The American Society of PeriAnesthesia Nurses (ASPN) has a responsibility
to define principles of safe, quality nursing practice in the perianesthesia
setting. ASPAN, therefore, has the responsibility to assist in defining and
supporting guidelines for the safe administration of medications within
perianesthesia nursing practice.

Background
Medication safety in the perianesthesia arena is an important component in
our everyday nursing practice. The following concerns have been identified:

1. ASPAN’s Clinical Practice Committee has received numerous
inquiries related to the appropriateness of perianesthesia nurses
administering drugs typically classified as anesthetic agents
(e.g., propofol, ketamine) for non-surgical situations. While
over the last few years these drugs have been used in critical
care settings for the purposes of sedation of the mechanically
ventilated patient, they are now being introduced for nursing
staff to administer to provide sedation for short-term
therapeutic, diagnostic or surgical procedures or as an adjuvant
to antiemetic protocols.

2. The Joint Commission (TJC) publishes annual patient safety
goals, which include recommendations for improving the safe
administration of medications. A number of healthcare and
consumer organizations have also offered their endorsement of
safer practice environments including the Agency for Healthcare
Research and Quality (AHRQ), the American Society of Health-
System Pharmacists (ASHP), the Institute for Safe Medication
Practices (ISMP) and the National Quality Forum (NQF), to
name a few.

3. Medication use has always been extremely beneficial but always
with risk.

4. In spite of any number of clinical practice safety measures,
professional and personal accountability cannot be eliminated.

Position
It is therefore the position of ASPAN that the perianesthesia nurse is
responsible for providing the safe administration of medications wherever
perianesthesia care is delivered. Guidelines for the safe administration of
medications should include the following principles:

1. Patient safety is the highest priority.
2. Perianesthesia registered nurses are accountable for knowing their state nurse practice act, state board of nursing and/or professional registration requirements as well as their state laws.

3. Perianesthesia registered nurses are accountable for knowing ASPAN’s Practice Recommendation: *The Role of the Registered Nurse in the Management of Patients Undergoing Sedation for Short-Term, Therapeutic, Diagnostic, or Surgical Procedures.*

4. Perianesthesia registered nurses are professionally accountable for having knowledge of any medications administered to include indications, action, recommended route and guidelines for administration, side effects, monitoring and treatment of untoward reactions. This includes maintaining core competencies within the scope of perianesthesia nursing practice. “No one can be expected to carry out a dangerous task safely for which he or she has not been trained.”

5. Perianesthesia registered nurses are accountable for patient outcomes resulting from the administration of these agents. This accountability includes the reporting of clinical trends as outlined by the facility’s process.

6. Perianesthesia registered nurses are responsible to know and implement facility policies related to the administration and securing of medications.

7. Written medication guidelines should be the result of collaboration between physicians, pharmacists and nurses and should be evidence-based. These guidelines should include, but not be limited to, the following accreditation and regulatory requirements:
   a. A list of unacceptable abbreviations and symbols are developed and their use avoided.
   b. Patient identification processes include at least two identifiers.
   c. High-alert medications are easily identified within the facility.
   d. Whenever in use, intravenous infusion pumps include free-flow protection devices.
   e. Appropriate communication resources are practiced concerning patient allergy and drug reaction history.
   f. Perianesthesia registered nurses can readily access updated pharmacological references as well as timely education to introduce new medications.
   g. Work environments restrict unnecessary noise and distractions from the medication preparation area.
   h. National patient safety goals are followed for verbal and telephone orders. This includes limiting use to situations where failure to provide or accept a verbal and/or telephone order compromises patient care.
Read back processes are implemented to confirm accuracy of the order.

i. Accurate and complete medication information is obtained on all perianesthesia patients. This information will be made available to all providers across the continuum of care to ensure safe and effective medication use.

j. Safe handling precautions are implemented as indicated for the handling and disposing of any biohazard medications and/or excreta from patients receiving antineoplastic agents per recommended guidelines.

8. The perianesthesia registered nurse is responsible for the safe administration and storage of all opiates and/or sedatives.
   a. All medications are labeled with the name of the medication, dose and/or concentration.
   b. When an individual medication(s) is prepared by someone other than the perianesthesia registered nurse responsible for administering the medication, a label with the patient’s name and a second identifier must be present.
   c. The perianesthesia registered nurse secures all controlled medications per institutional policy.
   d. Any unused opiates and/or sedatives must be discarded with another nurse as a witness.

9. It is strongly recommended that each perianesthesia registered nurse is aware of the pharmacokinetics of various medications that cause respiratory depression, unwanted sedation and alterations in hemodynamic stability. Factors to consider when determining a patient’s length of stay following administration of medications include, but are not limited to:
   a. Amount, type and timing of medication
   b. Patient response
   c. Medication half-life and peak
   d. Monitoring capabilities of receiving unit
   e. Drug interactions
   f. Cumulative effects

**Expected Outcomes**

Perianesthesia registered nurses need to familiarize themselves with this position statement and inform and educate peers, nurse managers, hospital administrators and physicians. Collaborative and multidisciplinary efforts must be made to define and implement safe medication administration guidelines wherever perianesthesia registered nurses provide care.
ASPN, as the voice of perianesthesia nursing practice, must externalize this information by sharing this position statement with regulatory agencies and other related professional organizations.

Approval of Statement
This statement was recommended by a vote of the ASPAN Board of Directors on April 17, 2004, in Philadelphia, Pennsylvania and approved by a vote of the ASPAN Representative Assembly on April 18, 2004, in Philadelphia, Pennsylvania.

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

REFERENCE

BIBLIOGRAPHY