Implementation of a PACU Pause in a Pediatric Post Anesthesia Care Unit

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Background

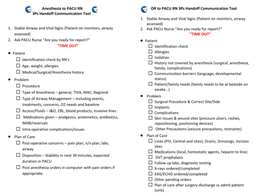
- Effective communication between the surgical team and the PACU nurse is essential to delivering safe postoperative care[1].
- Distractions during anesthesia/OR team transfer of care to PACU results in gaps in information and can lead to adverse patient outcomes[1,2].
- Additionally, a lack of standardization during this handoff may result in information gaps, leading to adverse clinical outcomes[1-3].
- During fiscal year 2020, 2 serious PACU safety events within our organization were found to be related to ineffective communication during the handoff process.
- The PACU nurses reported routinely feeling distracted during transfer of care because the handoff was occurring while the nurse is assessing the patient and placing the patient on monitors.

Objectives of the Project

- The goal of this nurse-led project was to improve handoff communication between the perioperative teams to facilitate a safe patient transition from the OR to PACU.

Process of Implementation

- In June of 2020 and again in 2021, the PACU Clinical Practice Council (CPC) completed an observational survey of the current transfer of care process as well as a baseline survey of PACU nurse perception of the current transfer of care process.
- Identified opportunities for improvement:
  - The anesthesia/OR team report did not follow a consistent, and repeatable communication structure.
  - The PACU nurses reported that they are distracted and do not receive basic information needed to safely care for the patient.
- In July of 2020, the CPC completed a review of best practice and collaborated with leadership and anesthesiologists to implement an evidence-based handoff protocol called the “PACU Pause”. [4,5]
- Created checklists for anesthesiologists and the OR nurse. In November of 2021, checklists were placed in each PACU bay with “PACU Pause” expectations and instructions.



Anesthesia to PACU RN 3Ps Handoff Communication Tool

1. Stable Airway and Vital Signs (Patient on monitors, airway assessed)
2. Ask PACU Nurse "Are you ready for report?"

"TIME OUT"

- Patient
  - ☐ Identification check by RN's (Name, weight, allergies)
  - ☐ Neuro/Surgical/Anesthesia history
- Problem
  - ☐ Procedure
  - ☐ Type of Anesthesia – general, TIVA, MAC, Regional
  - ☐ Type of Airway Management – including events, treatments, concerns, O2 needs and baseline
  - ☐ Access/Fluids – I&O, EBL, blood products, invasive lines
  - ☐ Medications given – analgesics, antiemetics, antibiotics, NMB/reversals
  - ☐ Intra-operative complications/issues
- Plan of Care
  - ☐ Post-operative concerns – pain plan, n/v plan, labs, imaging
  - ☐ Disposition – Stability in next 30 minutes, expected duration in PACU
  - ☐ Post anesthesia orders in computer with pain orders if appropriate.

OR to PACU RN 3Ps Handoff Communication Tool

1. Stable Airway and Vital Signs (Patient on monitors, airway assessed)
2. Ask PACU Nurse "Are you ready for report?"

"TIME OUT"

- Patient
  - ☐ Identification check
  - ☐ Weight
  - ☐ Isolation
  - ☐ History not covered by anesthesia (surgical, anesthesia, family, complications)
  - ☐ Communication barriers (language, developmental delay)
  - ☐ Patient/family needs (family needs to be at bedside on awake..)
- Problem
  - ☐ Surgical Procedure & Correct Site/Side
  - ☐ Allergies
  - ☐ Complications
  - ☐ Skin issues & wound sites (pressure ulcers, rashes, skin tears, positioning devices)
  - ☐ Special precautions (seizure precautions, restraints)
- Plan of Care
  - ☐ Lines (IV's, Central and ettes), Drains, Dressings, Incision sites
  - ☐ Medications (local, hemostatic agents, heparin to line)
  - ☐ DVT prophylaxis
  - ☐ Pending labs or diagnostic testing
  - ☐ X-rays ordered/completed
  - ☐ EKG/ECHO ordered/completed
  - ☐ Other pending orders
  - ☐ Plan of care after surgery-discharge vs admit patient (unit)

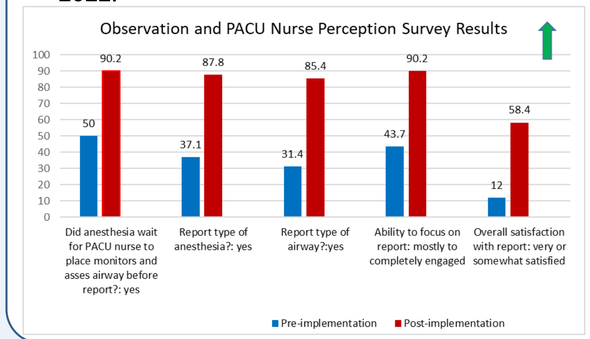
- October 2021, the CPC educated all nurses and anesthesiologists, with a go live date of 11/01/2021.

What is the “PACU Pause”?

- “PACU Pause” consists of a cessation of talking when the patient arrives to PACU from the OR.[4,5]
- Patient is placed on the monitors by all team members.
- The PACU RN performs a basic assessment of the patient stability and respiratory status.
- When ready, the PACU RN gives the anesthesiologist and the OR nurse the checklist and announces they are ready for report.
- The patient is identified, and report is given using the checklist.

Outcomes

- Post-implementation observational and nurse surveys were repeated by the CPC in February 2022.



Statement of Successful Practice

- Serious safety events related to communication decreased from 2 in FY 2020 to 0 in FY 2021 and 2022 to date.
- Nursing satisfaction with the patient arrival process and handoff from the anesthesiologist/OR team increased.
- Implementation of the Standard “PACU Pause” protocol has enhanced safety during the transition of care from the OR to the PACU.
- Continued auditing is needed to reinforce this change in practice.

Implications for Advancing the Practice of Perianesthesia Nursing

- Results are consistent with the literature suggesting that implementing a “PACU Pause” increases patient safety and facilitates undistracted communication of vital information to safely transition the pediatric patient from the OR to the PACU.

References

- Available upon request

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