Perianesthesia nurses in the preoperative holding unit were seeing an increase in the placement of ultrasound-guided peripheral nerve blocks due to a change in anesthesia practice. The boost was particularly evident in the total knee replacement population with the femoral nerve and fascia iliaca block technique. They recognized an opportunity to assure consistency, safety and compliance with hospital policy and procedures. The block nurse role was developed to ensure that these requirements were met.

Competencies were created utilizing research and evidence through ASPAN standards, Joint Commission, Board of Registration in Nursing, and hospital policies. Lipid therapy, moderate sedation, and dysrhythmia training were some of the courses given to staff during annual skills validations.

The unit leadership and a preoperative nurse also developed a standard documentation tool. It was trialed and after minor changes was part of the permanent medical record.

The block nurse is a registered nurse who has completed the nursing block competency program and is present during all nerve block and epidural placements. The block nurse coordinates the procedure by assisting the anesthesia provider, initiates universal protocol, administers moderate sedation medications, and monitors/documents the patient’s vital signs and condition before, during, and after the procedure.

This process was not without its challenges. Multiple barriers were faced and overcome. After a few months staff felt satisfied that this role was a necessary part of patient safety and standardization of care. Anesthesia, perioperative leadership, and preoperative nursing staff worked together to make this a successful practice change.