

Safe practices in the context of perioperative nursing*Práticas seguras en el contexto de la enfermería perioperatoria**Práticas seguras no contexto da enfermagem perioperatoria***Raquel Calado da Silva
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Hospitals of antiquity were feared by patients because they did not offer conditions for improving health, given the precariousness in relation to hygiene, infrastructure and materials.

Health institutions were characterized by care for the poor, orphans and the sick. Those who could afford it were treated in their homes. Surgeons chose to operate in patients' homes, as the conditions of the hospital's surgical sectors were despicable¹.

The professionals had no notions of infection prevention, aseptic techniques, much less sterilization of materials. Surgeons used to clean their hands and instruments on their aprons. Bed linens were not changed regularly, facilitating the transmission of diseases. The operating rooms simultaneously housed pre- and post-operative patients, contributing to a high mortality¹.

In a period of pre-discovery of bacteriology and based on an epidemiological approach, Florence Nightingale came up with a revolutionary care model for the standards of the time. It identifies the causes and effects of contamination of the hospital environment and materials in the spread of infections between and in patients.

In order to monitor and reduce infections, she instituted the cleanliness and hygiene of bodies and the environment; the quantitative reduction and arrangement of beds in care spaces; restrictions on the movement of people and individualized care².

In the 20th century, the advent of knowledge about bacteriology allowed the incorporation of infection control practices and specialized and invasive interventions on the body, in addition to the need to restructure health services with specific spaces for handling materials before and after surgeries.

Material and Sterilization Centers (CMEs) emerge, which were initially attached to the operating rooms and the areas for the preparation of articles were located in the hospitalization units.

Regarding the processing of health products (PPS), the CME is beginning to play an important role in the prevention and control of infections. With the passage of time and the evolution of surgical techniques, it requires efficiency and safety in the stages of the work process and specialized labor in order to provide quality to the sterilized articles, contributing to safe care for the patient and the surgical team³.

In 2005, the Global Challenges for Patient Safety emerged, foreseen in the World Alliance for Patient Safety, which propose the identification of actions that collaborate in the prevention of risks to patients and guide the countries that wish to participate. The first global challenge (2005-2006) focused on healthcare-associated infections (HAIs), with the theme "Clean Care is Safer Care". The objective was to promote hand hygiene as an effective method for preventing infections⁴.

The second Global Challenge (2007-2008) was characterized by the promotion of patient safety in surgery. The theme "Safe Surgery Saves Lives" aims to reduce morbidity and mortality caused by surgical interventions. A set of safety standards was defined for the prevention of post-surgical infections, anesthetic procedures and surgical teams, as well as the measurement of surgical indicators⁴.

In view of the importance of the Patient Safety issue in Brazil, on July 9, 2013, through Ordinance No. 1,377, ANVISA approves the Patient Safety Protocols⁵.

In the context of perioperative nursing, the Safe Surgery Protocol stands out, whose purpose is to determine measures aimed at reducing the occurrence of incidents, adverse events and surgical mortality, enabling increased safety in the performance of surgical procedures to be performed in the correct location and on the correct patient, using the Safe Surgery Checklist developed by the World Health Organization (WHO)⁵.

In this context, nursing is the element responsible for ensuring patient safety throughout the perioperative period. Examples of its performance can be cited: the systematization of perioperative nursing, the implementation of the surgical checklist, proper surgical positioning, patient follow-up during anesthetic recovery and monitoring of the sterilization process of surgical instruments, among others.

Given the importance of patient safety today, the words of the founder of modern Nursing, Florence Nightingale, which may seem a strange principle, to state as a first requirement for a hospital, that it must not harm the patient, are worth considering.

Therefore, it urges the duty to systematize nursing care free of human or technical failures, developing strategies, mechanisms, defenses or barriers that can promote perioperative care free from harm to the patient. As well as fostering discussions on the subject in care and academia, contributing to the permanent education of teams and raising students' awareness of the theme.

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