

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
- Ensures appropriate draping techniques to minimize oxygen
- Suction by O₂ prongs to "scavenge" O₂
- 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:
 - o **Reduce the oxygen concentration** to 40% or less if possible
 - o **Stop** the use of nitrous oxide

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

Surgeon:

- Before an ignition source is activated:
 - o **Wet sponges** used as barrier between ESU and oxygen source
 - o Announces the initial intent to use an **ignition source**
 - o **Verifies that the anesthesia provider has reduced the O₂** concentration to the minimum acceptable level for 1-3 min before using ignition source.
 - o Confirm verbally the heat source setting – minimize ESU setting if possible

In Case of Fire:

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