

WHAT WE LEARNED

Prep-recovery nurses can independently support anesthesia providers during peripheral nerve blocks (PNBs).

BACKGROUND

- Traditionally, OR nurses assisted anesthesiologist with PNBs in the pre-procedure area.
- Surgical volume increased
 - Need to optimize staffing and resources while supporting multimodal pain management

PURPOSE/OBJECTIVES

- Equip ACLS-certified prep-recovery nurses with the knowledge, skills, and confidence to assist anesthesiologists with peripheral nerve blocks

REFERENCES

1. Elsevier Clinical Skills. (2025, October). *Medication Administration: Peripheral nerve block* (S.M. Case, MSN-Ed., RN, Clinical Reviewer, Elsevier).
2. Elsevier Clinical Skills. (2025, February). *Regional blocks (perioperative)* (J.J. Milici, MSN, RN, CEN, CPN, TCRN, CCRN, FAEN, Clinical Reviewer). Elsevier.

IMPLEMENTATION

- Developed a block-nurse competency program
- Checklist adapted from Elsevier
- Education on local anesthetic systemic toxicity and AORN regional anesthesia guidelines
 - PowerPoint, digital modules, and policy review

Clinical pathway

- observe → assist → perform independently

Competency evaluation

- Return demonstration and supervised practice

RESULTS

- Prep-recovery nurses demonstrated competency supporting PNB procedures independently.
- OR nurse involvement was no longer required for block assistance.
- Expanded competencies included:
 - Sterile technique
 - Patient positioning
 - Block-specific equipment use

CHALLENGES/FACILITATORS

Challenges

- Transition required significant practice change for prep-recovery nurses

Facilitators

- Leadership support for education/training

CONCLUSIONS

Clinically trained nurses demonstrated:

- Improved EKG monitoring use during block administration
- Greater vigilance in patient assessment and observation
- Earlier recognition and response to patient safety concerns
- Reinforcement of a strong peri-anesthesia safety culture

NEXT STEPS

Require ACLS and PNB training for ALL Prep-recovery nurses at Chester County Hospital during initial orientation to the unit.