



Clinical Practice Frequently Asked Question

Q: What are the ASPAN staffing recommendations for pediatric patients in preop, Phase I, Phase II, and extended care?

A: The American Society of PeriAnesthesia Nurses' *2025-2026 Perianesthesia Nursing Standards, Practices Recommendations and Interpretive Statements* has practice recommendations for the staffing of perianesthesia registered nurses.¹

Practice Recommendation: Patient Classification/Staffing Recommendations notes that an appropriate number of perianesthesia registered nursing staff with demonstrated competence must be available to care for both patients and families safely.

There are several factors to consider when assigning registered nurses to pediatric patients in the perianesthesia setting. Some of these factors identified in the practice recommendation include the:

- volume of patients in the unit at the time
- patient acuity and complexity of patient care needs
- patient educational/health literacy needs
- patient flow processes
- availability of support resources
- physical layout of the unit
- discharge planning needs
- required support for preanesthesia/preprocedure interventions

ASPAN recommended perianesthesia management criteria related to your question include:

- Preadmission and Day of Surgery/Procedure levels of care
 - Care in these phases is focused on preparing the patient and family for the experience throughout the perianesthesia continuum.
 - The nursing role is to assess the patient and develop a plan of care designed to meet the preanesthesia physical, psychological, educational/health literacy, sociocultural, and spiritual needs of the patient and family.
 - There are wide variations across the country in the role and function of nursing staff in preadmission and day of surgery/procedure units. ASPAN encourages organizations to set policies and define practices which identify quality staffing patterns for the care of preadmission and day of surgery/procedure unit patients.



- Phase I level of care – care provided for the patient in the immediate postanesthesia period and transitioning them to Phase II level of care, to the inpatient setting, or to an intensive care setting:
 - One nurse to two patients
 - Two conscious patients, stable and free of complications but not yet meeting discharge criteria
 - Two conscious patients, stable and under the age of 8 years, with family or competent support team members present but not yet meeting discharge criteria
 - One unconscious patient over the age of 8 years, hemodynamically stable, with a stable airway and one conscious patient stable and free of complications²
 - Considerations should be made for the developmentally delayed patient
 - One nurse to one patient
 - Unconscious patient 8 years of age and under²
 - A second nurse must be available to assist as necessary
 - Patients initially admitted to Phase I until critical elements are met
 - Critical elements include:
 - Report received and transfer of care from anesthesia care provider has taken place
 - Patient has stable, secure airway
 - Patient is hemodynamically stable
 - Patient is free from agitation, restlessness, combativeness
 - Initial assessment is complete
 - PACU nurse has accepted care of the patient
 - Patients with isolation precautions until there is sufficient time for donning and removing personal protective equipment (PPE)
 - Two nurses to one patient
 - One critically ill, unstable patient



- Phase II level of care – care provided to prepare the patient, family, and/or significant other for care in the home or for Extended Care level of care:
 - One nurse to three patients
 - Patients over 8 years of age
 - Patients 8 years of age and under with family present
 - One nurse to two patients
 - Patients 8 years of age and under without family or support healthcare team members present
 - Patients initially admitted to Phase II
 - One nurse to one patient
 - Unstable patient of any age requiring transfer to a higher level of care
- Extended Care level of care – ongoing care for those patients requiring extended observation/intervention after transfer/discharge from Phase I and Phase II levels of care:
 - One nurse to three-five patients
 - Patients waiting for transportation home
 - Patients with no caregiver, home, or support system
 - Patients who have had procedures requiring extended observation or interventions
 - Patients being held for a non-critical care inpatient bed
- The recommendations listed above should be maintained
 - for transport of pediatric patients in or out of the unit
 - during “on call” situations

ASPAN encourages organizations to set policies and define practices which identify quality staffing patterns for the care of perianesthesia patients. Patient safety, and nurse personnel safety, are priority for PACU nurses in caring for perioperative patients.

References

1. American Society of PeriAnesthesia Nurses. Patient classification/staffing recommendation. In: *2025-2026 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. ASPAN; 2024:56-63.
2. Schick L, Windle PE, eds. *PeriAnesthesia Nursing Core Curriculum: Preprocedure, Phase I, and Phase II PACU Nursing*. 4th ed. Elsevier; 2021:151-180.