INTRODUCTION

The Peri-Anesthesia period begins when the patient was informed about the need of procedures performed through using Robot-nurse. There are concerns about the patient receiving care from a non-qualified nurse. Furthermore, the Peri-Anesthesia Nurse is a nurse who specializes in providing Peri-Anesthesia nursing care and focuses on the peri-operative patient throughout the continuum of care. Marvel of Peri-Anesthesia care is an expertise that includes the different phases of Anaesthesia practice.

In reality, there were Peri-Anesthesia Standards present in other countries. Unfortunately, it has been noted that in the Philippines there was no evidence of national standards for the practice of Peri-Anesthesia Nursing. What is present is internationalized/anesthesia-nursing standards from different hospitals. Furthermore, there is no formal organization to set the standards for Peri-Anesthesia Nursing Practice in the Philippines.

With this, nurses who were exposed in Peri-Anesthesia areas perform nursing care different from one another. The lack of consistency in standards of practice creates challenges for the nurses and health-care stakeholders (Gall, Kassahun, Bankston, & Deibel, 2018). These challenges may affect patient care outcomes in Peri-Anesthesia environment. In light of this, the development of a professional practice model specifically designed for Peri-Anesthesia Nursing is essential.

PURPOSE OF THE STUDY

The overall purpose of this study is to describe the Peri-Anesthesia Nursing Practice in the Philippines from different perspectives. This study aims to create a Model and Standards for Peri-Anesthesia Nursing Practice that would be applicable in the Philippine setting. The development of a Model for Peri-Anesthesia Nurses will guide the delivery of safe and quality nursing care specific for patients in the Peri-Anesthesia environment.

METHODOLOGY

This study utilized Mixed Qualitative-Quantitative research approach in 3 sequential phases. The first phase was through Document Analysis, In-depth Interview, and Integrative Literature Review to describe Filipina PAN practice. The second phase was Model and Standards Development. The third phase was executed using 3-step tests, ANOVA, and Scheffe’s Method to identify the parameters. First phase was “Ethico-Legal” and this was composed of Ethics, Law, and Jurisdiction. The second was “Education & Training” and this includes Composition of Education Organization, Management, and Evaluation. The third was “Environment of Care” and this was composed of Composition of Environment Organization, Management, and Evaluation. The fourth was “Nursing Process” and it included the Key Areas of Assessment, Planning, Implementation, and Evaluation. The fifth was “Communication & Collaboration” and it was composed of Composition of Communication Organization, Management, and Evaluation. The sixth was “Leadership & Management” which consisted of Composition of Governance, Management, and Evaluation.

For Phase 1:

To assess SOP 4 using Descriptive Document Analysis, names care in the Peri-Anesthesia Nursing Practice that will be included in the “Nursing Process” and it included the Key Areas of Assessment, Planning, Implementation, and Evaluation. The Pan Model and Standards were composed. The second phase used “Ethico-Legal” and this was composed of Ethics, Law, and Jurisdiction. The third was “Education & Training” and this includes Composition of Education Organization, Management, and Evaluation. The fourth was “Environment of Care” and this was composed of Composition of Environment Organization, Management, and Evaluation. The fifth was “Nursing Process” and it included the Key Areas of Assessment, Planning, Implementation, and Evaluation. The sixth was “Communication & Collaboration” and it was composed of Composition of Communication Organization, Management, and Evaluation. The seventh was “Leadership & Management” which consisted of Composition of Governance, Management, and Evaluation.

For Phase 2:

To address SOP 4 the execution was extracted from emergent themes and summed the first phase of Qualitative Model. The development of Model involves Stakeholders, Evidence-based from Evidence-based, Architectural Design, and Mechanics of Actions. Thus, the “Pilgrims Peri-Anesthesia Nursing (PAN) Rocket Model” was created.

For Phase 3:

To address SOP 4 the execution was extracted from emergent themes and summed the first phase of Qualitative Model. The development of Model involves Stakeholders, Evidence-based from Evidence-based, Architectural Design, and Mechanics of Actions. Thus, the “Pilgrims Peri-Anesthesia Nursing (PAN) Rocket Model” was created.

CONCLUSION

The findings have enlightened the development of “PAN Rocket Model” and the concepts were tested using the standard of Standards for Peri-Anesthesia Nursing Practice. In the Philippines, there is a significant need for national-level anesthesia-nursing standards for Peri-Anesthesia Nursing. The results of this study showed that the proposed Peri-Anesthesia Nursing Model and Standards could effectively guide the delivery of quality and safe peri-operative care in the Philippines.

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