PEDIATRIC PACU EXTENDED OBSERVATION: A NEW MODEL OF CARE
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Background Information:
- The Children’s Center has over a 90% inpatient daily census and the extended observation patients are routinely transferred from the PACU and cared for like the inpatient population
- Pediatric emergency department unable to accept outside patient transfers due to the non-availability of inpatient pediatric beds
- The Peds PACU throughput is delayed on a daily basis due to increased occupancy

Objective:
- To provide an extended level of care to pediatric surgical patients who need to be observed overnight
- To validate the Pediatric PACU night staffing needs for 24 hour coverage

Implementation Process:
- Surgeon identifies potential patients in office or clinic
- Collaborate with Child Life for distraction play therapy
- Partner with Peds PACU night staff to assist nourishment/dining needs
- Provide the best pain therapy and pain management needs
- Evaluate and create a new pediatric workflow and patient care movement throughout continuum of care.
- Create parent/family escort model for Satellite Family Lounge
- Narcotic prescription was directly given to the parents by the provider for filling.
- All nurses were educated on the process prior to implementation of the new model of care.

Successful Practice:
- Standardized process on the management and storage of narcotic prescription for Prep and PACU was created.

Implications:
- Establishing the Extended Observation Model of Care has standardized the workflow and created a new conceptual model that decreased the admissions to the inpatient units and facilitated the throughput of patients in the Children’s Center
  - Providing expert pediatric PACU nursing care has improved patient, family, and staff satisfaction and has promoted a positive hospital experience for children.
  - Increasing inpatient pediatric surgical volume and revenue