

Post Anesthesia Response Unit:

Development of an Intensive Care Unit within a Post Anesthesia Care Unit

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Background Information: During the COVID-19 pandemic, the bed availability in Intensive Care Unit's (ICU) at Strong Memorial Hospital was limited. The Post Anesthesia Care Unit (PACU) was able to help load balance the intensive care units (ICU's) by caring for 6 ICU patients utilizing a team nursing model.

Objectives of Project: The goal of the Post Anesthesia Response Unit (PARU) development was to utilize a team nursing model successfully caring for ICU patients. Because not all of the nurses who work within the PACU are traditionally trained to care for ICU patients, perioperative services leadership wanted to provide comprehensive ICU care by pairing the few ICU trained nurses with added support staff for safe patient care.

Process of Implementation: The PACU converted the extended recovery area into separate areas to care for ICU patients indefinitely. Leadership identified items that were critical in caring for ICU patients, worked alongside the hospital supply chain on creating a supply room, and built a code cart specifically for the PARU. The PARU scheduler paired an in-patient PACU RN who had prior knowledge working in an ICU with an assistive RN creating a buddy pairing. This pairing was maintained throughout the entirety of the PARU and had a patient ratio of two patients to one pairing. Focusing on the PACU RN's skillset and knowledge base, leadership was able to identify staff member to care for individuals either receiving surgery or the chronic ICU population.

Statement of Successful Practice: PARU leadership found by having an ambulatory nurse or nurse anesthetists paired with a PACU nurse, a team nursing model approach was successful. The PACU nurses delegated tasks appropriately to their supportive staff member for safe patient care. PARU was open for total of 46 days caring for chronic surgical ICU patients. There was a total of 26 patients: 11 patients transitioned to floor level of care. 2 patients transitioned to comfort measures only. 2 patients were discharged to long term ventilator care units. 6 patients returned to the ICU's. Through collaborative efforts, ICU patients were able to be cared for by a nurse pairing in a safe comprehensive manner.

Implications for Advancing the Practice of Perianesthesia Nursing: The second surge of the COVID-19 pandemic caused an influx of critically ill patients. Perioperative leadership recognized the opportunity to help load balance the patient population by having 6 patients be cared for within the PACU setting. We learned that PACU nurses can successfully and confidently care for a two patient ICU assignment by utilizing a team nursing model.