



A Position Statement on Visitation in Phase I Level of Care

The American Society of PeriAnesthesia Nurses (ASPAN) has the responsibility for defining the practice of perianesthesia nursing.¹ An integral part of this responsibility is to promote comfort and satisfaction among patients and families. The specialty of perianesthesia nursing encompasses the care of the patient and family/significant other along the perianesthesia continuum of care.

ASPAN sets forth this position statement to support the needs of both patients and families as it relates to visitation in the Phase I level of care.

Background

Historically, PACUs have been closed units. A patient's family waited anxiously while the patient recovered in the PACU. In recent years there have been rapid advances in anesthesia management with shorter acting anesthetic agents and increased use of regional anesthetic techniques. There is an increasing body of evidence confirming the importance and impact of visitation and support presence at the bedside.²⁻¹² ASPAN supports the consideration of the needs of both patients and families while striving to maintain quality services across the continuum of patient care. In response to the concerns of many perianesthesia nurses from around the country, the Standards and Guidelines Committee conducted a review of literature and gathered information from various institutions in order to identify issues related to visitation in Phase I level of care.

A review of current nursing practice revealed a wide range of visitation practices across the country, ranging from no visitation, visitation for ICU/overnight patients, visitation for pediatric patients only, to an open family visitation policy. Perianesthesia nurses also vary in their concerns regarding visitation as it relates to issues of patient confidentiality and privacy, the ability to provide for pain and comfort management, the extent to which procedures are done in Phase I level of care, the potential for emergency situations, unclear family expectations regarding visitation guidelines, and the perceived increase in nurse workload.

A mounting body of evidence identifies the need and benefits of visitation in the Intensive Care Units for both patients and families. In addition, evidence directly related to the Postanesthesia Care Unit Setting reveals that visitation in Phase I level of care offers advantages for both patients and families including reduced anxiety and improved satisfaction.^{2,3,9,12} The concept of visitation has gained increased acceptance by nurses when a well-developed visitation program is established.

Position

It is, therefore, the position of ASPAN that visitation in the Phase I level of care is supported, and that perianesthesia nurses develop guidelines within their own settings to incorporate this into their practice.

Guidelines should include the following:

1. Appropriate education for patients and families regarding family visitation to maintain a safe and beneficial experience.
2. The confidentiality and privacy of all patients shall be maintained.
3. The visit will take place at an appropriate time for the patient, visitor and clinical staff.
4. Perianesthesia nurses should work together with hospital administration to establish a well-organized family visitation program supported by appropriate personnel to meet the needs of families in this unique setting.

Expected Outcomes

Perianesthesia nurses need to familiarize themselves with this position statement, current literature and evidence in support of family visitation.

Perianesthesia nurses should work together with hospital administration to develop organized methods of increasing communication with families throughout the perianesthesia experience, and providing appropriate support personnel to establish a visitation program in Phase I level of care that meets the needs of patients, families and clinical staff.

ASPAN, as the voice of perianesthesia nursing practice, must externalize this information by sharing this position statement with all disciplines that interface with the practice of perianesthesia patients and families.

Approval of Statement

This statement was recommended by a vote of the ASPAN Board of Directors on April 5, 2003, and approved by a vote of the ASPAN Representative Assembly on April 6, 2003, in Albuquerque, New Mexico.

This position statement was reviewed in October 2009 at the Standards and Guidelines Committee in Batesville, Indiana.

REFERENCES

1. American Society of Perianesthesia Nurses. *2008-2010 Standards of Perianesthesia Nursing Practice*. Cherry Hill, NJ: ASPAN; 2008.
2. Bru G, Carmody S, Donohue-Sword B, Bookbinder M. Parental visitation in the post-anesthesia care unit: a means to lessen anxiety. *Child Health Care*. 1993;22(3):217-226.
3. Chan CS, Molassiotus A. The effects of an educational programme on the anxiety and satisfaction level of parents having parent present induction and visitation in the postanesthesia care unit. *Paediatr Anesth*. 2002;12:131-139.
4. Damboise C, et al. Family centered critical care: How one unit implemented a plan. *Am J Nurs*. 2003;103(6):56aa-56ee.
5. Davidson JE, Powers K, et al. Clinical practice guidelines for support of the family in the patient centered intensive care unit: American College of Critical Care Task Force 2004-2005. *Crit Care Med*. 2007;35(2):605-22.
6. Fina DK, Lopas LJ, Staghorne JH, Santucci PR. Parent participation in the post anesthesia care unit: fourteen years of progress at one hospital. *J PeriAnesth Nurs*. 1997;12(3):152-162.
7. Hupcey JE. Looking out for the patient and ourselves- the process of family integration into the ICU. *J Clin Nurs*. 1999;8:253-262.
8. Jackson LB, Marcell J, Benedict S. Nurses' attitudes toward parental visitation on the postanesthesia care unit. *J PeriAnesth Nurs*. 1997;12(1):2-6.
9. Meyers TA, Eichorn DJ, Guzzetta CE, Clark AP, Klein JD, Taliaferro E, Calvin A. Family presence during invasive procedures and resuscitations: the experience of family members, nurses and physicians. *Am J Nurs*. 2000;100(2):32-43.
10. Roland P, Russell J, et al. Visitation in critical care: processes and outcomes of a performance improvement initiative. *J Nurs Care Qual*. 2001;15(2):18-26.
11. Smykowski L, Rodriguez W. The post anesthesia care unit experience. *J Nurs Care Qual*. 2003;(18)1:5-15.
12. Tuller S, McCabe L, Cronenwett L, Hastings D, Shaheen A, Daley-Faulkner C, Wheeler K. Patient, visitor, and nurse evaluations of visitation for adult postanesthesia care unit patients. *J PeriAnesth Nurs*. 1997;12(6):402-412.

