

form “OR-AE”

Lansford

Closed Reduction of Nasal Fracture



Preferences, Pick Sheet, and

“Anything Special?”



QR for online color version. Select Form “OR-AE”

Color code:

Surgeon

Anesthesia

Circulating Nurse

Scrub Tech

Surgical Assistant (Not necessary for this case)

Pre-op

Surgeon signs chart, and reviews his own consent form with patient and a witness **prior to** administration of an anxiolytic or other medication rendering a patient incompetent to sign. Minors may receive an anxiolytic prior to the surgeon’s consent since they are not signing.

Prep Tray

1% lidocaine with 1:100,000 epinephrine

1 bottle of oxymetazoline/Afrin

Bacitracin ointment

Bayonette forceps

1/2” x 3” neuropatties (x4)

Control syringe

27 gauge 1.5” hypodermic needle

Curved iris scissors

Large non sterile glove pair

Instruments & Supplies

At TCOM, “ENT Pack”

Size 8 Sensicare gloves (single pair)

XL gown for surgeon

Head ring (gel preferred)

Marking pen, medium point purple (available)

Thermoplastic Nasal Splint (available in room)

Steri-Strips (1/4”) (available in room)

Mastisol (available in room)

Airway management: LMA is ok, if intubating, RAE tube (preferred, not essential)

Equipment

Nothing special.

Patient in Room to Induction

Patient supine

No bed turning needed

SCDs functioning before induction

Tuck or papoose right arm- no arm board (left arm may be on arm board)

From Induction to Start

No paralysis during case.

Reverse Trendelenburg - about 20 degrees, table up

Surgeon will apply oxymetazoline topically, inject epinephrine 1:100,000

3 towels over face (surgeon places)

No prep necessary

No need for Foley

Mid Operation

Boise elevator

Septal forceps (possibly)

If using nasal splint, will need very hot water (coffee mug with microwaved H₂O)

Music and background discussion quiet, please.

Mild hypotension, such as SBP ~105 mmHg, if tolerated.

Closing

Rarely, nasal packing (Rapid Rhino and sterile water) may be necessary

Emergence to Patient Exit

Apply nasal drip pad (4x4 gauze under nose, taped to cheeks)

OK to spray Afrin, 2-4 sprays @ side, if HTN upon wake-up causes epistaxis