POSITION STATEMENT 3
American Society of PeriAnesthesia Nurses

A Position Statement on Overflow Patients

Issue
A Phase I Postanesthesia Care Unit (PACU) is a critical care area providing postanesthesia nursing care for patients immediately after operative and invasive procedures prior to discharge to the Phase II ambulatory setting or the Ambulatory Surgery Unit (ASU), the inpatient surgical unit, or the Intensive Care Unit (ICU).

PeriAnesthesia registered nurses have identified concerns regarding the increasing use of the PACU for the care of surgical and non-surgical patients when beds are not available in the facility.

Purpose
ASPAN exists to promote quality and cost-effective care for patients, their families, and the community through public and professional education, research, and standards of practice. ASPAN has the responsibility for defining the scope of practice for periAnesthesia nursing. An integral part of this responsibility involves identifying the educational requirements and competencies essential to periAnesthesia practice as well as recommending acceptable staffing requirements for the periAnesthesia environment.

Background
In response to concerns expressed by periAnesthesia registered nurses around the country, the ASPAN Standards and Guidelines Strategic Work Team conducted a review of current literature and periAnesthesia nursing practice to identify issues related to the care of surgical and non-surgical patients in PACUs during times when all other beds are full. The review identified the following trends:

1. Staffing requirements and workload identified for Phase I PACUs may be exceeded during times when PACUs are being utilized for ICU overflow patients.¹⁻⁵
2. The Phase I PACU nurse may be required to provide care to a surgical or non-surgical ICU patient he/she has not been properly trained to care for or for which he/she has not had the required care competencies validated.¹⁻²
3. PACUs may be unable to receive patients normally admitted from the operating room when staff is being utilized to care for overflow patients.¹⁻³
4. Because the need to send overflow patients to the PACU might not regularly occur, both the PACU and hospital management may not be properly prepared to deal with the care and management of both PACU and other patients.¹⁻⁶
5. Medical management responsibility has not been consistently identified.

Statement
Therefore, when it is necessary to admit overflow patients, or prolong the stay of the surgical patient in the PACU, ASPAN recommends the following criteria be met:
1. It must be recognized that the primary responsibility for PACU is to provide the optimal standard of care to the postanesthesia patient and to effectively maintain the flow of the surgery schedule.4

2. Appropriate staffing requirements should be met to maintain safe, competent nursing care of the postanesthesia patient as well as the overflow patient.8 Staffing criteria for the ICU patient should be consistent with institution specific ICU guidelines and based on individual patient acuity and needs.7

3. Patients whose surgery has been completed, yet are unable to be admitted to the PACU, should receive the same standard of care for Phase I PACU until there is an available bed in the PACU.

4. Phase I PACUs are, by their nature, critical care units and, as such, staff should meet the competencies required for the care of the critically ill patient. These competencies should include, but are not limited to, ventilator management, hemodynamic monitoring, and medication administration, as appropriate to their patient population.4,8

5. The primary goal when determining the postoperative setting for the surgical patient is to ensure the best environment for the patient, aligning both nurse and physician characteristics, and competencies.9

6. Critical care nurses providing Phase I recovery should also meet the competencies necessary to provide postanesthesia care to patients.4,9,11

7. Overflow patients in PACU/ASU should receive the same standard of care as provided by inpatient units.

8. PACU/ASU nurses should maintain the appropriate competencies for the overflow population for which they care.

9. Management should develop and implement a comprehensive resource utilization plan with ongoing assessment that supports the staffing needs for the patient in the PACU when the need for overflow admission arises.4

10. Management should have an interdisciplinary plan to address appropriate utilization of beds. Admission and discharge criteria should be utilized to evaluate and determine the priority for admissions.12

11. Medical management of the patient must be established including who is in charge of the patient’s care while in PACU.4,10,12

**Expected Actions**

ASPAN recognizes the complexity of caring for patients in a dynamic healthcare environment where reduced availability of resources and expanding roles for the perianesthesia registered nurse has an impact on patient care. Thus, we encourage all members to actively pursue the education and development of competencies required for the care of the critically ill patient in the perianesthesia environment. We encourage organizations to set policies which identify the medical management of the extended care of surgical patients in this population. We also encourage members to actively identify strategies for collaboration and problem solving to address complex staffing issues.

This information and position is to be shared with all individuals, organizations, and institutions involved in the care of overflow patients in the perianesthesia environment.
Approval of Statement
This statement is a combination of A Joint Position Statement on ICU Overflow Patients and A Position Statement for Medical-Surgical Overflow Patients in the Postanesthesia Care Unit and Ambulatory Surgery Unit. The modified statement was presented for the 2019-2020 Standards and, as such, was endorsed by a vote of the ASPAN Board of Directors on April 28, 2018, in Anaheim, California, and approved by a vote of the ASPAN Representative Assembly on April 29, 2018, in Anaheim, California.

REFERENCES

BIBLIOGRAPHY