

## Mass Casualty Incident: Flexing PACU's Muscles

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### BACKGROUND

Mass Casualty Incidents (MCIs) are greatly impacting hospitals across the United States. These unplanned traumatic events place extraordinary demands on hospital systems. Frequently, casualties from MCI events arrive unannounced via EMS and personal vehicles. As little as ten traumatically injured patients would overwhelm a level-one trauma center. Each casualty could require a health care team of up to 10 professionals with skillsets including critical care, trauma, radiology, laboratory and social work. Collaborative communication across all services is essential in providing care in a Mass Casualty environment.



- 58 fatalities
- 489 with injuries

### OBJECTIVES OF PROJECT

- Identify opportunities for the PACU to support the hospital during a MCI event in Philadelphia
  - Accessibility to the operating room for surgical and anesthesia staff
  - Availability of bed space and rapid turnover
  - Opportunity to suspend elective surgeries and increase capacity to accommodate trauma patients
- Increase situational awareness among PACU staff by developing and rehearsing the PACU response to a MCI in collaboration with the entire enterprise

### PROCESS OF IMPLEMENTATION

- The Emergency Preparedness Department has led the development of "mass casualty response plans" for departments throughout the institution. The close proximity of the PACU to the OR provides readily available access to the anesthesia and surgical staff and is an ideal location to cohort patients requiring surgical intervention. PACU staff are ACLS/PALS certified, however, they do not routinely care for hemodynamically unstable trauma patients.
- To reinforce the skillsets necessary when caring for trauma patients we have implemented monthly simulations focused on hypovolemia and shock. The PACU participates in regular hospital-wide emergency preparedness drills, including a full-scale table top exercise utilizing the Command Center.
- The mass casualty response plans across the institution have become more robust to include:
  - Concerns related to re-unification of casualties and families
  - Efficient use of the Electronic Health Record during a MCI
  - Focused documentation related to the injury
  - Non-clinical considerations (i.e. Security, Environmental, Nutrition Services, Media Coverage)

### STATEMENT OF SUCCESSFUL PRACTICE

The PACU has conducted 20 trauma simulations with 98 participants since July of 2017. These simulations have strengthened PACU nurses' assessments related to traumatic injuries, resuscitation skills, and improved confidence around MCI preparedness. Additionally, the PACU participates in interdisciplinary Emergency Preparedness drills which identify opportunities for improvement.

### IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING

The PACU has the capacity and resources to act as a staging and holding area for the hospital in response to a MCI. Monthly, simulation training is conducted focusing on trauma care including hypovolemia, shock, blunt force and penetrating trauma. Regular simulation training enables the nursing staff to feel confident and prepared to support many casualties of varying acuity levels. Healthcare enterprises across the country should consider their PACU as viable option to manage capacity, provide ICU-level care for traumatically injured patients, and promote forward flow out of the Emergency Department.