



ASPAN

American Society of PeriAnesthesia Nurses

Message from the President

ASPAN Gives Strength to Your Voice in the Workplace

July/August 2003

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ASPAN President 2003-2004

Recently our Clinical Practice Committee received an “SOS” from a member in the northeast concerned about the trend in her facility to use PACU as a “catch all” for special procedures other than those defined in our scope of practice. This suggestion to utilize the PACU has been couched in the praise of the strong critical care competencies of the nursing staff, which are undeniable, and with the intent that these procedures can be scheduled during “slow times.” The nurse went on to say that she felt conflicted because the staff are there for the patients no matter what is in the offing, but this loosely defined consideration for utilization has the potential to interfere with the primary purpose of Phase I, which is to provide basic life saving measures and constant vigilance for those patients recovering from anesthesia.¹ These issues go beyond our “overflow” concerns.

The above “SOS” came within days of a query I received from a colleague within my personal practice network regarding the possibility of melding Phase I and II in an effort to best utilize staff and optimize space. I had also recently attended an Ambulatory Surgery Center design workshop where the efficiency of design centered on using single patient rooms for both Phase I and Phase II postanesthesia recovery. For the latter, I believe providing the staffing ratio would be prohibitive. My response to each situation was directly supported by the ASPAN Standards and, hopefully, hit home with those framing these concepts!

Needless to say, this series of events has heightened our awareness that, more than ever, perianesthesia nurses need our Standards, Resources, and Position Statements to give strength to their voices in the workplace. We are challenged to continue to expand our research initiatives to support our Standards with evidence-based practices. We are challenged to expand our circle of influence beyond the practice of perianesthesia nursing and into the administrative and legislative arenas to assure best practices are supported with patient safety the highest priority.

What can you do? Begin with the identification of the specific problems that effect your daily provision of safe care for recovering patients. In response to the definition of “slow times,” cite that the OR schedule alone provides minimal information about predicting the flow of patients. Every anesthetic and surgical experience is different; there are no absolutes. Additionally, the nurse providing assistance with a cardioversion cannot be relied upon to be available for postanesthesia care delivery. Consider the availability of PACU resources such as RNs, space, and equipment. Each of these resources is predetermined based on postanesthesia needs and should not be “stretched” to provide backup for other disciplines. Discuss the unpredictability of patient admissions from areas outside the OR providing Sedation/Analgesia or Monitored Anesthesia Care. Collect your data and let your Standards be your guide.

Who makes decisions for your unit? Make the argument that a perianesthesia prepared nurse be part of the collaboration with the anesthesia caregivers and nursing administration to solve flow problems in PACU. Only a perianesthesia nurse can identify the nuances of our practice and can foresee the potential problems, as well as possible solutions. We know flexibility. We worry about the “what ifs” and we are ready to preempt emergencies. We understand core systems.

Phase I nurses must be ever ready to deal with immediate postanesthesia care delivery, thus preventing complications and moving the patient safely to the next level of care. Our exceptional management of daily activity and autonomous nature may be the biggest “problem.” We look like the ideal place to give phenomenal care to everyone’s patients. We are so well prepared, handle chaos, and make it all look so easy. We are exceptional caregivers. Yet, I urge you to take advantage to the strength ASPAN can offer you and rely on our Standards and network to support your efforts for perianesthesia care delivery. ASPAN, with your input, continues to define the perianesthesia practice of tomorrow.

REFERENCE

1. American Society of PeriAnesthesia Nurses: *Standards of Perianesthesia Nursing Practice*. Cherry Hill, NJ, ASPAN, 2002.