USDA SPECIES ASEPTIC SURGICAL TECHNIQUE IN-PERSON TRAINING

UNIVERSITY OF SOUTH FLORIDA COMPARATIVE MEDICINE

Attendee Name:	Print	Sign	Date
Species trained:			
AALAS LL module, Aseptic technique Minor surgery doe of the cranial, abd extensive tissue d Appropriate record Definition of the ste front of a surgeon Identification & deli Preparation of the gown and once tie Preparation of the ste Sterile draping of Sterilization of equ	CM SOP 027, Gu (i.e., "free of pathers not expose a boominal, or thorac issection or transcheeping CMDC 01 erile surgical work are surgical work are surgical work are the patient by the struments, autoclipment (e.g., micro	uide, AWA, IACUC Principles XI ogenic microorganisms") ody cavity; causes little or no phic cavities; procedures that causection IO, documenting preemptive, pork area as delineated by sterile of above shoulders or below hip preparatory area, surgical steenter out, 3x each scrub & alcoloap, face mask, shoe-covers, the gloves a prior to patient arrival (e.g., b sterile gloved-in surgeon	ysical impairment vs Major surgery exposse physical or physiological impairment or est-operative analgesics drapes, the inside of an opened sterile pacts), and sterile field at the operative site ation , and recovery/post-op area nol wipe, final iodine paint) en scrub hands ~5-6 minutes, then step into ack table prep, pack opening, supplies)
			eight taken within 24-48 hours of procedure
Opening of pack ar Demonstrate the "I Proper draping of Preparation of the s placement of drap Preparation of patic movement, interdi Positioning of the p Sterile draping of s Actual surgical mar Actual closure, stre applied by tying/cl	nd laying out of instance of partial pinch as more deterile field at the steen while gloved intent monitoring expectation within the state patient (types inpulations and teas importance of pamping to avoid depost-operatively appy as needed	a movement, "praying stance" eded (e.g., use of roll stockinet, surgical incision site, "the scrul quipment prior to draping of animitoring parameters surgical field, supplemental heads: "sticky" bio-occlusive, paper, schniques, including those relate proper tissue alignment, numble lehiscence of tissues and relocation of patient to reco	ne surgical work area (while sterilely gloved for a gowned/gloved surgeon gauze) o", while not sterile, and final paint & mal, also discuss tissue color & respiratory at and hydration stockinet, gauze, cloth)
Tissues damaged Pre-emptive analog CMDC recordkeep Suture/wound clip in	times may exposed by crushing/dryingesic administrate bing of analgesic aremoval in 7-10 dates.	ng, suture/clips, or other surgica ion q12hrs for first 24hrs post of administration (i.e., CMDC 010 s	e them to dry, or compromise blood flow. al implants serve as a nidus for infection. peratively (PRN until 48hrs post op) surgical record & progress notes CMDC 01
Training provided by:	Print	Sign	Date

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