

Surgical Fire Risk Assessment Protocol

Alcohol-based prep solution dried for >5 minutes. No pooling observed.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
(Circle appropriate option)		Y	N	
* Surgical site or incision above the xiphoid, or involving airway or pulmonary components		1	0	
* Open oxygen source, >40% oxygen (supplemental oxygen via face mask or nasal cannula) potential airway leak, proximity of ETT, double-lumen tube		1	0	
* Available ignition source: i.e. monopolar electrosurgery unit, laser, fiberoptic light source		1	0	
Total score				
Scoring: 3 = High risk 2 = Low risk w/potential to convert to high risk 1 = Low risk				
<input type="checkbox"/> High Risk Fire Protocol initiated by: Anesthesia provider Surgeon RN Scrub tech (circle one)				

Fire Risk Protocols:

Score 3 = High Risk

The circulating nurse, surgeon and anesthesia providers take these precautions and communicate at handoff:

Circulating nurse:

- Write "Fire Risk High" on dry erase board and fill out the Red Fire Triangle.
- Ensures appropriate draping techniques to minimize oxygen
- Suction by O₂ prongs to "scavenge" O₂
- Provides sterile carbon dioxide flush line with filter to surgical tech. Ensures at least 5 liters/minute of carbon dioxide flush.
- Maximizes the perimeter around the incision point.
- Confirms verbally the heat source setting.
- Assesses that enough time has been allowed for fumes of alcohol-based prep solutions to dissipate (minimum of 3 min)
- Use of saline-dampened sponges
- Basin of sterile saline and bulb syringe are available for fire suppression
- Places laser in "standby" mode when not in use. Secures laser foot pedal to prevent accidental activation

Anesthesia provider:

- Notifies the surgeon and documents if O₂ concentration >40% or risk of air leak present
- Before an ignition source is activated:
 - Reduce the oxygen concentration to 40% or less if possible
 - Stop the use of nitrous oxide
 - Check for appropriate use of carbon dioxide flush system.

Surgical Tech:

- Water or saline available for the surgical field.
- Wet sponges
- Suction always available on field
- ESU in holster when not in use; light source turned off when not in use
- Positions sterile carbon dioxide flush line with filter in surgical field. Ensures at least 5 liters/minute of carbon dioxide flush.

Surgeon:

- Before an ignition source is activated:
 - Wet sponges used as barrier between ESU and oxygen source
 - Announces the initial intent to use an ignition source
 - Verifies that the anesthesia provider has reduced the O₂ concentration to the minimum acceptable level for 1-3 min before using ignition source.
 - Confirm verbally the heat source setting – minimize ESU setting if possible
 - Positions sterile carbon dioxide flush line with filter in surgical field. Ensures at least 5 liters/minute of carbon dioxide flush.

In Case of Fire:

- 1) Shout "Fire"
- 2) Remove ETT (if airway fire)
- 3) Turn off O₂
- 4) Throw saline on field