**Surgical Fire Risk Assessment Protocol**

<table>
<thead>
<tr>
<th>Alcohol-based prep solution dried for &gt;5 minutes. No pooling observed.</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>☐ NA</th>
</tr>
</thead>
</table>

(Circle appropriate option)

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
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<table>
<thead>
<tr>
<th>* Surgical site or incision above the xiphoid, or involving airway or pulmonary components</th>
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<tr>
<th>* Open oxygen source, &gt;40% oxygen (supplemental oxygen via face mask or nasal cannula) potential airway leak, proximity of ETT, double-lumen tube</th>
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<tr>
<th>* Available ignition source: i.e. monopolar electrosurgery unit, laser, fiberoptic light source</th>
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**Total score**

| ☐ | 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

Revised 11/16/11aw