**Practice Recommendation 1**

Patient Classification/Staffing Recommendations

Staffing is based on patient acuity, census, patient flow processes and physical facility. The perianesthesia registered nurse (RN) uses clinical judgment and critical thinking to determine nurse to patient ratios, patient mix and staffing mix that reflect patient acuity and nursing interventions.

**Preanesthesia Phase**

**Preadmission**
Perianesthesia nursing roles during this phase focus on assessing the patient and developing a plan of care designed to meet the preanesthesia physical, psychological, educational, sociocultural and spiritual needs of the patient/family/significant other. The nursing roles also focus on preparing the patient/family/significant other for his or her experience throughout the perianesthesia continuum. Interviewing and assessment techniques are used to identify potential or actual problems that may occur.

Staffing for preadmission units (e.g., preadmission testing, preanesthesia testing, preoperative assessment clinic, preanesthesia assessment unit, preoperative teaching unit) is dependent on patient volume, patient health status and required support for preanesthesia interventions.

**Day of Surgery/Procedure**
Perianesthesia nursing roles during this phase focus on validation of existing information and completion of preparation of the patient. The perianesthesia registered nurse continues to assess the patient and develops a plan of care designed to meet the physical, psychological, educational, sociocultural and spiritual needs of the patient/family/significant other.

Staffing for day of surgery/procedure units (e.g., preadmission testing, preanesthesia testing, preoperative assessment clinic, preanesthesia assessment unit, preoperative teaching unit) is dependent on patient volume, patient health status and required support for preanesthesia interventions.

*It is difficult to prescribe staffing ratios for the day of surgery/procedure units based on wide variations across the country in the role and function of the nursing staff in these units. When considering staffing patterns, patient safety is of highest priority with plans to accommodate patients with high acuity needs.*
– Medication reconciliation/administration (antibiotics, sedation, anxiolytics, etc.)
– Moderate sedation and subsequent monitoring for invasive procedures
– Procedures (e.g., insertion of invasive lines, regional blocks)
– Need for additional monitoring

• Additional processes of the specific unit (e.g., blending of levels of care)

**POSTANESTHESIA PHASE**

**Phase I Level of Care**

The perianesthesia registered nursing roles during this phase focus on providing postanesthesia nursing care to the patient in the immediate postanesthesia period and transitioning them to Phase II level of care, the inpatient setting, or to an intensive care setting for continued care.

*Two registered nurses, one of whom is an RN competent in Phase I postanesthesia nursing, are in the same room/unit where the patient is receiving Phase I level of care.*

- Staffing should reflect patient acuity. In general, a one:two nurse-patient ratio in Phase I allows for appropriate assessment, planning, implementing and evaluation for discharge as well as increased efficiency and flow of patients through the Phase I area
- This also allows for flexibility in assignments as patient acuity changes
- New admissions should be assigned so that the nurse can devote his/her attention to the care of that admission until critical elements are met
- Staffing patterns should be adjusted as needed based on changing acuity and nursing requirements and as discharge criteria are met

**CLASS 1:2 ONE NURSE TO TWO PATIENTS**

Examples may include, but are not limited to the following:

a. Two conscious patients, stable and free of complications, but not yet meeting discharge criteria

b. Two conscious patients, stable, eight years of age and under, with family or competent support staff present, but not yet meeting discharge criteria

c. One unconscious patient, hemodynamically stable, with a stable airway, over the age of eight years and one conscious patient, stable and free of complications

**CLASS 1:1 ONE NURSE TO ONE PATIENT**

Examples may include, but are not limited to the following:

a. At the time of admission, until the critical elements are met

b. Airway and/or hemodynamic instability

Examples of an unstable airway include, but are not limited to, the following:

– Requiring active interventions to maintain patency such as manual jaw lift or chin lift or an oral airway
– Evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing, etc.

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*Lions Gate Hospital is a landmark case that refers to the Phase I PACU as “the most important room in the hospital,” because it “poses the greatest potential dangers to the patient” so that there should be no relaxing of vigilance and there should be constant and total care provided by the nurse.*

*The intent of this standard is that a nurse providing care to a Phase I patient is not left alone with the patient. The second nurse should be able to directly hear a call for assistance and be immediately available to assist.*

*Critical elements can be defined as:

• Report has been received from the anesthesia care provider, questions answered and the transfer of care has taken place
  – Patient has a stable/secure airway
  – Initial assessment is complete
  – Patient is hemodynamically stable
  – Patient is free from agitation, restlessness, combative behaviors*
– Symptoms of respiratory distress including dyspnea, tachypnea, panic, agitation, cyanosis, etc.
  a. Any unconscious patient eight years of age and under
  b. A second nurse must be available to assist as necessary

CLASS 2:1 TWO NURSES TO ONE PATIENT
Example may include, but is not limited to the following:
  a. One critically ill, unstable patient

Phase II Level of Care
Peri anesthesia nursing roles during this phase focus on preparing the patient/ family/significant other for care in the home or Extended Care level of care.

TWO COMPETENT PERSONNEL, ONE OF WHOM IS AN RN COMPETENT IN PHASE II POSTANESTHESIA NURSING, ARE IN THE SAME ROOM/UNIT WHERE THE PATIENT IS RECEIVING PHASE II LEVEL OF CARE. AN RN MUST BE IN THE PHASE II PACU AT ALL TIMES WHILE A PATIENT IS PRESENT.

• Staffing should reflect patient acuity and complexity of care. In general, a one:three nurse patient ratio allows for appropriate assessment, planning, implementing care and evaluation for discharge as well as increasing efficiency and flow of patients through the Phase II area. This also allows for flexibility in assignments as patient acuity is subject to change.
• New admissions should be assigned so that the nurse can devote his/her attention as needed to appropriate discharge assessment and teaching.
• Staffing patterns should be adjusted as needed based on changing acuity and nursing requirements and as discharge criteria are met.

CLASS 1:3 ONE NURSE TO THREE PATIENTS
Examples include, but are not limited to:
  a. Over eight years of age
  b. Eight years of age and under with family present

CLASS 1:2 ONE NURSE TO TWO PATIENTS
Examples include, but are not limited to:
  a. Eight years of age and under without family or support staff present
  b. Initial admission of patient post procedure

CLASS 1:1 ONE NURSE TO ONE PATIENT
Example includes, but is not limited to:
  a. Unstable patient of any age requiring transfer to a higher level of care
Extended Care Level of Care

The nursing roles in this phase focus on providing the ongoing care for those patients requiring extended observation/intervention after transfer/discharge from Phase I and Phase II levels of care.

Two competent personnel, one of whom is an RN possessing competence appropriate to the patient population, are in the same room/unit where the patient is receiving extended care level of care. The need for additional RNs and support staff is dependent on the patient acuity, complexity of patient care, patient census and the physical facility.

CLASS 1:3/5 ONE NURSE TO THREE-FIVE PATIENTS

Examples of patients that may be cared for in this phase include, but are not limited to:

1. Patients awaiting transportation home
2. Patients with no caregiver
3. Patients who have had procedures requiring extended observation/interventions (e.g., potential risk for bleeding, pain management, PONV)
4. Patients being held for an inpatient bed

Blended Levels of Care

Perianesthesia units may provide Phase I, Phase II and/or Extended Care levels of care within the same environment. This may require the blending of patients and staffing patterns. The perianesthesia registered nurse uses clinical judgment and critical thinking based on patient acuity, nursing observations and required interventions to determine staffing needs. (Refer to Position Statement 4 and Position Statement 5.)

REFERENCE


BIBLIOGRAPHY


This Practice Recommendation was reviewed and updated at the October 2013 meeting of the Standards and Guidelines Strategic Work Team in Batesville, Indiana.