This session will present a comprehensive review of the new ASAPN 2012-2014 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements.

Outline

I. ASPAN Role Description:
   a. Clinical Practice Committee
      On a daily basis, perianesthesia nurses from across the world contact ASPAN for help with clinical practice dilemmas. Nearly half of these inquiries relate directly to ASPAN’s Perianesthesia Nursing Standards and Practice Recommendations. Members of the Clinical Practice Committee are assigned weekly questions, and respond in a timely manner to the issues presented using the ASPAN standards and a variety of other clinical information resources to support professional perianesthesia colleagues. Committee members also review abstracts for the Celebrate Successful Practices poster and/or oral presentations at National Conference.¹
   b. Standards and Guidelines Strategic Work Team (SWT)
      Members of the Standards & Guidelines SWT serve as clinical practice surveyors, monitoring current trends in the healthcare environment and their potential impact on perianesthesia nursing practice. SWT members review, revise, update and amend ASPAN’s Perianesthesia Nursing Standards and Practice Recommendations. Applicants must have previously served on the Clinical Practice Committee.¹

II. Definitions²
   a. ASPAN Principles describe domains of perianesthesia nursing practice.
   b. Perianesthesia Practice Standards provide a framework for the care of a diverse patient population in all perianesthesia settings. The format for each includes the standard, the rationale delineating its importance to perianesthesia practice and the desired outcome. The standard is then further defined by criteria to be used in implementing practices to meet the standard. When the designated criteria are met, best patient outcomes and best clinical practices result.
   c. Clinical Practice Guidelines are systematically developed using a multidisciplinary approach with clinical experts rating and integrating current evidence.
   d. Practice Recommendations are statements which best describe the desirable and achievable level of performance expected of perianesthesia registered nurses as well as the perianesthesia environment of care.
   e. Position Statements are presented to support standards of practice. Position statements are intended to address current issues affecting clinical practice.
While the subject of position statements can be very complex, they are offered as a representation of the organization’s viewpoint or stand on particular issues and serve mainly as information sources.

f. Resources offer recommendations for practice based on available evidence, expert consensus and practice guidelines from ASPAN and partnering organizations. The resources are intended to champion ideal clinical practice, provide for optimal patient safety and offer support for the perianesthesia nurse in any clinical setting.

a. Interpretive statements in the sidebar format are provided for the purpose of clarification, definitions and examples.

III. 2012-2014 Edition

a. Title change

i. From: Perianesthesia Nursing Standards and Practice Recommendations

ii. To: Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements

b. Part One - Scope of Perianesthesia Nursing Practice

i. Addition of Interpretive statements in the sidebar format are provided for the purpose of clarification, definitions and examples.²

c. Part Two - changed from Perianesthesia Standards for Ethical Practice to the Principles of Perianesthesia Practice; now includes:

i. Perianesthesia Standards for Ethical Practice

ii. Principles of Safe Perianesthesia Practice

d. Part Three - Standards of Perianesthesia Nursing Practice was updated

i. Sidebars added to clarify the standards

ii. Example: The quality improvement program includes a mechanism to evaluate patient/family⁵/caregiver/significant other/and other healthcare team members’ input regarding the quality of care.

iii. Sidebar: The word “family” refers to two or more persons who are related in any way—biologically, legally, or emotionally. Patients and families define their families.

iv. Standard V changed from Research to Research and Clinical Inquiry

i. Clinical inquiry is described as a constellation of research and research-related activities, which include research, evidence-based practice, quality improvement initiatives and small tests of change that test innovation.

e. Part Four - Clinical Practice Guidelines (CPG)

i. The three CPG’s were moved to the ASPAN Web site at http://www.aspan.org

f. Part Five - Practice Recommendations (PR)

i. Currently 10 Practice Recommendations

ii. Added Sidebar Interpretive Statements for clarification

iii. Added capnography to “Equipment” and “Recommended Competencies for the Perianesthesia Nurse”

iv. Added the pediatric patient to the “Safe Transfer of Care: Handoff and Transportation” PR
v. Added age specific information to the “Visitation in the Perianesthesia Care Unit” PR
vi. NEW PR: “Obstructive Sleep Apnea in the Adult Patient”
   i. More information can be obtained from: Journal of Perianesthesia Nursing, Volume 27, Number 5, October, 2012.
g. Part Six - Position Statements (PS)
   i. Minimum Staffing – retired; addressed in the Practice recommendations
   ii. Fatigue Checklist moved from the manual to the ASPAN Web site available at http://www.aspan.org
   iii. ICU Overflow Patients – ASPAN, ASA, and AACN are currently reviewing and revising this statement
   iv. Nursing Shortage – retired
   v. Visitation – retired; addressed in the Practice Recommendations
   vi. Safety – retired; addressed in Part Two “Principles of Safe Perianesthesia Practice”
   vii. NEW PS: “Substance Abuse in Perianesthesia Practice”
h. Part Seven – Resources
   i. Addition: ASA Standards for Basic Anesthetic Monitoring
   ii. Deletion: ANA and AWHONN Position Statements on Analgesia and Catheter Techniques
   i. NEW Resource: Association for Radiologic & Imaging Nursing (ARIN) Clinical Practice Guideline: Handoff Communication Concerning Patients Undergoing a Radiological Procedure with General Anesthesia

IV. Questions and Answers

References