Recommended Practices for the Care and Handling of Specimens in the Perioperative Environment

The following recommended practices were developed by the AORN Recommended Practices Committee and have been approved by the AORN Board of Directors. They were presented as proposed recommended practices for comments by members and others. They are effective January 1, 2006.

These recommended practices are intended as achievable recommendations representing what is believed to be an optimal level of practice. Policies and procedures will reflect variations in practice settings and/or clinical situations that determine the degree to which the recommended practices can be implemented.

AORN recognizes the numerous types of settings in which perioperative nurses practice. These recommended practices are intended as guidelines adaptable to various practice settings. These practice settings include traditional operating rooms, ambulatory surgery centers, physicians' offices, cardiac catheterization suites, endoscopy suites, radiology departments, and all other areas where operative and other invasive procedures may be performed.

Purpose

These recommended practices provide guidance for the implementation of containment, identification, labeling, preservation, transfer, transport, and disposition of surgical specimens. *Specimens* in this document include tissue, blood, body fluids, or foreign bodies (eg, plates, screws) removed from a patient for pathological, microbiological, or gross examination. Specimen identification, collection, and handling are multidisciplinary tasks that require vigilant attention to detail so that each person in the chain of custody understands the patient's needs and is aware of information about the specimen. Mishandling or misidentification of specimens can lead to inaccurate or incomplete diagnosis or the need for additional procedures.[1,2] These recommended practices are not intended to address aspects of perioperative patient care addressed in other recommended practices.

Recommendation I

Assessment of specimen collection and special handling needs should begin when the procedure is scheduled.

1. Specimen handling should be assessed and planned before the procedure. This assessment includes persons and departments to be notified (eg, pathology for frozen section); supplies needed for transfer or transport; availability of personnel; or specific requirements necessary for collection or handling of the specimen (eg, timing of transfer, solution, container). Early patient assessment and preplanning minimizes the time required during the surgical procedure and reduces the potential for mishandling specimens.
2. Containers and collection devices of appropriate size and type, with correct preservatives should be determined and obtained before the procedure. Containers should be large enough to safely secure the specimen and fluids, if used, to prevent leakage and unnecessary exposure of personnel or others handling the container or its contents. The container and collection device also should be of a size appropriate to allow the preservatives or solutions, if used, to contact all surfaces of the specimen. Collection containers may be sterile or clean, depending on collection requirements.
3. The patient's cultural considerations should be assessed to determine appropriate handling and disposal of specimens. Circumstances may require that specimens be handled or disposed of differently than routine requirements. The patient's written permission may be needed in advance for special requests.

Recommendation II

Procedures for correct patient and specimen identification should be implemented, including confirmation of consistent and accurate patient information on labels and forms.

1. Patient identification should be confirmed using two unique identifiers according to health care organization policy at the time the specimen is removed from the patient and when it is placed in the container for transfer and transport. Two unique patient identifiers should be used to minimize the risk of misidentification. Misidentification of a specimen, margins, or other information about a specimen can result in adverse outcomes, delay, error in diagnosis or treatment, or the need for an additional procedure.[2]