



ASPAN

American Society of PeriAnesthesia Nurses

Clinical Practice: Frequently Asked Question

Q: What are hospital PACUs doing regarding sending patients back direct to ICU from the OR, especially if the patient came from the ICU? If the patient goes back to ICU must a PACU RN recover the patient there?

A: This issue has been debated for years. ASPAN Standards do not address where an ICU patient will be recovered or by whom. ASA Standards for Postanesthesia Care states that “all patients who receive anesthesia care shall be admitted to the PACU or its equivalent except by specific order of the anesthesiologist responsible for the patient’s care”.²

Ultimately, it is up to each hospital to decide based on staffing and staff competencies of both PACU and ICU. It really is imperative to consider the needs of the patient and how much care he/she will require in the immediate postanesthesia period. Since Phase I PACUs, by nature of the level of care that patients require, are considered critical care units, the staff should have competencies required for care of the critically ill patient.¹ Collaboration between the two units can clearly benefit both the patients, the units, and patient flow in most hospitals. Frequently, if the patient came from ICU and is returning to ICU, an ICU nurse recovers without a PACU nurse. If the patient is hemodynamically unstable and the ICU has limited staff, an available Phase I PACU registered nurse may be called to assist in the recovery as needed. This is particularly true if the patient has an advanced airway and remains on a ventilator. If the patient is extubated, some anesthesia departments prefer that a PACU nurse care for the patient either in ICU or Phase I PACU. During the day, the ICU patients may come to the PACU as the Phase I PACU may have co-workers present to assist as needed. When Phase I PACU staff is on call, the preference may be to recover the patient in the ICU as there are more resources immediately available. There are also discussions in some facilities about having ICU nurses recover all ICU patients. There are two potential drawbacks:

1. Phase I PACU staff cannot maintain advanced ICU skills (PACU is a critical care unit) unless they care regularly for ICU patients.
2. ICU nurses must possess the same level of expertise in managing the immediate postanesthesia patient as the Phase I PACU staff (PACU is also a specialty) so ICU nurses must have specialized education and competency assessments related to Phase I level of care.

It is difficult to give a straight-forward response to this question as there are many variables that caregivers must consider. Who is the best qualified and can provide the safest care for each patient at that particular point in time? In determining guidelines for the recovery of ICU patients, collaboration between the nursing department, the anesthesia department, the medical department, and administration is essential to establish clear expectations. Developing a written policy to address the recovery of ICU patients helps resolve the criteria for transferring critical patients from OR to ICU and/or PACU. An existing policy promotes open communication and helps guide caregivers in determining the safest and best patient placement.

References:

1. American Society of PeriAnesthesia Nurses. 2023-2024 perianesthesia nursing standards, practice recommendations and interpretive statements. Cherry Hill, NJ; ASPAN.
2. American Society of Anesthesiologists. Standards for Postanesthesia Care. Last amended October 23, 2019. Available at: <https://www.asahq.org/standards-and-practice-parameters/standards-for-postanesthesia-care>.

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