



Memorial Sloan Kettering
Cancer Center



STOP, BLOCK & ROLL: A PRE-SURGICAL RN PILOT PROGRAM

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Background

The anesthesia department of The Josie Robertson Surgery Center (JRSC) initiated a pre-surgical Paravertebral Nerve Block (PVNB) program to manage the postoperative pain of patients undergoing oncologic breast surgery with immediate reconstruction. PVNBs are placed by a qualified anesthesiologist, in a monitored setting, with the use of ultrasound guidance and moderate sedation. Post-operative benefits of the PVNB include:

Reduced

- Pain
- Narcotic consumption
- Nausea/ Vomiting

Increased

- Range of motion
- Early ambulation

Objectives of Project

•Support the administration of PVNBs to qualified patients without impeding pre-surgical patient flow or causing avoidable surgical start time delays.

•To develop a pre-operative RN staffing model that maintains ASPAN standards of a 1:1 patient/nurse ratio when assisting with a procedure and 2:1 patient/nurse ratio in the perianesthesia setting.



“Block RN” Development

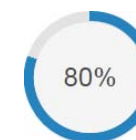
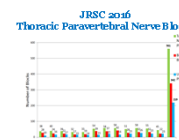
“Block RNs” are selected from a group of cross trained pre and post-operative perianesthesia RNs. Each maintains BCLS and ACLS certifications and has successfully completed a moderate sedation competency exam. Additionally, these nurses received group in-services on PVNBs by attending anesthesiologists from the JRSC pain service. Medical simulation was then used to further prepare these nurses to treat Local Anesthetic Systemic Toxicity and other potential adverse reactions to regional anesthesia and conscious sedation.



“Block RN” Responsibilities

- Patient/family education and safety
- Assisting with ultrasound imaging
- Procedure set-up
- Administration of moderate sedation
- Ensuring adherence to Universal Protocol and aseptic technique
- Continuous patient assessment and cardiac monitoring

Statistics



2016
Eligible = 704
Performed = 561

Statement of Successful Practice

A “Block RN” allows for seamless patient flow in the pre-surgical area and provides high quality and safe patient care during the pre-surgical and PVNB procedure. This innovative staffing model allows us to maintain ASPAN standards of a 1:1 patient/nurse ratio when assisting with a procedure and 2:1 patient/nurse ratio in the perianesthesia setting. Additionally, the “Block RN” role allows perianesthesia RNs to work within their full scope of practice and supports MSKCC’s nursing professional practice model of relationship based care: Caring for Patient/Family, Colleague and Self.

Conclusion

The success of this program has led to the expansion of the pre-surgical nerve block program to include transverse abdominis plane (TAP) blocks for patients undergoing partial or total nephrectomy and hernia repair. Notably, patients who had previously received PVNBs are now requesting them for Tissue Expander exchange procedures based on positive initial experiences and post-surgical recoveries.