Peripheral Nerve Blocks were performed in the operating room by a qualified anesthesiologist and assisted by an anesthesiology resident prior to the surgical procedure. To improve operating room turnover time the nerve blocks were now being done in the holding area. A qualified anesthesiologist now required the assistance of the preoperative RN. The RN assisting during the procedure had no clinical practice guideline or policy.

The nurses were proactive in assessment of potential safety risks to the patient. Our objective was to clearly define the role of the RN while practicing under the scope of practice allowable under New York State Board of Nursing.

We implemented a new policy “Peripheral Nerve Blocks-The role of the Registered Nurse”. The new policy requires “informed consent” and “universal time out” to verify proper block site. The medications used during peripheral nerve blocks that are drawn up by the anesthesiologist must now be labeled. The nurse may aspirate and inject under the direction of a qualified anesthesiologist according to New York State Board of Nursing. The nursing staff was inserviced and annual competencies are mandatory.

This model for safe clinical practice has eliminated all procedural errors thus far.

The implication of this procedural model has advanced safe clinical practice for the nurse as well as enhancing patient safety.