For children being treated at a comprehensive cancer center, procedures are often necessary for their care. Part of diagnosis and treatment includes frequent and serial lumbar punctures and bone marrow aspirations. Historically, a Pediatric clinic nurse coordinated procedures but as staffing became problematic, this resulted in delays and cancellations of procedures.

To address this issue and others, a multi-disciplinary task force, consisting of pediatric physicians and nurses, anesthesia providers and PACU nurses, was formed and met to map out a detailed workflow of the process and identify gaps, which included interdepartmental relationships, communication, documentation and safety concerns.

Based on the findings, a dedicated group of five PACU nurses began to coordinate the pediatric procedure area. They organized a local supply area with appropriate par levels, implemented American Society of PeriAnesthesia Nurses (ASPAN) standards to address safety concerns, and consistently monitored and tracked reasons for delays.

Over time, processes improved. The physician order set was revised to be more specific, communication between anesthesia and the pediatric proceduralist improved procedure start times, and results from lab draws, were more timely, allowing for earlier chemotherapy preparation.

After nine months, the number of delays of non-OR pediatric procedures has decreased significantly. Delays related to lab draws and results were reduced 75%. Chemotherapy preparation delays were reduced by 67%. The PACU nurses, together with the support of ASPAN standards, and expanding their role in coordination of care, have created a safe and efficient environment of care that better meets the needs of patients and staff.