I. TITLE: Meeting the Challenge: A Collaborative Team Effort between the In-House and Ambulatory Post-Anesthesia Care Units to provide off-shift post-anesthesia care for pediatric patients.

II. TEAM MEMBERS:

Lucille Graboff, BSN, RN, CAPA, Nursing Care Coordinator
Jeanne Prota, RN Level III, CAPA
Robert Boebert, RN Director of Perioperative Services
Patricia Schiavi, BSN, RN, Patient Care Manager

III. PROBLEM IDENTIFICATION:

All post-anesthesia pediatric patients are recovered in the Ambulatory PACU. The hours of operation for the Ambulatory PACU are Monday – Friday 6:00 a.m. – 7:00 p.m. These limited hours created a problem in caring for pediatric patients. If a pediatric patient had surgery after hours, they would need to recover in the in-house PACU. However, the in-house PACU nurses lacked the competency to care for pediatric patients. A solution was required to provide coverage to post-anesthesia pediatric patients on a 24/7 basis.

IV. OBJECTIVE: Provide competent and safe post-anesthesia care for the pediatric population.

V. PROCESS OF IMPLEMENTATION:

A) Developing an “on-call” system for the ambulatory nurses.
B) Provide PALS certification for all post-anesthesia nurses.

VI. STATEMENT OF THE SUCCESSFUL PRACTICE:

In order to meet the ASPAN standard, two licensed nurses must be present to care for any patient. This caused a major staffing/scheduling process change between the two PACU units. The primary nurse is the Ambulatory PACU nurse and the in-house PACU nurse is the back-up. This necessitated “on-call” scheduling for both nursing staffs. Overall, the major goal of this project was achieved as the hospital was able to provide competent, PALS certified nurses to care for the post-anesthesia pediatric patient when the Ambulatory PACU is closed.

VII. IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING:

Expanded knowledge base of all PACU nurses to care for the emergent pediatric post anesthesia patient. By requiring PALS certification we enhanced our daily practice by increasing our competency level in all post-anesthesia care units.

VIII. OUTCOME

Improved the quality of care for the pediatric PACU patients.

ASPN standards for nurse/patient ratio were met.

Increased collaboration between Short Term Surgery and Main PACU nursing staffs.