

Implementation of a Cardiac PACU in a Freestanding Children's Hospital

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Abstract Background Information: In June of 2022, the Medical Imaging Nursing Team (MINT) and Cardiac Anesthesia Team implemented a post-procedural destination called “Cardiac Grey” for Cardiac Anesthesia patients being recovered from MRI, CT, Nuclear Medicine, PET CT, Cardiac Catheterization/EP, and Interventional Radiology. The Cardiac Grey post-op destination identifies patients with congenital heart disease and/or need for cardiac anesthesia who need to be observed until their next level of care needs are determined. Possible care destinations include admission to Intensive Care Unit (ICU) or Inpatient Unit (Floor), or discharge home. This initiative allows for proper post-operative disposition to be determined during the recovery period and reduces unanticipated ICU admissions and ICU bed cancelations.

Objectives of Project: Lack of clarity regarding the post op destination “Cardiac Grey” underscored the need to rebrand and improve processes. The project objectives were to redefine and rebrand “Cardiac Grey” to “Cardiac PACU Patient” and provide the operational support and education needed to provide expert care.

Process of Implementation: The process began with a review of the ASPAN 2023-2024 Perianesthesia Nursing Standards, Practice Recommendations, and Interpretive Statements. The review included a detailed examination of Phase 1 care and throughput. Benchmarked occurred against several leading organizations in Cardiac PACU to review procedures, throughput, and education, training, and competencies. A pre-survey was developed to collect data on competence, workflow, barriers, and educational needs. The survey revealed the need to revise the Cardiac PACU Patient order set to enhance nursing communication regarding orders. To improve communication between multidisciplinary team members, the staff nurses redesigned Pre-op and PACU huddles. A Cardiac PACU Patient Care Guideline was developed and included the Cardiac PACU Patient pathway, inclusion & exclusion criteria, and the Cardiac Anesthesia backup plan. Finally, front-line nursing staff participated in lectures, in-services, and shadow experiences to enhance their Cardiac Recovery knowledge.

Statement of Successful Practice: Data will be gathered in January 2025, 6 months post-implementation. Successful practice thus far has been suggested by discussions with nursing and physician/APN staff, evidence of daily work, and monitoring of safety/incident reports.

Implications for Advancing the Practice of Perianesthesia Nursing: Implications of this project include the potential for expanding key practice elements to other institutions and implementing them for other service lines at this institution.