials are forwarded to Prometric, which would then facilitate delivery to CCI.

If it is believed that an applicant or certificant violates the Misconduct Policy, breaches security or fails to follow test center directions the CCI may render sanctions against the individual that may include but not be limited to:

- Suspension from the examination for an indefinite or specified period of time
- At the Boards discretion, notify the State Board of Nursing, employer, insurance company, or other public health agency

## Group Irregularities:

Unlike cases of individual candidate misconduct, occasionally testing irregularities occur that affect a group of test takers. Such problems include, without limitation, administrative errors, defective equipment or materials, improper access to test content and/or the unauthorized general availability of test content, as well as, other disruptions of test administrations (e.g. natural disasters and other emergencies). When group testing irregularities occur, Prometric will conduct an investigation to provide information to CCI. Based on this information, CCI may direct Prometric either not to score the test or to cancel the test score. When it is appropriate to do so, the Board will arrange with Prometric to give affected test takers the opportunity to take the test again as soon as possible, without charge. Affected test takers will be notified of the reasons for the cancellation and their options for retaking the test. The appeal process does not apply to group testing irregularities.

## Preparing for the Examination

The last section of this Manual contains a "Job Analysis." This document defines the tasks performed by perioperative nurses and lists the knowledge and skills required to complete those tasks. It is intended as a guideline for the candidate preparing for the examination.

A study guide is also available to assist in preparing for the CNOR certification examination. The **Guide Book to CNOR Exam Preparation** is available through the CCI.

Several organizations offer courses on preparing for the examination. Some certification candidates find it helpful to organize study groups. Please refer to the Job Analysis in the back of this Manual for specific topic areas to study.

**The following sample questions are representative of actual test content and question format. An answer key to these questions appears at the end of this section.**

1. When doing the preoperative skin preparation on an abdominal case, the perioperative nurse should start at the:
  - A. Nipples and proceed toward the pubis.
  - B. Site of incision to the periphery.
  - C. Incision site and proceed upwards to nipples.
  - D. Umbilicus and proceed in circles around it.
2. During the preoperative assessment of a patient scheduled for a lumbar laminectomy, the nurse notes several inflamed pustules at the likely incision line. The *first* nursing action would be to:
  - A. Advise the patient to bathe with povidone/iodine (Betadine).
  - B. Notify the nurse in the pre-operative holding area.
  - C. Document the condition of the patient's skin.
  - D. Notify the surgeon.
3. Shelf life for sterile supplies is determined by all of the following *except* the method of:
  - A. Sterilization.
  - B. Handling.
  - C. Packaging.
  - D. Storage.
4. At the first sign of a negative reaction to a blood transfusion, the nurse should first:
  - A. Check the patient's vital signs.
  - B. Notify the surgeon.
  - C. Stop the transfusion.
  - D. Complete an incident report.

5. If a sponge count is incorrect, the perioperative nurse should first:
- A. Notify the surgeon.
  - B. Arrange for an X-ray to be taken of the operative area.
  - C. Document the incorrect count on the record.
  - D. Notify the operating room supervisor.

**Answer Key:**

- 1. B
- 2. D
- 3. A
- 4. C
- 5. A

**Americans with Disabilities Act**

Whenever possible, the Competency and Credentialing Institute is committed to providing reasonable accommodation in its examination processes to otherwise qualified individuals with physical or mental disabilities in accordance with the Americans with Disabilities Act (ADA). Pursuant to the ADA, accommodations will be provided to qualified candidates with disabilities to the extent that such accommodation does not fundamentally alter the examination or cause an undue burden to the agency. Candidates with disabilities must notify the Competency & Credentialing Institute in writing at the time of application stating the type of accommodation needed, in addition to providing, current and appropriate documentation of the disability. Once a person is diagnosed as having a qualified learning disability under the Americans with Disabilities Act the disability is normally viewed as life-long. Although the learning disability will continue, the severity of the condition may change over time. Because the provision of all necessary and reasonable accommodations is based upon an assessment of the current impact of the individual's disabilities, the candidate must provide recent and appropriate documentation based on an evaluation within the past five years.

Candidates who submit documentation that is not within the past five years, or that does not address the candidate's current need for accommodation(s) will be required to update the evaluation report. The purpose of an update is to determine the candidate's current need for accommodation(s). The documentation provided should include correspondence from a healthcare provider who has first-hand knowledge of the disability that describes the nature of the disability and specific recommendations regarding the type accommodation required to address the disability. The letter should be on that professional's letterhead stationery and include his or her title, address, phone number, and original signature. Examples of requests for special testing accommodations that may be granted include modification of seating or other physical arrangements in the examination facility or providing for the examination to be taken in an accessible location, providing for a reasonable extension of testing time. Examples of requests for special testing accommodations that may be denied include modification of the content of an objective multiple-choice examination, providing for unlimited testing time, permitting a reader to paraphrase test material or translate the material into another language. All accommodation determinations will be made by the Competency and Credentialing Institute at its discretion.

**Job Analysis**

A Job Analysis and Test Blueprint were developed by the Test Specifications Committee of CCI, in cooperation with the Testing Agency. The job analysis describes the overall functions and responsibilities as well as the underlying knowledge and skills that are essential to ensure proficiency as a perioperative nurse. Some, but not all, of the task statements are of a sequential nature, building on the knowledge and skills specified in previous statements. The test specifications were developed on the basis of external ratings and constitute a plan upon which the job-related certification examination was constructed for nurses functioning in the perioperative role.

CCI intends this document to act as a guideline for development of the certification examination. It is recognized that the Job Analysis may not reflect all of the specific tasks performed by an individual perioperative nurse.

The test consists of 200 test questions. Of these, 185 questions will be used to calculate your test score. The remaining 15 items serve as pretest questions, and do not affect your score. Pretest questions are administered to evaluate the item's difficulty level for possible inclusion as a scored question in future exams. These pretest questions are dispersed throughout the exam and cannot be identified by the candidate.

### Scale Scores

Failing candidates will have their test score reported as a scale score. A scale score is a transformed raw test score (the number of test questions answered correctly given the length of the test taken). The raw score has been transformed into other measurement units, a scale score, something like transforming height (your test performance) from centimeters (your raw score) into inches (your scale score). A scale score of at least **620** is required to pass. **PLEASE NOTE THAT A SCALE SCORE IS NEITHER THE NUMBER OF QUESTIONS YOU ANSWERED CORRECTLY NOR THE PERCENTAGE OF QUESTIONS YOU ANSWERED CORRECTLY.**

The passing score was established via a systematic procedure (Cut-Score Study) that employed the judgment of a representative group of CNORs from across the country with the assistance of staff from Prometric. This group recommended a standard of what a minimally competent CNOR needs to know about the tested content to obtain a passing score. The decision regarding the passing score was made by CCI and was transferred through use of statistical procedures to the test you were administered.

If you are not successful in passing the CNOR exam, your score will tell you how far away from 620 – or passing - you are. If you receive a numerical score, you have not mastered the knowledge that is required to become certified at a level judged to represent the minimum to receive the credential. Your numerical score is reported along with a diagnostic message for each of the content area included in the examination: Pre-operative, intraoperative, and postoperative.

Passing candidates will receive a letter and a congratulatory packet of information from CCI, a scale score will not be reported.

### Domains

Domain	% of questions on exam
1. Patient Assessment & Diagnosis	12%
2. Identify Expected Outcomes and develop plan of care	10%
3. Intraoperative Activities	37%
4. Communication	7%
5. Discharge Planning	2%
6. Cleaning, Disinfecting, Packaging and Sterilizing	15%
7. Emergency Situations	6%
8. Management of Personnel Services and material	5%
9. Professional Accountability	6%

Test specifications for the CNOR examination allocates test weights to domains and phases on the basis of a combination of importance and time requirements.

**Notification**

- Candidates **not** successful in passing the exam will receive notification of their examination score within 4-6 weeks of the examination.
- Candidates successful in passing the exam will be mailed their certificate by CCI. Please allow 4-6 weeks of the examination.
- **The CCI will provide two letters for successful candidates who request verification of their certified status within a five-year recertification period.** Contact CCI to request a verification letter.
- Certification status is granted for a period of five years. Certification will expire on December 31 of the fifth year.
- **\*\*Scores will not be reported if the confidentiality of the exam is broken or misconduct at the test center is reported.**

**Certification Process Policies**

1. Refunds are made at the discretion of the CCI.
2. \$125 of the registration fee constitutes a nonrefundable processing charge.

To receive a partial refund, you **MUST DO BOTH OF THE FOLLOWING:**

1. Request in writing, to the CCI, to withdraw registration prior to 3 working days before the end of the scheduled examination window.
2. Cancel by calling **Prometric** at least 48 hours in advance of your scheduled appointment time as shown below: **(THESE TIMES ARE EASTERN STANDARD TIME)**

<b>If Examination is Scheduled for:</b>	<b>You <u>MUST</u> Cancel By:</b>
Monday	Noon on previous Friday
Tuesday	Noon on previous Saturday
Wednesday	Noon on Monday (same week)
Thursday	Noon on Tuesday (same week)
Friday	Noon on Wednesday (same week)
Saturday	Noon on Thursday (same week)

The entire registration fee will be forfeited if:

1. The candidate fails to cancel an appointment with the Prometric test center within the required time as shown above, or
2. The candidate fails to appear as scheduled to take the examination, or
3. The candidate arrives at Prometric for the examination without proper identification, or
4. The candidate fails to achieve a passing score on the examination.

In all the above circumstances, the applicant must complete the registration process in its entirety, including payment of the registration fee, in order to take the examination at a future time.

**Note:** If your examination is interrupted due to an equipment malfunction, for more than 30 minutes, you will be rescheduled at no additional charge.

5. Registration and fee may be transferred once from one test period to the **next** test period **only**. Only one transfer of registration and fee will be permitted. Request for transfer must be in writing and must reach our office no later than the transfer deadline stated in the application booklet. A transfer fee of \$125 must accompany the request.

## THE REFUND POLICY IS SUBJECT TO CHANGE WITHOUT PRIOR NOTICE

### Withdrawal From or Non-Completion of Process

- Persons who withdraw their application or who do not pass the examination must repeat the certification process in its entirety.
- The certification process, including examination, may be repeated as often as necessary. However, a new application must be submitted each time as forms, policies and procedures change.
- The appropriate fee must accompany the application each time one is submitted.
- Candidates **may not** take the exam **twice** in one quarter.

### Review Process

#### *Request for Amendment*

- A process is available to an individual seeking amendment of a CCI policy. Supporting documentation must accompany the written request before it will be considered by CCI.
- Mail request for amendment, by certified mail, to the Competency and Credentialing Institute, 2170 South Parker Road, Suite 295, Denver, CO 80231.

#### *Appeal Process*

- There shall be an external board of appeals available to a CNOR candidate seeking appeal of decisions made by the CCI. Such board of appeals will be appointed as needed, and will be composed of six past members of CCI (three members and three alternates). A written request for review by the board of appeals and supporting documentation must be submitted by the candidate within 30 days after receipt by the candidate of CCI's initial decision. Decisions of the external Board of Appeals shall be final and binding.
- **All requests for amendment or appeal will be heard in accordance with the CCI policies in effect at the time.**

### General Information

#### *Confidentiality*

- A system of safeguarding confidential information provided by certification applicants/candidates will be maintained.
- No outside agency or persons shall have access to individual certification files/records unless permission is granted in writing by the applicant/candidate. In the event of legal proceedings, records will have to be requested in writing by the court or the applicant/candidate's legal counsel.

#### *Verification*

- Information on applications may be verified. Authorized personnel will check applications for accuracy of information. Information may be verified by telephone and/or letter. All information gained through verification procedures will be confidential except in instances where the law demands disclosure of facts. Should any information on the application be found false, the applicant will be notified and declared ineligible to continue in the certification process.

#### *Use of CNOR*

- CNOR is the designation recognizing the nurse who has been certified in perioperative nursing. The letters do not in themselves stand for specific words or a title. The CNOR mark is federally registered with the U.S. Patent and Trademark Office, Reg. No. 3564062, and may only be used in accordance with CCI policy by those who have achieved and maintain the designation. Use of the R in a circle symbol is legal and appropriate for use with the CNOR mark when used in a trademark sense. It is not necessary or desirable to use the R in a circle symbol in connection with every use of the CNOR mark. If on letterhead, signs, advertisements, or clothing, the R in a circle symbol may be used in connection with the CNOR mark, but it is not necessary or desirable to use the symbol in text, on business cards, or name badges.

- In writing, proper usage is without punctuation as follows: Jane A. Doe, RN, CNOR

#### *Revocation of CNOR*

- The CCI reserves the right to revoke the certified status conferred by them through this program. Revocation may occur upon receipt of information verifying that a registered nurse has:
  1. Falsified information on the certification application.
  2. Had her/his current RN license revoked by a state board of nursing.
  3. Had her/his current RN license suspended by a state board of nursing.
  4. Been placed on probation by a state board of nursing.
  5. Has not paid all outstanding debts to CCI.
  6. Commission of a breach of the confidentiality agreement signed at the time the examination was taken (i.e., via public or printed communication, Internet, etc.) or breach of security in connection with a CCI examination, including cheating, failure to follow test center instructions, or violation of any examination policy.
- Certified nurses will be informed by letter of the CCI's decision to revoke the CNOR status.
- There will be no refund if, for any reason, the CNOR status is revoked.

#### *Misuse or misrepresentation of the CNOR credential*

Any misuse or misrepresentation of the CNOR credential by those not currently holding the credential shall be subject to legal action by CCI. CCI may render sanctions against the individual that may include but not be limited to:

- Suspension from the examination for an indefinite or specified period of time.
- At the Boards discretion, notify the State Board of Nursing, employer, insurance company, or other public health agency.

#### *Publicity*

The CCI reserves the right to designate and approve national publicity concerning the certification program.

- National publicity may be authorized by the CCI for purposes of marketing the program.
- AORN Headquarters, AORN chapters, and the *AORN Journal* may appropriately recognize AORN members who become certified.

#### *Replacement of Certificates (While Supplies Last)*

A replacement certificate will be issued, if available, at a cost of \$10, upon submission of a request to CCI.

#### *Recertification*

- The certified status of an individual RN is conferred by the CCI for a period of five years, at which time a CNOR may seek recertification. **JULY 1** is the application deadline for recertification.
- The recertification process will require a CNOR to complete the method of recertification in effect at the time recertification is due.

THE CCI HAS THE PREROGATIVE TO ESTABLISH AND REVISE POLICIES AND PROCEDURES FOR CERTIFICATION/RE CERTIFICATION AS DEEMED APPROPRIATE.

## **Recertification**

### **Definition of Recertification**

The continued documented validation of the professional achievement of identified standards of practice by an individual registered nurse providing perioperative nursing care.

### **Purpose of Recertification**

CNOR certification is a voluntary recognition program designed for nurses whose practice emphasis is providing perioperative nursing care. Certification recognizes the professional achievement demonstrated when an individual nurse's performance in the role exceeds that which is necessary for competency in practice. If certification provides some assurance to employers and to the public of the achievements of those certified, it is only reasonable to expect that there be a basis for providing that assurance at more than one time in an individual's career. Recertification is a necessary component of the certification process. Candidates cannot be recertified by continuing education hours or examination until the year of certification expiration.

### **Objectives of Recertification**

- Recognize the individual professional nurse who is proficient in practice.
- Strengthen conscious use of theory in assessing, planning, implementing and evaluating nursing care.
- Enhance professional growth through continued learning that results in greater depth of knowledge and expanded skills and practice.

**Note:** Certification is conferred for a period of five years. Application for recertification **MUST** be made by **JULY 1** of the year the certification expires, using the recertification process in effect at the time recertification is due.

## **Recertification Process**

### **Eligibility**

Any CNOR who meets the following requirements may apply for recertification. **EVERY REQUIREMENT MUST BE MET AT THE TIME OF APPLICATION.**

1. The applicant must be currently certified in perioperative nursing.
  2. The applicant must be currently licensed, without provision or condition, as a registered nurse in the country where currently practicing.
  3. The applicant must currently be employed as a part-time or full-time registered nurse. This employment must be in perioperative nursing and can be in an administrative, teaching, research or general staff capacity.
  4. The applicant must have worked a minimum of 500 hours in perioperative nursing within the five-year recertification cycle.
- ❖ An applicant's nationality, race, creed, life-style, color, sex or age is not a factor in determining eligibility for certification or recertification.

### **Application Process**

#### **1. Obtain Application**

An application for recertification will be mailed to you in February of the year in which your certification expires. If you do not receive an application by early March, contact:

Competency and Credentialing Institute  
2170 South Parker Road, Suite 295  
Denver, Colorado 80231  
(303) 369-9566 • (888) 257-2667 (CNOR)

#### **2. Submit Completed Application**

COMPLETED APPLICATION INCLUDES:

- Application Form with Contact Hour Record Form (if applicable)

- Application Fee

**NOTE:** The application, as described above, **MUST BE POSTMARKED ON OR BEFORE JULY 1**. If an applicant fails to meet the specified deadline date, a late filing period (July 2 – December 31) will apply. A penalty fee of \$75 will be assessed for applications postmarked with those dates and **must** accompany the completed application and fee. Applications received after December 31 will not be accepted under **any** circumstances.

**A. Complete Application Form**

- Complete all of the personal information sections on the application form.
- Complete the Contact Hour Record Form (if applicable).
- Read and sign the Statement of Understanding.

**NOTE:** All applications are confidential and only those persons directly involved with the processing will have access to them.

Information on applications may be verified. Authorized personnel will check applications for accuracy of information. Information may be verified by telephone and/or letter. All information gained through verification procedures will be confidential except in instances where the law demands disclosure of facts. Should any information on the application be found false, the applicant will be notified and declared ineligible to continue in the recertification process.

**B. Obtain Verification of Practice Requirements**

Provide the name of a registered nurse colleague on the application form. This will be used to verify employment in perioperative nursing.

**C. Select Method of Recertification**

1. Examination (testing for recertification is in the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> quarter).
2. Continuing Education.
3. Portfolio.

**D. Pay Fee**

The application fee for recertification is \$280. For AORN members the discounted fee is \$210 for contact hours and the portfolio. If recertifying by examination, the fee is \$375. AORN members receive a discounted fee of \$295.

1. The appropriate fee must be submitted with the application form.
2. The fee may be paid by personal check, cashier's check or money order made payable to the CCI or by MasterCard or VISA.
3. No application will be processed without the accompanying fee. All outstanding debts to the CCI **must** have been paid.

**E. Submit Completed Application**

- Send to: Competency and Credentialing Institute  
2170 South Parker Road, Suite 295  
Denver, Colorado 80231
- Fax to: 303-695-8464 \*\*Please call CCI at 888-257-2667 to confirm that your application was received.
- Apply on line: [www.cc-institute.org](http://www.cc-institute.org)

**3. Notification of Status**

- A confirmation and information packet will be sent after your application has been processed.
- All information on the application may be verified and may include verification of:
  - Original certification date
  - Applicant's RN license through state boards of nursing
  - Current employment through contact with employer/employing institution

- Professional nursing history through contact with past employers
- It is the responsibility of the applicant to furnish any information found missing on the application.
- If recertifying by examination, candidates will receive further information on testing sites from the testing agency.

## Audit Process

A predetermined percentage of recertification applications will be randomly selected for audit. However, if there is reason to believe there has been a breach in the integrity of the process by an individual seeking recertification through the continuing education method, staff will also select those individuals for audit.

Those applicants chosen for the audit process will be required to submit **copies** of the certificates of attendance listed on the contact hour record form sent with their application by the deadline date specified on the form.

**NOTE: 75 of the 125 contact hours earned must be directly related to perioperative nursing. If you use 62.5 contact hours from academic credits, then 62.5 contact hours earned must be directly related to perioperative nursing.**

## Procedure for Recertification by Examination

The CCI has contracted with Prometric, a professional test agency, to administer the CNOR examination at over 300 Prometric test centers throughout the U.S. and Canada. Candidates may take the examination Monday through Saturday, except holidays, year round. Test centers are now available worldwide for international candidates.

The computerized format of the examination requires no previous computer experience. An optional pre-examination tutorial will provide instructions on how to take the examination on the computer. It will also provide examples on how to select answers and how to mark any questions you may want to return to and review before finishing the exam.

The recertification examination period is in the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> quarter. The fee for recertifying by examination is \$375. AORN members receive a discounted fee of \$295.

## Procedure for Recertification by Continuing Education

Recertification by continuing education requires 125 contact hours offered by approved providers accrued within the five year period preceding application deadline for recertification.

- Effective January 1, 2011, the window during which hours can be earned and applied toward recertification changed. Please refer to the table below to determine the period during which your eligible contact hours must be earned:

<b>Credential Valid</b>	<b>Hours Must Be Earned Between</b>	<b>Application Due</b>
• 2006 – 2011	Jan. 1, 2006 – Dec. 31, 2010	July 1, 2011
• 2007 – 2012	Jan. 1, 2007 – Dec. 31, 2011	July 1, 2012
• 2008 – 2013	Jan. 1, 2008 – Dec. 31, 2012	July 1, 2013
• 2009 – 2014	Jan. 1, 2009 – Dec. 31, 2013	July 1, 2014

- Your credential is good for a five year period.
- You have five years to earn contact hours.
- Your application is due on July 1 in order to recertify your credential without penalty.
- You are required to earn 125 contact hours from providers deemed acceptable by CCI.

The fee to recertify by contact hours or portfolio is \$280. AORN members receive a discount fee of \$210.

**To be acceptable, contact hours MUST be approved by one of the following:**

1. American Nurses Credentialing Center (ANCC)
2. An agency, organization, or educational institution accredited by ANCC
3. State boards of nursing in: CA, FL, KS, KY, IA, NV, AL, OH, LA, WV
4. American Association of Critical-Care Nurses (AACN)
5. Any state nurses' association
6. American Association of Neuroscience Nurses (AANN)
7. Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN), formerly NAACOG
8. American Association of Nurse Anesthetists (AANA)
9. Association of periOperative Registered Nurses (AORN)
10. American Academy of Family Practitioners (AAFP)
11. American Academy of Nurse Practitioners (AANP)
12. American Academy of Physicians Assistants (AAPA)
13. American College of Nurse Midwives (ACNM)
14. National Association of Nurse Practitioners in Women's Health (NPWH)
15. National Association of Pediatric Nurse Associates and Practitioners (NAPNAP)

The candidate must maintain a copy of the certificate of attendance for each approved program attended and submit **if audited**. Every certificate of attendance must have an accreditation statement and/or provider number.

\* If a candidate attended a program and did not receive or lost the certificate of attendance, the program sponsor must be contacted by the applicant for a duplicate.

The following DO NOT meet the criteria for recertification and are, therefore, not acceptable:

1. Any program approvers or providers not listed above in Acceptable Providers.
2. Handwritten accreditation statements or provider numbers.
3. Certificates of attendance without an appropriate accreditation statement and/or acceptable provider number.
4. Contact hours earned prior to January 1 of the year certified.
5. Provider numbers that do not state *Board of Registered Nursing*.

**Academic Credits for Recertification**

CNORs may use academic credits in partial fulfillment of the requirements for recertification through the contact hour method. All academic credits MUST meet the following criteria in order for them to be acceptable for use toward CNOR recertification.

One half (62.5) of the 125 contact hours required for recertification may be earned through academic credits. Academic credits will be converted to contact hours using the following calculation:

$$\begin{aligned} 1 \text{ semester hour} &= 15 \text{ contact hours} \\ 1 \text{ quarter hour} &= 10 \text{ contact hours} \end{aligned}$$

Courses must be those that are required for a baccalaureate or higher degree. Although courses must be taken for credit, CNORs do not need to be enrolled in a formal degree program at the time the course is taken. To be acceptable, a grade of C or better must be achieved for each course, and courses must be sponsored by an accredited educational institution.

**CME Credits**

CNORs may submit CME (continuing medical education) units in partial fulfillment of the contact hour requirements. Each CME is worth 1 contact hour. Fifty percent (50% or 62.5) of the required number of

contact hours may be those earned through CMEs. You are responsible for converting CME credits into contact hours using the ANCC conversion of:

**1 CME credit = 1 contact hour**

## **Procedure for Recertification or Reactivation by Portfolio**

CNOR recertification or reactivation by Professional Portfolio requires the submission of evidence of participation in four different professional activities. The four different activities that best reflect the candidate's current perioperative practice must be chosen from the following list:

1. Continuing Education
2. Educational resources
3. Patient-centered care
4. Standards Application
5. Precepting/Mentoring/coaching (
6. Evidence-based practice or continuous quality improvement project/ research project.
7. Risk management
8. Contribution to Institution: Committee Work
9. Contribution to Professional Organizations
10. Educational presentation
11. Professional writing
12. Academic course completed or taught

Please go to [www.cc-institute.org](http://www.cc-institute.org) for more information on the Portfolio.

A completed Portfolio will include a reflection form and acceptable evidence of participation in each of the four selected activities.

An applicant whose final portfolio has been reviewed and found to not meet the standards for acceptance outlined in the *CCI Professional Portfolio* will be advised of the decision not to grant recertification or reactivation by portfolio, that there is no appeal from the determination by the reviewers, and that the applicant has the following options:

- If the applicant chooses to take the CNOR exam for recertification or reactivation, the portfolio submission fee will be credited toward the CNOR exam application fee; any difference in costs will be refunded to the applicant.
- The applicant will then be notified of testing dates and CCI staff will assist in applying for the exam as needed.
- If the applicant chooses to not take the exam, the application payment will be returned minus a non-refundable \$125 processing fee.

### **If Certification Expires**

- Contact hours will NOT be accepted to regain certified status.
- The only way to be reinstated as a CNOR is to enter a future certification cycle, successfully complete the examination, or complete the Perioperative Portfolio Project.

### **Inactive Status**

CNOR Inactive Status provides CNORs with a 3-year period to meet the recertification eligibility requirements. Inactive Status is available to CNORs who do not meet the recertification eligibility requirements but do not wish to lose their certification status. During the time of Inactive Status, you may NOT use the CNOR credential. The fee for Inactive Status is \$95 for AORN Members and \$175 for non-AORN members.

## **Structure of the Certification Program/Test Development Process**

### **Certification Board**

The Competency and Credentialing Institute conducts a voluntary certification/recertification program for nurses. The Competency and Credentialing Institute was established for the purpose of developing, implementing, administering and evaluating these programs and is accountable for the process. The Competency and Credentialing Institute shall confer the certified status and may revoke it in specified cases.

The Competency and Credentialing Institute is composed of 9 CNOR members. One must be CRNFA certified and one must be a public member.

### **Test Specification Committee**

Test specifications present the content outline of examination subject matter from which questions (items) for the examination are written. Test specifications for the certification examination are derived from the analysis of performance tasks in which perioperative nurses are engaged. The test specifications are presented in a grid format with job domains and phases of surgical intervention as the basic elements.

The Test Specifications Committee is composed of CNORs involved on a daily basis with direct patient care during intraoperative intervention. Members represent different areas of practice insofar as possible.

### **Item Writers**

Item writers are responsible for constructing questions specific to each section of the test specifications. The testing agency furnishes each writer with instructions on how to write multiple choice questions along with a list of appropriate reference materials. Item writers are CNORs who volunteer to serve on this committee.

### **Item Review Committee**

The Item Review Committee reviews all usable questions selected for each examination form. Such matters as correctness of answers, prevention of geographic bias, clarity of language, and appropriateness of items are considered during the item review process. The edited copy of the final form of each examination is reviewed and approved by the Item Review Committee. The Committee review constitutes a final check and balance system on the reliability of the examination. The Item Review Committee consists of CNORs currently active in perioperative nursing practice.

### **Testing Agency**

The testing agency is responsible for accomplishing the following functions: assist in developing the final form of the exam; assist in developing measurement tools; administer and score examinations; report results in such examinations; and maintain an item bank. Prometric is the agency currently under contract for these services.

## **JOB ANALYSIS**

*A Job Analysis and Test Specifications* were developed by the Test Specifications Committee of the Competency and Credentialing Institute, in cooperation with the testing agency. The job analysis describes the overall functions and responsibilities as well as the underlying knowledge and skills that are essential to ensure proficiency as a perioperative nurse. Some, but not all, of the task statements are of a sequential nature, building on the knowledge and skills specified in previous statements. The test specifications were developed on the basis of external ratings and constitute a plan upon which the job-related certification examination was constructed for nurses functioning in the perioperative role.

Competency and Credentialing Institute intends this document to act as a guideline for development of the certification examination. It is recognized that the *Job Analysis* may not reflect all of the specific tasks performed by an individual perioperative nurse.

## **JOB ANALYSIS GLOSSARY OF TERMS**

**Ambulatory Surgery.** For purposes of this document: outpatient surgery, same-day surgery, day surgery, etc., are included on the term ambulatory surgery.

**AORN Standards, recommended practices and guidelines for perioperative nursing.** As used in the job analysis, this term includes all sections of this document.

**Certification.** The documented mastery of the knowledge base and standards underlying the professional practice of an individual nurse providing perioperative patient care.

**Community Resources.** An agency or organization whose role is to provide services to the patient throughout the perioperative continuum.

**Domains.** A categorization of job responsibilities subsuming the functions, tasks, knowledge, and skills relevant to perioperative nursing. Used for designing the certification examination.

**Family.** In this document, the terms significant others and extended family are included in the term family.

**Health Assessment.** The process of obtaining current status and past health history through interviews, review medical records and physical assessment including the collection of pertinent and objective data.

**Health-Care Team Members.** The providers of patient care services which are required to provide a patient with an optimal outcome. Health-care team members can include, but are not limited to: pharmacy, radiology, blood bank, etc.

**Intraoperative Phase.** Begins when the patient enters the operating room/surgical environment and ends when the patient is transferred to the post-anesthesia care unit or other designated patient care area.

**Knowledge.** Defined as an organized body of information, usually of a factual or procedural nature, which, if applied, makes adequate performance of a job possible. Possession of knowledge does not ensure its proper application.

**Patient.** The recipient of perioperative care. In some instances, the patient includes the family, legal guardian, caregiver and others.

**Patients' Rights.** Every patient has the right to seek and receive health care administered regardless of his/her race, religion, culture, gender, or infirmity; and with respect for the individual's self-image, privacy, and other such considerations, in accordance with the Patient's Bill of Rights.

**Postoperative Phase.** Begins with admission of the patient to the post-anesthesia care area and ends with the resolution of the surgical sequelae.

**Preoperative Phase.** Begins when the decision for operative and/or invasive procedure is made and ends when patient is transferred to the operating room/surgical environment.

**Professional Achievement.** The attainment of a measurable level of performance. In the context of certification, the level of professional achievement is set on a continuum between minimum competence and mastery of perioperative nursing knowledge. Professional achievement affirms that the perioperative nurse demonstrates consistent application of the nursing process and the identified specialty standards of practice.

**Regulatory Standards and Voluntary Guidelines.** Center for Disease Control (CDC), Joint Commission on Accreditation of Health Care Organizations (JCAHO), Department of Health and Human Services (HHS), and Occupational Safety and Health Administration (OSHA) regulations and standards, and federal, state and local laws/regulations which govern practice.

**Safe Environment.** The setting in which the physical and psychological aspects of the environment are controlled for the purpose of presenting the least possible hazard to the patient, staff members, and community.

**Skill.** Defined as the proficient manual, verbal, or mental manipulation of data, people or things. Skill embodies observable, quantifiable, and measurable performance parameters.

**Standard Precautions.** As used in the job analysis, this term refers to the Standard Precaution Policy and Procedure Guidelines as developed by CDC and OSHA.

**Sterile Field.** The immediate area surrounding the operative site(s) and specified areas of materials, equipment, and personnel in direct contact with the operative site(s).

**Support Services.** Those services which are utilized for the individual patient to provide optimum patient care, i.e., pharmacy, radiology, blood bank, laboratories, housekeeping, organ procurement, auxiliary services, etc.

**Surgical Intervention.** The activities surrounding the operative and minimally invasive procedures performed on a patient.

**Teaching Techniques.** Those aids and approaches that facilitate learning (e.g., audiovisual tools, return demonstration).

## **Domain #1: Patient Assessment and Diagnosis**

Assess health status of the patient: confirm patient identity, procedure and operative site.

Health assessment techniques

Anatomy and Physiology

Pathophysiology

Diagnostic procedures and results

Approved nursing diagnoses (e.g., North American Nursing Diagnosis)

Surgical procedure

Pharmacology and anesthetic agents

Principles of patient safety

Principles of patient's rights

Preoperative patient preparation activities

Communication theories and techniques (e.g., patient/family)

Interviewing techniques (e.g., patient/family)

Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)

Standard and transmission-based precautions

Surgical consent process

Assess health status of the patient: collect, analyze, prioritize patient data (e.g., lab values; other medical conditions; chart review)

Health assessment techniques  
Anatomy and physiology  
Pathophysiology  
Diagnostic procedures and results  
Approved nursing diagnoses (e.g., North American Nursing Diagnosis)  
Surgical procedure  
Physiology responses to the surgical experience including potential complications  
Principles of positioning  
Ergonomics and body mechanics (e.g., patient/equipment)  
Instruments, supplies, and equipment relating to surgical procedure  
Interviewing techniques (e.g., patient/family)  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)

Assess health status of the patient: use health assessment techniques to evaluate patient health status and to plan for care (e.g., interview; observation)

Health assessment techniques  
Anatomy and physiology  
Pathophysiology  
Diagnostic procedures and results  
Approved nursing diagnoses (e.g. North American Nursing diagnosis)  
Transcultural nursing theory (e.g., cultural and ethnic influences; family patterns; spiritually and related practices)  
Behavioral responses to the surgical experience  
Theories of and resources for patient/family education  
Legal responsibilities and implications for patient care  
Preoperative patient preparation activities  
Principles of positioning  
Instruments, supplies, and equipment relating to surgical procedure  
Communication theories and techniques (e.g., patient/family)  
Interviewing techniques (e.g., patient/family)  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)

Formulate a nursing diagnosis

Health assessment techniques  
Anatomy and physiology  
Pathophysiology  
Diagnostic procedures and results  
Approved nursing diagnoses (e.g., North American Nursing Diagnosis)  
Behavioral responses to the surgical experience  
Theories of and resources for patient/family education  
Surgical procedure  
Principles of patient safety  
Aseptic technique  
Principles of wound healing  
Principles of positioning  
Ergonomics and body mechanics (e.g., patient/equipment)  
Documentation of all nursing interventions  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Communication theories and techniques (e.g., patient/family)  
Interviewing techniques (e.g., patient/family)

Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)

## **Domain #2: Identify Expected Outcomes and Develop Plan of Care**

Identify expected outcomes: collaborate with the multidisciplinary health care providers

Approved nursing diagnoses (e.g., North American Nursing Diagnosis)  
Behavioral responses to the surgical experience  
Legal responsibilities and implications for patient care  
Community and instructional resources  
Pain management  
Principles of wound healing  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Documentation of all nursing interventions  
Communication theories and techniques (e.g., patient/family)  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)  
Disinfection procedures for equipment and instruments  
Nursing research and evidence based practice

Identify expected outcomes: identify and communicate measurable patient outcomes

Behavioral responses to the surgical experience  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Documentation of all nursing interventions  
Communication theories and techniques (e.g., patient/family)  
Interviewing techniques (e.g., patient/family)  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)

Develop plan of care: identify physiological responses (e.g., infection; tissue perfusion; normal/thermic)

Health assessment techniques  
Anatomy and physiology  
Pathophysiology  
Diagnostic procedures and results  
Approve nursing diagnoses (e.g., North American Nursing Diagnosis)  
Behavioral responses to the surgical experience  
Surgical procedure  
Aseptic technique  
Principles of wound healing  
Physiology responses to the surgical experience including potential complications  
Documentation of all nursing interventions  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Principles of sterilization disinfection  
Microbiology and infection control

Develop plan of care: identify perioperative safety (e.g., chemical; radiation; laser injury)

Surgical procedure  
Pain management  
Principles of patient safety  
Aseptic technique  
Physiology responses to the surgical experience including potential complication  
Ergonomics and body mechanics (e.g., patient/equipment)  
Principles of sterilization disinfection  
Microbiology and infection control  
Standard and transmission-based precautions  
Cleaning, packaging, sterilizing and disinfecting methods  
Environmental cleaning (e.g., spills; room turnover; terminal cleaning)  
Disinfection procedures for equipment and instruments  
Handling and disposing of hazardous materials (e.g., chemo drugs; CJD, needles; sharps)  
Handling and disposing of hazardous materials (e.g., chemo drugs; CJD)  
Conducting and documenting chemical monitoring  
Emergency procedures (e.g., surgical; CPR; MH)  
Environmental hazards, disasters, preparedness, and response (e.g., fire; toxic fumes; natural disasters; terrorism)  
Principles of equipment inspection and maintenance  
Principles of product evaluation and cost containment  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Nursing research and evidence based practice

Develop plan of care: identify behavioral responses of patient and/or family (e.g., comfort; anxiety; operative procedure; medication; pain management; cultural, spiritual, and ethical issues)

Health assessment techniques  
Anatomy and physiology  
Pathophysiology  
Diagnostic Procedures and results  
Approved nursing diagnoses (e.g., North American Nursing Diagnosis)  
Transcultural nursing theory (e.g., cultural and ethnic influences; family patterns; spiritually and related practices)  
Behavioral responses to the surgical experience  
Theories of and resources for patient/family education  
Pharmacology and anesthetic agents  
Pain management  
Principles of patient's rights  
Principles of wound healing  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Documentation of all nursing interventions  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Communication theories and techniques (e.g., patient/family)  
Interviewing techniques (e.g., patient; family)  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Responsibilities regarding impaired and/or disruptive behavior (e.g., patient/family; multidisciplinary health care team members)

Nursing research and evidence based practice

Develop plan of care: identify age-specific needs;

Health assessment techniques

Anatomy and physiology

Pathophysiology

Diagnostic procedures and results

Approved nursing diagnoses (e.g., North American Nursing Diagnosis)

Transcultural nursing theory (e.g., cultural and ethnic influences; family patterns; spiritually and related practices)

Behavioral responses to the surgical experience

Patient rights and responsibilities

Theories of and resources for patient/family education

Legal responsibilities and implications for patient care

Community and instructional resources

Surgical procedure

Pharmacology and anesthetic agents

Anesthetic interventions (e.g., assist as needed)

Pain management

Principles of patient safety

Principles of patient's rights

Principles of wound healing

Preoperative patient preparation activities

Expected outcomes related to identified interventions

Instruments, supplies, and equipment relating to surgical procedure

Documentation of all nursing interventions

Environmental factors (e.g., temperature; humidity; air exchange; noise)

Interviewing techniques (e.g., patient/family)

Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)

Surgical consent process

Responsibilities regarding impaired and/or disruptive behavior (e.g., patient/family; multidisciplinary health care team members)

### **Domain #3: Intraoperative Activities**

Monitor and intervene to optimize physiological responses (e.g., infection; tissue perfusion; normal/thermic)

Surgical procedure

Pharmacology and anesthetic agents

Anesthetic interventions (e.g., assist as needed)

Pain management

Aseptic technique

Principles of wound healing

Preoperative patient preparation activities

Physiology responses to the surgical experience including potential complications

Principles of positioning

Ergonomics and body mechanics (e.g., patient/equipment)

Instrument, supplies, and equipment relating to surgical procedure

Environmental factors (e.g., temperature; humidity; air exchange; noise)

Principles of sterilization disinfection

Microbiology and infection control

Standard and transmission-based precautions

Selecting cleaning, packaging, sterilizing and disinfecting methods

Performing environmental cleaning (e.g., spills; room turnover; terminal cleaning)

Performing and documenting disinfection procedures for equipment and instruments

Performing and documenting sterilization procedures  
Conducting and documenting biological monitoring  
Conducting and documenting chemical monitoring  
Emergency procedures (e.g., surgical; CPR; MH)  
Quality improvement principles  
Monitoring and documenting package integrity (e.g., tissue; skin; bone; temperature)

Monitor and intervene to provide patient safety (e.g., chemical; radiation; laser injury; positioning);

Anatomy and physiology  
Patient rights and responsibilities  
Surgical procedure  
Pharmacology and anesthetic agents  
Anesthetic interventions (e.g., assist as needed)  
Principles of patient safety  
Principles of positioning  
Ergonomics and body mechanics (e.g., patient/equipment)  
Instruments, supplies, and equipment relating to surgical procedure  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Environmental cleaning (e.g., spills; room turnover; terminal cleaning)  
Disinfection procedures for equipment and instruments  
Handling and disposing of hazardous materials (e.g., chemo drugs; CJD, needles; sharps)  
Performing and documenting disinfection procedures for equipment and instruments  
Handling and disposing of hazardous materials (e.g., chemo drugs; CJD)  
Conducting and documenting chemical monitoring  
Environmental hazards, disasters, preparedness, and response (e.g., fire; toxic fumes; natural disasters; terrorism)  
Principles of equipment inspection and maintenance  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; State Nurse Practice Act)  
Nursing research and evidence based practice

Monitor and intervene to optimize behavioral responses of patient and family (e.g., comfort; anxiety; operative procedure; medication; pain management; cultural, spiritual, and ethical issues)

Health assessment techniques  
Transcultural nursing theory (e.g., cultural and ethnic influences; family patterns; spiritually and related practices)  
Behavioral responses to the surgical experience  
Theories of and resources for patient/family education  
Pharmacology and anesthetic agents  
Anesthetic interventions (e.g., assist as needed)  
Pain management  
Preoperative patient preparation activities  
Communication theories and techniques (e.g., patient/family)  
Interviewing techniques (e.g., patient/family)  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)  
Emergency procedures (e.g., surgical; CPR; MH)  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)

Nursing research and evidence based practice

Prepare the surgical site

Anatomy and physiology  
Surgical procedure  
Principles of patient safety  
Aseptic technique  
Principles of patient's rights  
Principles of wound healing  
Preoperative patient preparation activities  
Documentation of all nursing interventions  
Microbiology and infection control  
Standard and transmission-based precautions  
Disinfection procedures for equipment and instruments  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Nursing research and evidence based practice

Select procedure-specific protective barrier materials (e.g., gown; drapes)

Surgical procedure  
Principles of patient safety  
Aseptic technique  
Principles of wound healing  
Instruments, supplies, and equipment relating to surgical procedure  
Principles of sterilization disinfection  
Microbiology and infection control  
Standard and transmission-based precautions  
Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines: Association for the Advancement of Medical Instrumentation (AAMI)  
Cleaning, packaging, sterilizing and disinfecting methods  
Selecting cleaning, packaging, sterilizing and disinfecting methods  
Environmental hazards, disasters, preparedness, and response (e.g., fire; toxic fumes; natural disasters; terrorism)  
Principles of product evaluation and cost containment  
Quality improvement principles  
Acquisition processes for equipment, supplies, and personnel  
Monitoring and documenting package integrity (e.g., tissue; skin; bone; temperature)  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Nursing research and evidence based practice

Monitor and evaluate the effects of anesthetic agents

Anatomy and physiology  
Pathophysiology  
Behavioral responses to the surgical experience  
Pharmacology and anesthetic agents  
Anesthetic interventions (e.g., assist as needed)  
Pain management  
Principles of patient safety  
Preoperative Patient preparation activities  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Emergency procedures (e.g., surgical; CPR; MH)

Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; State Nurse Practice Act)  
Nursing research and evidence base practice

Monitor and evaluate the effects of pharmacologic agents

Health Assessment techniques  
Anatomy and physiology  
Pathophysiology  
Behavioral responses to the surgical experience  
Pharmacology and anesthetic agents  
Anesthetic interventions (e.g., assist as needed)  
Pain management  
Principles of patient safety  
Preoperative patient preparation activities  
Expected outcome related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Emergency procedures (e.g., surgical; CPR; MH)  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Nursing research and evidence based practice

Identify and control environmental factors (e.g., noise; temperature; traffic)

Surgical procedure  
Anesthetic interventions (e.g., assist as needed)  
Principles of patient safety  
Principles of patient's rights  
Physiology responses to the surgical experience including potential complications  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines; Association for the Advancement of Medical Instrumentation (AAMI))  
Environmental cleaning (e.g., spills; room turnover; terminal cleaning)  
Performing environmental cleaning (e.g., spills; room turnover; terminal cleaning)  
Handling and disposing of hazardous materials (e.g., chemo drugs; CJD)  
Environmental hazards, disasters, preparedness, and response (e.g., fire; toxic fumes; natural disasters; terrorism)  
Monitoring and documenting package integrity (e.g., tissue; skin; bone; temperature)

Maintain a sterile field including aseptic technique

Surgical procedure  
Aseptic technique  
Principles of wound healing  
Instruments, supplies, and equipment relating to surgical procedure  
Implants (e.g., handling; tracking; sterilization)  
Requirements of handling specimens  
Environmental factors (e.g., temperature; humidity; air exchange, noise)  
Principles of sterilization disinfection  
Microbiology and infection control  
Cleaning, packaging, sterilizing and disinfecting methods  
Disinfection procedures for equipment and instruments

Documentation of sterilization, biological and chemical monitoring  
Selecting cleaning, packaging, sterilizing and disinfecting methods  
Performing environmental cleaning (e.g., spills; room turnover; terminal cleaning)  
Performing and documenting disinfection procedures for equipment and instruments  
Performing and documenting sterilization procedures  
Conducting and documenting biological monitoring  
Conducting and documenting chemical monitoring  
Monitoring and documenting package integrity (e.g., tissue; skin; bone; temperature)

Test and use equipment according to manufacturer's recommendations

Principles of patient safety  
Instruments, supplies, and equipment relating to surgical procedure  
Postoperative complications  
Principles of sterilization disinfection  
Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines; Association for the Advancement of Medical Instrumentation (AAMI))  
Cleaning, packaging, sterilizing and disinfecting methods  
Disinfection procedures for equipment and instruments  
Documentation of sterilization, biological and chemical monitoring  
Selecting cleaning, packaging, sterilizing and disinfecting methods  
Performing and documenting disinfection procedures for equipment and instruments  
Performing and documenting sterilization procedures  
Conducting and documenting biological monitoring  
Conducting and documenting chemical monitoring  
Emergency procedures (e.g., surgical; CPR; MH)  
Principles of equipment inspection and maintenance  
Acquisition processes for equipment, supplies, and personnel

Maintain the dignity, modesty and privacy of the patient

Health assessment techniques  
Approved nursing diagnoses (e.g., North American Nursing Diagnosis)  
Transcultural nursing theory (e.g., cultural and ethnic influences; family patterns; spiritually and related practices)  
Behavioral responses to the surgical experience  
Patient rights and responsibilities  
Surgical procedure  
Principles of patient's rights  
Preoperative patient preparation activities  
Principles of positioning  
Documentation of all nursing interventions  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Interviewing techniques (e.g., patient/family)  
Reporting techniques to multidisciplinary health care provides (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)

Protect patient confidentiality

Transcultural nursing theory (e.g., cultural and ethnic influences; family patterns; spiritually and related practices)  
Patient rights and responsibilities  
Legal responsibilities and implication for patient care  
Principles of patient's rights

Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Interviewing techniques (e.g., patient/family)  
Regulatory standards and voluntary guidelines (e.g., AORN STANDARDS, recommended Practices and Guidelines; OSHA JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Surgical consent process

#### Advocate for and protect patient rights

Patient rights and responsibilities  
Legal responsibilities and implications for patient care  
Pain management  
Principles of patient safety  
Principles of patient's rights  
Preoperative patient preparation activities  
Expected outcomes related to identified interventions  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Communication theories and techniques (e.g., patient/family)  
Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Surgical consent process

#### Prepare and label specimens

Health assessment techniques  
Legal responsibilities and implication for patient care  
Surgical procedure  
Aseptic technique  
Implants (e.g., handling; tracking; sterilization)  
Requirements of handling specimens  
Documentation of all nursing interventions  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Microbiology and infection control  
Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines; Association for the Advancement of Medical Instrumentation (AAMI))  
Handling and disposing of hazardous materials (e.g. chemo drugs; CJD, needles; sharps)  
Handling and disposing of hazardous materials (e.g., chemo drugs; CJD)

#### Label solutions, medications, and medication containers

Legal responsibilities and implications for patient care  
Pharmacology and anesthetic agents  
Principles of patient safety  
Aseptic technique  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Documentation of all nursing interventions  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)

## Perform counts

Patient rights and responsibilities  
Legal responsibilities and implications for patient care  
Surgical procedure  
Principles of patient safety  
Aseptic technique  
Principles of patient's rights  
Principles of wound healing  
Preoperative patient preparation activities  
Instruments, supplies, and equipment relating to surgical procedure  
Documentation of all nursing interventions  
Postoperative complications  
Emergency procedures (e.g., surgical; CPR; MH)  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)

## Perform Universal protocol (e.g., time out)

Diagnostic procedures and results  
Patient rights and responsibilities  
Legal responsibilities and implications for patient care  
Surgical procedure  
Principles of patient safety  
Aseptic technique  
Principles of patient's rights  
Preoperative patient preparation activities  
Expected outcomes related to identified interventions  
Instruments, supplies, and equipment relating to surgical procedure  
Implants (e.g., handling; tracking; sterilization)  
Documentation of all nursing interventions  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Principles of equipment inspection and maintenance  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Surgical consent process

## Document Intraoperative Activities: maintain accurate patient records

Approved nursing diagnoses (e.g., North American Nursing Diagnosis)  
Behavioral responses to the surgical experience  
Legal responsibilities and implications for patient care  
Surgical procedure  
Pharmacology and anesthetic agents  
Anesthetic interventions (e.g., assist as needed)  
Pain management  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Principles of positioning  
Instruments, supplies, and equipment relating to surgical procedure  
Implants (e.g., handling; tracking; sterilization)

Documentation of all nursing interventions  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Communication theories and techniques (e.g., patient/family)  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Performing and documenting sterilization procedures  
Conducting and documenting biological monitoring  
Conducting and documenting chemical monitoring  
Emergency procedures (e.g., surgical; CPR; MH)  
Quality improvement principles  
Resources for professional growth (e.g., Perioperative Nursing Data Set (PNDS); computer skills)

Document Intraoperative Activities: Document all relevant facts and data elements

Approved nursing diagnoses (e.g., North American Nursing Diagnosis)  
Behavioral responses to the surgical experience  
Legal responsibilities and implications for patient care  
Surgical procedure  
Pharmacology and anesthetic agents  
Anesthetic interventions (e.g., assist as needed)  
Pain management  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Principles of positioning  
Ergonomics and body mechanics (e.g., patient; equipment)  
Instruments, supplies, and equipment relating to surgical procedure)  
Implants (e.g., handling; tracking; sterilization)  
Documentation of all nursing interventions  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Communication theories and techniques (e.g., patient/family)  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Performing and documenting sterilization procedures  
Conducting and documenting biological monitoring  
Conducting and documenting chemical monitoring  
Emergency procedures (e.g., surgical; CPR; MH)  
Quality improvement principles  
Resources for professional growth (e.g., Perioperative Nursing Data Set (PNDS); computer skills)

Document Intraoperative Activities: record unusual occurrences and/or variances in care

Legal responsibilities and implications for patient care  
Surgical procedure  
Anesthetic interventions (e.g., assist as needed)  
Principles of patient safety  
Principles of patient's rights  
Documentation of all nursing interventions  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Postoperative complications  
Emergency procedures (e.g., surgical; CPR; MH)  
Environmental hazards, disasters, preparedness, and response (e.g., fire; toxic fumes; natural disasters; terrorism)

Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)

Responsibilities regarding impaired and/or disruptive behavior (e.g., patient/family; multidisciplinary health care team members)

Document Intraoperative Activities: Document maintenance of a safe environment

Health assessment techniques

Approved nursing diagnoses (e.g., North American Nursing diagnosis)

Behavioral responses to the surgical experience

Patient rights and responsibilities

Legal responsibilities and implications for patient care

Principles of patient safety

Aseptic technique

Principles of patient's rights

Principles of wound healing

Preoperative patient preparation activities

Expected outcomes related to identified interventions

Physiology responses to the surgical experience including potential complications

Principles of positioning

Ergonomics and body mechanics (e.g., patient/equipment)

Documentation of all nursing interventions

Environmental factors (e.g., temperature; humidity; air exchange; noise)

Professional and regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; Association for the Advancement of Medical Instrumentation (AAMI))

Document Intraoperative Activities: Document specimens and disposition of the specimens

Diagnostic procedures and results

Legal responsibilities and implications for patient care

Surgical procedure

Aseptic technique

Principles of wound healing

Requirements of handling specimens

Documentation of all nursing interventions

Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)

Microbiology and infection control

Standard and transmission-based precautions

Emergency procedures (e.g., surgical; CPR; MH)

Quality improvement principles

Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)

Document Intraoperative Activities: document solutions used and medications administered

Health assessment techniques

Diagnostic procedures and results

Transcultural nursing theory (e.g., cultural and ethnic influences; family patterns; spiritually and related practices)

Patient rights and responsibilities

Legal responsibilities and implications for patient care

Surgical procedure

Pharmacology and anesthetic agents

Anesthetic interventions (e.g., assist as needed)

Pain management

Aseptic technique

Principles of wound healing  
Physiology responses to the surgical experience including potential complications  
Documentation of all nursing interventions  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)  
Emergency procedures (e.g., surgical; CPR; MH)  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Surgical consent process

#### Document Intraoperative Activities: Document patient outcomes

Diagnostic procedures and results  
Behavioral responses to the surgical experience  
Legal responsibilities and implications for patient care  
Surgical procedure  
Pain management  
Principles of wound healing  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complication  
Principle of positioning  
Ergonomics and body mechanics (e.g., patient/equipment)  
Documentation of all nursing interventions  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Postoperative complication  
Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)  
Conducting and documenting biological monitoring  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Resources for professional growth (e.g., Perioperative Nursing Data Set (PNDS0; computer skills)  
Nursing research and evidence based practice

#### Document Intraoperative Activities: Document surgical wound classification

Anatomy and physiology  
Pathophysiology  
Legal responsibilities and implications for patient care  
Surgical procedure  
Principles of patient safety  
Aseptic technique  
Principles of wound healing  
Preoperative patient preparation activities  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Implants (e.g., handling; tracking; sterilization)  
Documentation of all nursing interventions  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Postoperative complication  
Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)  
Microbiology and infection control

Standard and transmission-based precautions  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)

Document Intraoperative Activities: Document implanted or explanted devices

Diagnostic procedures and results  
Surgical procedure  
Principles of patient safety  
Aseptic technique  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Implants (e.g., handling; tracking; sterilization)  
Requirements of handling specimens  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Microbiology and infection control  
Documentation of sterilization, biological and chemical monitoring  
Performing and documenting sterilization procedures  
Conducting and documenting biological monitoring  
Conducting and documenting chemical monitoring  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Nursing research and evidence based practice

Document Intraoperative Activities: Document counts

Approved nursing diagnoses (e.g., North American Nursing Diagnosis)  
Patient rights and responsibilities  
Legal responsibilities and implications for patient care  
Surgical procedure  
Principles of patient safety  
Principles of patient's rights  
Principles of wound healing  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Instruments, supplies, and equipment relating to surgical procedure  
Documentation of all nursing interventions  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Resources for professional growth (e.g., Perioperative Nursing Data ser (PNDS); computer skills)  
Nursing research and evidence based practice

Document Intraoperative Activities: Document Universal protocol (e.g., time out)

Patient rights and responsibilities  
Legal responsibilities and implications for patient care  
Surgical procedure  
Principles of patient safety  
Preoperative patient preparation activities  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Documentation of all nursing interventions  
Communication theories and techniques (e.g., patient/family)  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Postoperative complications  
Quality improvement principles  
Basic management techniques and delegation  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Surgical consent process  
Responsibilities regarding impaired and/or disruptive behavior (e.g., patient/family; multidisciplinary health care team members)

#### Intraoperative Activities

Monitor and intervene to optimize physiological responses (e.g., infection; tissue perfusion; normal/thermic)

Surgical procedure  
Pharmacology and anesthetic agents  
Anesthetic interventions (e.g., assist as needed)  
Pain management  
Aseptic technique  
Principles of wound healing  
Preoperative patient preparation activities  
Physiology responses to the surgical experience including potential complications  
Principles of positioning  
Ergonomics and body mechanics (e.g., patient/equipment)  
Instrument, supplies, and equipment relating to surgical procedure  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Principles of sterilization disinfection  
Microbiology and infection control  
Standard and transmission-based precautions  
Selecting cleaning, packaging, sterilizing and disinfecting methods  
Performing environmental cleaning (e.g., spills; room turnover; terminal cleaning)  
Performing and documenting disinfection procedures for equipment and instruments  
Performing and documenting sterilization procedures  
Conducting and documenting biological monitoring  
Conducting and documenting chemical monitoring  
Emergency procedures (e.g., surgical; CPR; MH)  
Quality improvement principles  
Monitoring and documenting package integrity (e.g., tissue; skin; bone; temperature)

Monitor and intervene to provide patient safety (e.g., chemical; radiation; laser injury; positioning)

Anatomy and physiology  
Patient rights and responsibilities

Surgical procedure  
Pharmacology and anesthetic agents  
Anesthetic interventions (e.g., assist as needed)  
Principles of patient safety  
Principles of positioning  
Ergonomics and body mechanics (e.g., patient/equipment)  
Instruments, supplies, and equipment relating to surgical procedure  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Environmental cleaning (e.g., spills; room turnover; terminal cleaning)  
Disinfection procedures for equipment and instruments  
Handling and disposing of hazardous materials (e.g., chemo drugs; CJD, needles; sharps)  
Performing and documenting disinfection procedures for equipment and instruments  
Handling and disposing of hazardous materials (e.g., chemo drugs; CJD)  
Conducting and documenting chemical monitoring  
Environmental hazards, disasters, preparedness, and response (e.g., fire; toxic fumes; natural disasters; terrorism)  
Principles of equipment inspection and maintenance  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; State Nurse Practice Act)  
Nursing research and evidence based practice

Monitor and intervene to optimize behavioral responses of patient and family (e.g., comfort; anxiety; operative procedure; medication; pain management; cultural, spiritual, and ethical issues)

Health assessment techniques  
Transcultural nursing theory (e.g., cultural and ethnic influences; family patterns; spiritually and related practices)  
Behavioral responses to the surgical experience  
Theories of and resources for patient/family education  
Pharmacology and anesthetic agents  
Anesthetic interventions (e.g., assist as needed)  
Pain management  
Preoperative patient preparation activities  
Communication theories and techniques (e.g., patient/family)  
Interviewing techniques (e.g., patient/family)  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)  
Emergency procedures (e.g., surgical; CPR; MH)  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Nursing research and evidence based practice

Prepare the surgical site

Anatomy and physiology  
Surgical procedure  
Principles of patient safety  
Aseptic technique  
Principles of patient's rights  
Principles of wound healing  
Preoperative patient preparation activities  
Documentation of all nursing interventions

Microbiology and infection control  
Standard and transmission-based precautions  
Disinfection procedures for equipment and instruments  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Nursing research and evidence based practice

Select procedure-specific protective barrier materials (e.g., gown; drapes)

Surgical procedure  
Principles of patient safety  
Aseptic technique  
Principles of wound healing  
Instruments, supplies, and equipment relating to surgical procedure  
Principles of sterilization disinfection  
Microbiology and infection control  
Standard and transmission-based precautions  
Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines: Association for the Advancement of Medical Instrumentation (AAMI)  
Cleaning, packaging, sterilizing and disinfecting methods  
Selecting cleaning, packaging, sterilizing and disinfecting methods  
Environmental hazards, disasters, preparedness, and response (e.g., fire; toxic fumes; natural disasters; terrorism)  
Principles of product evaluation and cost containment  
Quality improvement principles  
Acquisition processes for equipment, supplies, and personnel  
Monitoring and documenting package integrity (e.g., tissue; skin; bone; temperature)  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Nursing research and evidence based practice

Monitor and evaluate the effects of anesthetic agents

Anatomy and physiology  
Pathophysiology  
Behavioral responses to the surgical experience  
Pharmacology and anesthetic agents  
Anesthetic interventions (e.g., assist as needed)  
Pain management  
Principles of patient safety  
Preoperative Patient preparation activities  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Emergency procedures (e.g., surgical; CPR; MH)  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; State Nurse Practice Act)  
Nursing research and evidence base practice

Monitor and evaluate the effects of pharmacologic agents

Health Assessment techniques  
Anatomy and physiology  
Pathophysiology  
Behavioral responses to the surgical experience  
Pharmacology and anesthetic agents

Anesthetic interventions (e.g., assist as needed)  
Pain management  
Principles of patient safety  
Preoperative patient preparation activities  
Expected outcome related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Emergency procedures (e.g., surgical; CPR; MH)  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Nursing research and evidence based practice

Identify and control environmental factors (e.g., noise; temperature; traffic)

Surgical procedure  
Anesthetic interventions (e.g., assist as needed)  
Principles of patient safety  
Principles of patient's rights  
Physiology responses to the surgical experience including potential complications  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines; Association for the Advancement of Medical Instrumentation (AAMI))  
Environmental cleaning (e.g., spills; room turnover; terminal cleaning)  
Performing environmental cleaning (e.g., spills; room turnover; terminal cleaning)  
Handling and disposing of hazardous materials (e.g., chemo drugs; CJD)  
Environmental hazards, disasters, preparedness, and response (e.g., fire; toxic fumes; natural disasters; terrorism)  
Monitoring and documenting package integrity (e.g., tissue; skin; bone; temperature)

Maintain a sterile field including aseptic technique

Surgical procedure  
Aseptic technique  
Principles of wound healing  
Instruments, supplies, and equipment relating to surgical procedure  
Implants (e.g., handling; tracking; sterilization)  
Requirements of handling specimens  
Environmental factors (e.g., temperature; humidity; air exchange, noise)  
Principles of sterilization disinfection  
Microbiology and infection control  
Cleaning, packaging, sterilizing and disinfecting methods  
Disinfection procedures for equipment and instruments  
Documentation of sterilization, biological and chemical monitoring  
Selecting cleaning, packaging, sterilizing and disinfecting methods  
Performing environmental cleaning (e.g., spills; room turnover; terminal cleaning)  
Performing and documenting disinfection procedures for equipment and instruments  
Performing and documenting sterilization procedures  
Conducting and documenting biological monitoring  
Conducting and documenting chemical monitoring  
Monitoring and documenting package integrity (e.g., tissue; skin; bone; temperature)

Test and use equipment according to manufacturer's recommendations

Principles of patient safety

Instruments, supplies, and equipment relating to surgical procedure  
Postoperative complications  
Principles of sterilization disinfection  
Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines; Association for the Advancement of Medical Instrumentation (AAMI))  
Cleaning, packaging, sterilizing and disinfecting methods  
Disinfection procedures for equipment and instruments  
Documentation of sterilization, biological and chemical monitoring  
Selecting cleaning, packaging, sterilizing and disinfecting methods  
Performing and documenting disinfection procedures for equipment and instruments  
Performing and documenting sterilization procedures  
Conducting and documenting biological monitoring  
Conducting and documenting chemical monitoring  
Emergency procedures (e.g., surgical; CPR; MH)  
Principles of equipment inspection and maintenance  
Acquisition processes for equipment, supplies, and personnel

Maintain the dignity, modesty and privacy of the patient

Health assessment techniques  
Approved nursing diagnoses (e.g., North American Nursing Diagnosis)  
Transcultural nursing theory (e.g., cultural and ethnic influences; family patterns; spiritually and related practices)  
Behavioral responses to the surgical experience  
Patient rights and responsibilities  
Surgical procedure  
Principles of patient's rights  
Preoperative patient preparation activities  
Principles of positioning  
Documentation of all nursing interventions  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Interviewing techniques (e.g., patient/family)  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)

Protect patient confidentiality

Transcultural nursing theory (e.g., cultural and ethnic influences; family patterns; spiritually and related practices)  
Patient rights and responsibilities  
Legal responsibilities and implication for patient care  
Principles of patient's rights  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Interviewing techniques (e.g., patient/family)  
Regulatory standards and voluntary guidelines (e.g., AORN STANDARDS, recommended Practices and Guidelines; OSHA JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Surgical consent process

Advocate for and protect patient rights

Patient rights and responsibilities  
Legal responsibilities and implications for patient care  
Pain management

Principles of patient safety  
Principles of patient's rights  
Preoperative patient preparation activities  
Expected outcomes related to identified interventions  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Communication theories and techniques (e.g., patient/family)  
Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Surgical consent process

#### Prepare and label specimens

Health assessment techniques  
Legal responsibilities and implication for patient care  
Surgical procedure  
Aseptic technique  
Implants (e.g., handling; tracking; sterilization)  
Requirements of handling specimens  
Documentation of all nursing interventions  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Microbiology and infection control  
Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines; Association for the Advancement of Medical Instrumentation (AAMI))  
Handling and disposing of hazardous materials (e.g. chemo drugs; CJD, needles; sharps)  
Handling and disposing of hazardous materials (e.g., chemo drugs; CJD)

#### Label solutions, medications, and medication containers

Legal responsibilities and implications for patient care  
Pharmacology and anesthetic agents  
Principles of patient safety  
Aseptic technique  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Documentation of all nursing interventions  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)

#### Perform counts

Patient rights and responsibilities  
Legal responsibilities and implications for patient care  
Surgical procedure  
Principles of patient safety  
Aseptic technique  
Principles of patient's rights  
Principles of wound healing

Preoperative patient preparation activities  
Instruments, supplies, and equipment relating to surgical procedure  
Documentation of all nursing interventions  
Postoperative complications  
Emergency procedures (e.g., surgical; CPR; MH)  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)

Perform Universal protocol (e.g., time out)

Diagnostic procedures and results  
Patient rights and responsibilities  
Legal responsibilities and implications for patient care  
Surgical procedure  
Principles of patient safety  
Aseptic technique  
Principles of patient's rights  
Preoperative patient preparation activities  
Expected outcomes related to identified interventions  
Instruments, supplies, and equipment relating to surgical procedure  
Implants (e.g., handling; tracking; sterilization)  
Documentation of all nursing interventions  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Principles of equipment inspection and maintenance  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Surgical consent process

Document Intraoperative Activities: maintain accurate patient records

Approved nursing diagnoses (e.g., North American Nursing Diagnosis)  
Behavioral responses to the surgical experience  
Legal responsibilities and implications for patient care  
Surgical procedure  
Pharmacology and anesthetic agents  
Anesthetic interventions (e.g., assist as needed)  
Pain management  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Principles of positioning  
Instruments, supplies, and equipment relating to surgical procedure  
Implants (e.g., handling; tracking; sterilization)  
Documentation of all nursing interventions  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Communication theories and techniques (e.g., patient/family)  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Performing and documenting sterilization procedures  
Conducting and documenting biological monitoring  
Conducting and documenting chemical monitoring  
Emergency procedures (e.g., surgical; CPR; MH)

Quality improvement principles  
Resources for professional growth (e.g., Perioperative Nursing Data Set (PNDS); computer skills)

Document Intraoperative Activities: Document all relevant facts and data elements

Approved nursing diagnoses (e.g., North American Nursing Diagnosis)  
Behavioral responses to the surgical experience  
Legal responsibilities and implications for patient care  
Surgical procedure  
Pharmacology and anesthetic agents  
Anesthetic interventions (e.g., assist as needed)  
Pain management  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Principles of positioning  
Ergonomics and body mechanics (e.g., patient; equipment)  
Instruments, supplies, and equipment relating to surgical procedure)  
Implants (e.g., handling; tracking; sterilization)  
Documentation of all nursing interventions  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Communication theories and techniques (e.g., patient/family)  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Performing and documenting sterilization procedures  
Conducting and documenting biological monitoring  
Conducting and documenting chemical monitoring  
Emergency procedures (e.g., surgical; CPR; MH)  
Quality improvement principles  
Resources for professional growth (e.g., Perioperative Nursing Data Set (PNDS); computer skills)

Document Intraoperative Activities: record unusual occurrences and/or variances in care

Legal responsibilities and implications for patient care  
Surgical procedure  
Anesthetic interventions (e.g., assist as needed)  
Principles of patient safety  
Principles of patient's rights  
Documentation of all nursing interventions  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Postoperative complications  
Emergency procedures (e.g., surgical; CPR; MH)  
Environmental hazards, disasters, preparedness, and response (e.g., fire; toxic fumes; natural disasters; terrorism)  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Responsibilities regarding impaired and/or disruptive behavior (e.g., patient/family; multidisciplinary health care team members)

Document Intraoperative Activities: Document maintenance of a safe environment;

Health assessment techniques  
Approved nursing diagnoses (e.g., North American Nursing diagnosis)  
Behavioral responses to the surgical experience

Patient rights and responsibilities  
Legal responsibilities and implications for patient care  
Principles of patient safety  
Aseptic technique  
Principles of patient's rights  
Principles of wound healing  
Preoperative patient preparation activities  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Principles of positioning  
Ergonomics and body mechanics (e.g., patient/equipment)  
Documentation of all nursing interventions  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Professional and regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; Association for the Advancement of Medical Instrumentation (AAMI))

Document Intraoperative Activities: Document specimens and disposition of the specimens

Diagnostic procedures and results  
Legal responsibilities and implications for patient care  
Surgical procedure  
Aseptic technique  
Principles of wound healing  
Requirements of handling specimens  
Documentation of all nursing interventions  
Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)  
Microbiology and infection control  
Standard and transmission-based precautions  
Emergency procedures (e.g., surgical; CPR; MH)  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)

Document Intraoperative Activities: document solutions used and medications administered

Health assessment techniques  
Diagnostic procedures and results  
Transcultural nursing theory (e.g., cultural and ethnic influences; family patterns; spiritually and related practices)  
Patient rights and responsibilities  
Legal responsibilities and implications for patient care  
Surgical procedure  
Pharmacology and anesthetic agents  
Anesthetic interventions (e.g., assist as needed)  
Pain management  
Aseptic technique  
Principles of wound healing  
Physiology responses to the surgical experience including potential complications  
Documentation of all nursing interventions  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)  
Emergency procedures (e.g., surgical; CPR; MH)  
Quality improvement principles

Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Surgical consent process

Document Intraoperative Activities: Document patient outcomes

Diagnostic procedures and results  
Behavioral responses to the surgical experience  
Legal responsibilities and implications for patient care  
Surgical procedure  
Pain management  
Principles of wound healing  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complication  
Principle of positioning  
Ergonomics and body mechanics (e.g., patient/equipment)  
Documentation of all nursing interventions  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Postoperative complication  
Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)  
Conducting and documenting biological monitoring  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Resources for professional growth (e.g., Perioperative Nursing Data Set (PNDS0; computer skills)  
Nursing research and evidence based practice

Document Intraoperative Activities: Document surgical wound classification

Anatomy and physiology  
Pathophysiology  
Legal responsibilities and implications for patient care  
Surgical procedure  
Principles of patient safety  
Aseptic technique  
Principles of wound healing  
Preoperative patient preparation activities  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Implants (e.g., handling; tracking; sterilization)  
Documentation of all nursing interventions  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Postoperative complication  
Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)  
Microbiology and infection control  
Standard and transmission-based precautions  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)

Document Intraoperative Activities: Document implanted or explanted devices

Diagnostic procedures and results  
Surgical procedure  
Principles of patient safety  
Aseptic technique  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Implants (e.g., handling; tracking; sterilization)  
Requirements of handling specimens  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Microbiology and infection control  
Documentation of sterilization, biological and chemical monitoring  
Performing and documenting sterilization procedures  
Conducting and documenting biological monitoring  
Conducting and documenting chemical monitoring  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Nursing research and evidence based practice

#### Document Intraoperative Activities: Document counts

Approved nursing diagnoses (e.g., North American Nursing Diagnosis)  
Patient rights and responsibilities  
Legal responsibilities and implications for patient care  
Surgical procedure  
Principles of patient safety  
Principles of patient's rights  
Principles of wound healing  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Instruments, supplies, and equipment relating to surgical procedure  
Documentation of all nursing interventions  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Resources for professional growth (e.g., Perioperative Nursing Data ser (PNDS); computer skills)  
Nursing research and evidence based practice

#### Document Intraoperative Activities: Document Universal protocol (e.g., time out)

Patient rights and responsibilities  
Legal responsibilities and implications for patient care  
Surgical procedure  
Principles of patient safety  
Preoperative patient preparation activities  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Documentation of all nursing interventions  
Communication theories and techniques (e.g., patient/family)

Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Postoperative complications  
Quality improvement principles  
Basic management techniques and delegation  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Surgical consent process  
Responsibilities regarding impaired and/or disruptive behavior (e.g., patient/family; multidisciplinary health care team members)

## **Domain #4: Communication**

Communicate patient status and changes to the multidisciplinary health care providers (e.g., critical lab values; medical conditions; medications; allergies; implants)

Health Assessment techniques  
Anatomy and physiology  
Pathophysiology  
Diagnostic procedures and results  
Approved nursing diagnoses (e.g., North American Nursing Diagnosis)  
Transcultural nursing theory (e.g., cultural and ethnic influences; family patterns; spiritually and related practices)  
Behavioral responses to the surgical experience  
Patient rights and responsibilities  
Surgical procedure  
Pharmacology and anesthetic agents  
Pain management  
Preoperative patient preparation activities  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complication  
Principles of positioning  
Implants (e.g., handling; tracking; sterilization)  
Communication theories and techniques (e.g., patient/family)  
Interviewing techniques (e.g., patient/family)  
Postoperative complications  
Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)  
Surgical consent process

### Report

Health assessment techniques  
Anatomy and physiology  
Pathophysiology  
Diagnostic procedures and results  
Approved nursing diagnoses (e.g., North American Nursing Diagnosis)  
Transcultural nursing theory (e.g., cultural and ethnic influences; family patterns; spiritually and related practices)  
Behavioral responses to the surgical experience  
Surgical procedure  
Pharmacology and anesthetic agents  
Pain management  
Preoperative patient preparation activities

Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Principles of positioning  
Implants (e.g., handling; tracking; sterilization)  
Communication theories and techniques (e.g., patient/family)  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Postoperative complication  
Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)  
Quality improvement principles  
Surgical consent process

#### Document

Diagnostic procedures and results  
Approved nursing diagnoses (e.g., North American Nursing Diagnosis)  
Transcultural nursing theory (e.g., cultural and ethnic influences; family patterns; spiritually and related practices)  
Behavioral responses to the surgical experience  
Surgical procedure  
Pharmacology and anesthetic agents  
Pain management  
Preoperative patient preparation activities  
Expected outcomes related to identified interventions  
Physiology responses to the surgical experience including potential complications  
Principles of positioning  
Implants (e.g., handling; tracking; sterilization)  
Documentation of all nursing interventions  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Postoperative complications  
Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)  
Quality improvement principles  
Surgical consent process  
Resources for professional growth (e.g., Perioperative Nursing Data Set (PNDS); computer skills)  
Nursing research and evidence based practice

Provide information to the patient and/or family (e.g., status; updates; surgical procedures; reassurance)

Diagnostic procedures and results  
Transcultural nursing theory (e.g., cultural and ethnic influences; family patterns; spiritually and related practices)  
Patient rights and responsibilities  
Theories of and resources for patient/family education  
Community and instructional resources  
Communication theories and techniques (e.g., patient/family)  
Interviewing techniques (e.g., patient/family)  
Postoperative complications  
Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)  
Emergency procedures (e.g., surgical; CPR, MH)

Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Surgical consent process  
Responsibilities regarding impaired and/or disruptive behavior (e.g., patient/family; multidisciplinary health care team members)

## **Domain #5: Discharge Planning**

Collaborate with multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)

Diagnostic procedures and results  
Approved nursing diagnoses (e.g., North American Nursing Diagnosis)  
Behavioral responses to the surgical experience  
Legal responsibilities and implications for patient care  
Surgical procedure  
Pain management  
Principles of patient safety  
Principles of wound healing  
Expected outcomes related to identified interventions  
Documentation of all nursing interventions  
Communication theories and techniques (e.g., patient/family)  
Interviewing techniques (e.g., patient/family)  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Postoperative complications  
Multidisciplinary services (e.g., nutrition; wound care; social work; visiting nurse; referrals; transportation)  
Standard and transmission-based precautions  
Quality improvement principles  
Responsibilities regarding impaired and/or disruptive behavior (e.g., patient/family; multidisciplinary health care team members)

## **Domain #6: Cleaning, Disinfecting, Packaging and Sterilizing**

Select cleaning, packaging, sterilizing, and disinfecting methods

Aseptic technique  
Instruments, supplies, and equipment relating to surgical procedure  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Principles of sterilization disinfection  
Microbiology and infection control  
Standard and transmission-based precautions  
Professional and regulatory standards (e.g., AORN Standards, Recommended practices, and Guidelines; Association for the Advancement of Medical Instrumentation (AAMI))  
Cleaning, packaging, sterilizing and disinfecting methods  
Disinfection procedures for equipment and instruments  
Documentation of sterilization, biological and chemical

Selecting cleaning, packaging, sterilizing and disinfecting methods  
Performing and documenting disinfection procedures for equipment and instrument  
Monitoring and documenting package integrity (e.g., tissue; skin; bone; temperature)  
Basic management techniques and delegation  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Nursing research and evidence based practice

Perform environmental cleaning (e.g., spills; room turn over; terminal cleaning)

Surgical procedure  
Aseptic technique  
Principles of sterilization disinfection  
Microbiology and infection control  
Standard and transmission-based precautions  
Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines; Association for the Advancement of Medical Instrumentation (AAMI)  
Environmental cleaning (e.g., spills; room turnover; terminal cleaning)  
Disinfection procedures for equipment and instruments  
Handling and disposing of hazardous materials (e.g., chemo drugs; CJD, needles; sharps)  
Performing environmental cleaning (e.g., spills; room turnover; terminal cleaning)  
Environmental hazards, disasters, preparedness, and response (e.g., fire; toxic fumes; natural disasters; terrorism)  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)

Perform and document disinfection procedures for equipment and instruments

Surgical procedure  
Aseptic technique  
Instruments, supplies, and equipment relating to surgical procedure  
Documentation of all nursing interventions  
Standard and transmission-based precautions  
Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines; Association for the Advancement of Medical Instrumentation (AAMI)  
Cleaning, packaging, sterilizing and disinfecting methods  
Disinfection procedures for equipment and instruments  
Documentation of sterilization, biological and chemical monitoring  
Selecting cleaning, packaging, sterilizing and disinfecting methods  
Performing and documenting disinfection procedures for equipment and instruments  
Performing and documenting sterilization procedures  
Conducting and documenting biological monitoring  
Conducting and documenting chemical monitoring  
Principles of equipment inspection and maintenance

Handle and dispose of hazardous materials (e.g., chemo drugs; CJD; needles; sharps)

Surgical procedure  
Principles of patient safety  
Aseptic technique  
Instruments, supplies, and equipment relating to surgical procedure

Microbiology and infection control  
Standard and transmission-based precautions  
Professional and regulatory standards (e.g., AORN Standards, Recommended practices, and Guidelines, Association for the Advancement of Medical Instrumentation (AAMI)  
Environmental cleaning (e.g., spills; room turnover; terminal cleaning)  
Handling and disposing of hazardous materials (e.g., chemo drugs; CJD, needles; sharps)  
Performing environmental cleaning (e.g., spills, room turnover; terminal cleaning)  
Handling and disposing of hazardous materials (e.g., chemo drugs; CJD)  
Environmental hazards, disasters, preparedness, and response (e.g., fire; toxic fumes; natural disasters; terrorism)  
Quality improvement principles  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCHAO; ANA Code of Ethics for Nurses with Explications for Perioperative nurses; state nurse Practice Act)  
Nursing research and evidence based practice

#### Perform and document sterilization procedures

Surgical procedure  
Aseptic technique  
Instruments, supplies, and equipment relating to surgical procedure  
Implants (e.g., handling; tracking; sterilization)  
Documentation of all nursing interventions  
Principles of sterilization disinfection  
Professional and regulatory standards (e.g., AORN Standards, Recommended practices, and Guidelines, Association for the Advancement of Medical Instrumentation (AAMI)  
Cleaning, packaging, sterilizing and disinfecting methods  
Disinfection procedures for equipment and instruments  
Documentation of sterilization, biological and chemical monitoring  
Selecting cleaning, packaging, sterilizing and disinfecting methods  
Performing and documenting disinfection procedures for equipment and instruments  
Performing and documenting sterilization procedures  
Conducting and documenting biological monitoring  
Conducting and documenting chemical monitoring  
Quality improvement principles  
Monitoring and documenting package integrity (e.g., tissue; skin; bone; temperature)  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCHAO; ANA Code of Ethics for Nurses with Explications for Perioperative nurses; state nurse Practice Act)

#### Conduct and document biological monitoring

Surgical procedure  
Aseptic technique  
Instruments, supplies, and equipment relating to surgical procedure  
Documentation of all nursing interventions  
Principles of sterilization disinfection  
Professional and regulatory standards (e.g., AORN Standards, Recommended practices, and Guidelines, Association for the Advancement of Medical Instrumentation (AAMI)  
Cleaning, packaging, sterilizing and disinfecting methods  
Disinfection procedures for equipment and instruments  
Documentation of sterilization, biological and chemical monitoring  
Performing and documenting disinfection procedures for equipment and instruments  
Performing and documenting sterilization procedures  
Conducting and documenting biological monitoring  
Quality improvement principles  
Monitoring and documenting package integrity (e.g., tissue; skin; bone; temperature)

Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCHAO; ANA Code of Ethics for Nurses with Explications for Perioperative nurses; state nurse Practice Act)

Conduct and document monitoring of chemical disinfectants and/or sterilants

Surgical procedure  
Aseptic technique  
Instruments, supplies, and equipment relating to surgical procedure  
Documentation of all nursing interventions  
Principles of sterilization disinfection  
Professional and regulatory standards (e.g., AORN Standards, Recommended practices, and Guidelines, Association for the Advancement of Medical Instrumentation (AAMI)  
Cleaning, packaging, sterilizing and disinfecting methods  
Disinfection procedures for equipment and instruments  
Documentation of sterilization, biological and chemical monitoring  
Performing and documenting disinfection procedures for equipment and instruments  
Performing and documenting sterilization procedures  
Conducting and documenting chemical monitoring  
Quality improvement principles  
Monitoring and documenting package integrity (e.g., tissue; skin; bone; temperature)  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCHAO; ANA Code of Ethics for Nurses with Explications for Perioperative nurses; state nurse Practice Act)

## **Domain #7: Emergency Situations**

Performing nursing intervention (e.g., surgical; CPR; MH)

Anatomy and physiology  
Legal responsibilities and implications for patient care  
Surgical procedure  
Pharmacology and anesthetic agents  
Anesthetic interventions (e.g., assist as needed)  
Principles of patient safety  
Physiology responses to the surgical experience including potential complication  
Principles of positioning  
Documentation of all nursing interventions  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Emergency procedures (e.g., surgical; CPR; MH)  
Environmental hazards, disasters, preparedness, and response (e.g., fire; toxic fumes; natural disasters; terrorism)  
Quality improvement principles  
Basic management techniques and delegation  
Nursing research and evidence based practice

Direct multidisciplinary health care team members

Legal responsibilities and implications for patient care  
Documentation of all nursing interventions  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Postoperative complications  
Emergency procedures (e.g., surgical; CPR; MH)

Environmental hazards, disasters, preparedness, and response (e.g., fire, toxic fumes; natural disasters; terrorism)

Basic management techniques and delegation

Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCHAO; ANA Code of Ethics for Nurses with Explications for Perioperative nurses; state nurse Practice Act)

Clinical privileges

Safeguard patients and members of the health care team from environmental hazards and disasters (e.g., fire; toxic fumes; natural disasters; terrorism)

Patient rights and responsibilities

Legal responsibilities and implications for patient care

Principles of patient safety

Ergonomics and body mechanics (e.g., patient/equipment)

Emergency procedures (e.g., surgical; CPR; MH)

Environmental hazards, disasters, preparedness, and response (e.g., fire; toxic fumes; natural disasters; terrorism)

Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCHAO; ANA Code of Ethics for Nurses with Explications for Perioperative nurses; state nurse Practice Act)

Responsibilities regarding impaired and/or disruptive behavior (e.g., patient/family; multidisciplinary health care team members)

Nursing research and evidence based practice

## **Domain #8: Management of Personnel, Services and Materials**

Anticipate the needs for and acquire equipment, supplies and personnel

Surgical procedure

Principles of patient safety

Preoperative patient preparation activities

Principles of positioning

Instruments, supplies, and equipment relating to surgical procedure

Principles of equipment inspection and maintenance

Acquisition processes for equipment, supplies, and personnel

Basic management techniques and delegation

Nursing research and evidence based practice

Supervise and mentor healthcare team members

Communication theories and techniques (e.g., patient/family)

Interviewing techniques (e.g., patient/family)

Reporting techniques to multidisciplinary health care provides (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)

Basic management techniques and delegation

Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)

Responsibilities regarding impaired and/or disruptive behavior (e.g., patient/family; multidisciplinary health care team members)

Resources for professional growth (e.g., Perioperative Nursing Data Set (PNDS); computer skills)

Nursing research and evidence based practice

## Monitor cost-containment

Patient rights and responsibilities  
Principles of patient safety  
Preoperative patient preparation activities  
Instruments, supplies, and equipment relating to surgical procedure  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values; medical condition; medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Principles of product evaluation and cost containment  
Quality improvement principles  
Acquisition processes for equipment, supplies, and personnel  
Basic management techniques and delegation  
Nursing research and evidence based practice

## Participate in product evaluation

Surgical procedure  
Principles of patient safety  
Principles of wound healing  
Principles of positioning  
Ergonomics and body mechanics (e.g., patient/equipment)  
Instruments, supplies, and equipment relating to surgical procedure  
Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines; Association for the Advancement of Medical Instrumentation (AAMI))  
Selecting cleaning, packaging, sterilizing and disinfecting methods  
Principles of product evaluation and cost containment  
Quality improvement principles  
Basic management techniques and delegation  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; ANA Code of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Nursing research and evidence based practice

Monitor and document the integrity and environmental condition of implanted packages (e.g., tissue; skin; bone; temperature)

Patient rights and responsibilities  
Legal responsibilities and implications for patient care  
Principles of patient safety  
Aseptic technique  
Principles of patient's rights  
Implants (e.g., handling; tracking; sterilization)  
Documentation of all nursing interventions  
Environmental factors (e.g., temperature; humidity; air exchange; noise)  
Principles of sterilization disinfection  
Performing and documenting sterilization procedures  
Conducting and documenting biological monitoring  
Conducting and documenting chemical monitoring  
Quality improvement principles  
Monitoring and documenting package integrity (e.g., tissue; skin; bone; temperature)  
Nursing research and evidence based practice

## Domain #9: Professional Accountability

Assess personal limitations and seek assistance as needed

Transcultural nursing theory (e.g., cultural and ethnic influences; family patterns; spiritually and related practices)  
Community and instructional resources  
Surgical procedure  
Pharmacology and anesthetic agents  
Principles of patient safety  
Principles of positioning  
Ergonomics and body mechanics (e.g., patient/equipment)  
Basic management techniques and delegation  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; AND Coded of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Responsibilities regarding impaired and/or disruptive behavior (e.g., patient/family; multidisciplinary health care team members)  
Clinical privileges  
Resources for professional growth (e.g., Perioperative Nursing Data Set (PNDS); computer skills)

Identify and report impaired/disruptive behavior inpatients, their family and/or multidisciplinary health care team

Health assessment techniques  
Transcultural nursing theory (e.g., cultural and ethnic influences; family patterns; spiritually and related practices)  
Behavioral responses to the surgical experience  
Patient rights and responsibilities  
Legal responsibilities and implications for patient care  
Interviewing techniques (e.g., patient/family)  
Reporting techniques to multidisciplinary health care providers (e.g., critical lab values' medical condition, medications; allergies; implants/implantable devices; hand off; read back verbal orders; communication barriers)  
Basic management techniques and delegation  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; AND Coded of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Responsibilities regarding impaired and/or disruptive behavior (e.g., patient/family; multidisciplinary health care team members)

Uphold and act upon ethical and professional standards

Patient rights and responsibilities  
Legal responsibilities and implications for patient care  
Principles of patient safety  
Principles of patient's rights  
Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; AND Coded of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)  
Responsibilities regarding impaired and/or disruptive behavior (e.g., patient/family; multidisciplinary health care team members)  
Clinical privileges  
Resources for professional growth (e.g., Perioperative Nursing Data Set (PNDS); computer skills)  
Nursing research and evidence based practice

### Identify and utilize resources for professional growth

- Patient rights and responsibilities
- Legal responsibilities and implications for patient care
- Principles of patient safety
- Principles of patient's rights
- Communication theories and techniques (e.g., patient/family)
- Basic management techniques and delegation
- Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; AND Coded of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)
- Responsibilities regarding impaired and/or disruptive behavior (e.g., patient/family; multidisciplinary health care team members)
- Clinical privileges
- Resources for professional growth (e.g., Perioperative Nursing Data Set (PNDS); computer skills)
- Nursing research and evidence based practice

### Participate in quality improvement activities

- Community and instructional resources
- Expected outcomes related to identified interventions
- Ergonomics and body mechanics (e.g., patient/equipment)
- Requirements of handling specimens
- Documentation of all nursing interventions
- Standard and transmission-based precautions
- Documentation of sterilization, biological and chemical monitoring
- Selecting cleaning, packaging, sterilizing and disinfecting methods
- Performing and documenting disinfection procedures for equipment and instruments
- Performing and documenting sterilization procedures
- Conducting and documenting biological monitoring
- Principles of product evaluation and cost containment
- Quality improvement principles
- Acquisition processed for equipment, supplies, and personnel
- Basic management techniques and delegation
- Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines; OSHA; JCAHO; AND Coded of Ethics for Nurses with Explications for Perioperative Nurses; state Nurse Practice Act)
- Resources for professional growth (e.g., Perioperative Nursing Data Set (PNDS); computer skills)
- Nursing research and evidence based practice