

Draping of forearm

With hand drape



Critical points

1. The patient is more susceptible to complications related to positioning.

Action: Check before draping that:

- The patient is well-positioned.
- The tourniquet (if required) and diathermy electrode are applied correctly.
- Wet drapes are removed.
- Access with image intensifier is optimal.
- All the equipment is functional.

2. The sterility of the sterile field is compromised.

Action:

- Only drapes providing a barrier to microorganisms are used (absorbent and impervious).
- The scrub nurse has the entire drape in eyesight at all times.
- Irregularities are reported immediately to the surgeon.
- Draping is always carried out in a team of at least two members.
- Double gloves for draping are recommended.
- Gloves are protected by folding the drape around the gloved hand.
- Drapes are
 1. Manipulated as little as possible and not unfolded ahead of time.
 2. Not flipped or shaken.
- A sterile drape might be placed under the extremity to protect the gown of the assistant during disinfection.
- Drapes below the safe working level can never be lifted up.
- Forceps to fix drapes, cables, or aspiration are not used.

Note

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Irregularities related to patient positioning, disinfection, and draping are reported immediately to the surgeon.

Procedure

This is a suggested procedure. Please follow the guidelines and instructions of your hospital. Regular training of the team members leads to an improved outcome.

Note

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The hole of the drape is placed over the hand.

The drape is unfolded over the hand table, the anesthetic frame, and the patient's body.

1. Prepare material:
 - Handset*: Check for completeness
 - Second pair of gloves for ORP/surgeon that will assist draping
 - Sterile glove size 8 to cover the fingers
 - Tape, if required
2. Unfold and place the little drape under the hand on the hand table (protection sheet).
3. Cover the fingers with a glove.
4. Place the drape with the hole over the hand following the directions indicated on the instruction label.
5. Grasp the patient's hand through the hole and position the drape at the boundary points. Do not exceed the prepped area.
6. Unfold the drape firstly over the hand table.
7. Unfold the drape in a second step over the anesthetic frame.
8. Finally, unfold the drape over the legs and feet of the patient.
9. Make sure that:
 - The drape does not touch the floor. The table must be raised (if possible) to avoid this problem.
 - The entire surgical field is covered.
 - The drapes are well fixed to the anesthetic frame.
 - The face of the patient is free and that he/she can breathe freely (if not under general anesthesia).
10. Change the second pair of gloves.
11. Fix cables and aspiration with a tape.

*Hand set (as used for this case)

1 mayo stand cover 79 x 145 cm

1 hand drape 150/ 370 x 280 cm, aperture 3.5 cm elastic

1 table cover 150 x 190 cm

Reference(s)

- **AfPP.** *Standards and recommendations for safe perioperative practice.* 3rd ed. Harrogate: Association for Perioperative Practice (AfPP); 2011.
- **AORN.** *Perioperative standards and recommended practices.* 2010 Edition. Denver: AORN Inc; 2010.