

Mass Casualty Incident Response: Flexing PACU Muscles

Team Leader: Elizabeth Resweber MPH BSN CPAN
Children's Hospital of Philadelphia, Philadelphia, Pennsylvania
Team Members: Alya Nadji MPH(c), Aviva Mandel

Background Information: Mass Casualty Incidents (MCIs) have greatly impacted hospitals across the United States. These unplanned traumatic events place extraordinary demands on hospital systems. Frequently, casualties from MCI events arrive unannounced via EMS and personal vehicles. Even ten traumatically injured patients would overwhelm a level-one trauma center. Each casualty could require a health care team of up to 10 professionals with skillsets including critical care, trauma, radiology, laboratory and social work. Collaborative communication across all services is essential in providing care in a Mass Casualty environment.

Objectives of Project: Identify opportunities for the PACU to support a MCI response in Philadelphia. Increasing situational awareness among PACU staff by developing and rehearsing the PACU response to a MCI in collaboration with the entire enterprise.

Process of Implementation: Our Emergency Preparedness Department has led the development of "mass casualty response plans" for departments throughout the institution. The close proximity of the PACU provides readily available access to the OR, anesthesia and surgical staff and is an ideal location to cohort patients requiring surgical intervention. PACU staff are ACLS/PALS certified, however, the staff do not routinely care for hemodynamically unstable trauma patients. To reinforce these skillsets, we have implemented monthly simulations focused on hypovolemia and shock. The PACU participates in regular hospital-wide emergency preparedness drills, including a full-scale table top exercise utilizing the Command Center and all available resources.

Statement of Successful Practice: The PACU has conducted 14 trauma simulations with 92 total attendees since July of 2017. These simulations have strengthened PACU nurses' trauma assessments and resuscitation skills. Additional learner engagement includes interdisciplinary Emergency Preparedness drills to identify learning opportunities. These simulations have elicited improved confidence around MCI preparedness in the PACU.

Implications for Advancing the Practice of Perianesthesia Nursing: The PACU has the capacity and resources to act as a staging area for the operating room to support a MCI. Continued staff education and MCI drills empower nursing staff to feel confident and prepared to support many casualties of varying acuity levels. Therefore, the PACU is a viable option to support capacity management by providing ICU-level care for traumatically injured patients, and promoting forward flow out of the Emergency Department.