**Issue**
Perianesthesia registered nurses have identified concerns regarding the increasing use of the Postanesthesia Care Unit (PACU) as well as the Ambulatory Surgery Unit (ASU) for the care of the surgical and nonsurgical patients when medical-surgical beds are not available in the institution.

**Purpose**
As a professional society involved in the provision of care for patients having operative and invasive procedures, the American Society of PeriAnesthesia Nurses (ASPAN) has developed criteria for ensuring and maintaining quality care for patients during all phases of postanesthesia and for promoting the safe practice of perianesthesia nursing care. 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 practice of 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 Committee identified problems related to the care of the surgical and nonsurgical patients in PACUs and Phase II Ambulatory Surgery Units (ASU) during times when all other hospital medical-surgical beds are full. The assessment revealed the following trends:

1. When inpatient hospital beds are full, patients who meet Phase I discharge criteria continue to stay in the PACU resulting in full PACU capacity. Staffing requirements identified for Phase I level of care are often exceeded when PACU patients have met the discharge criteria yet have no available bed in the hospital.

2. PACUs may not be able to receive patients normally admitted from the Operating Room when all PACU beds are occupied.
3. Postoperative surgical patients may be admitted to the ASU because inpatient beds are unavailable.
4. Medical patients may be admitted to the PACU or ASU because hospital beds are filled.
5. Medical management responsibility has not been consistently identified.
6. Because of the episodic nature of these overflow situations, the PACU, ASU and hospital administration may not be properly prepared to handle these occurrences. This has resulted in reports of increased staff frustration and lower staff morale and concerns for quality of care.
7. Patient’s family members become anxious and worry about the allocation of a bed for their family member.

Statement
Therefore, when it is necessary to prolong the stay of the surgical patient who has met discharge criteria or admit overflow patients from other areas, ASPAN recommends the following:

1. It must be recognized that the primary responsibility for perianesthesia units to provide the optimal standard of care to the perianesthesia patient and to effectively maintain the flow of the surgery schedule.
2. Appropriate staffing requirements should be met to maintain safe, competent nursing care of the postanesthesia patient as well as the overflow patient population.
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. Overflow patients in PACU/ASU should receive the same standard of care as provided by inpatient units.
5. Overflow patients in PACU/ASU should be grouped in close proximity in order to provide appropriate nursing care with staffing requirements determined by patient acuity.
6. PACU/ASU nurses caring for overflow patients should have the appropriate competencies required for the patient population.
7. Management should develop a comprehensive resource utilization plan with ongoing assessment that supports the staffing needs for both the PACU/ASU patients and the overflow patient population.
8. Management should have a multidisciplinary plan to address appropriate bed utilization and appropriate scheduling of surgical admissions.
9. Medical management of the patient needs to be established.

Expected Actions
ASPN recognizes the complexity of caring for patients in our dynamic healthcare environment where reduced resources and expanding roles for the perianesthesia registered nurse have an impact on patient care.
Competencies for the care of all types of patients in the perianesthesia setting must be developed and shared with all institutions, organizations and individuals in the care of the overflow patient managed in the PACU and ASU.

**Approval of Statement**

This statement was recommended by a vote of the ASPAN Board of Directors on April 5, 2003 and approved by a vote of the ASPAN Representative Assembly on April 6, 2003 in Albuquerque, New Mexico.

This position statement was updated and revised at the October 2015 meeting of the Standards and Guidelines Strategic Work Team in Fort Worth, Texas.

**BIBLIOGRAPHY**


