



ASPAN

American Society of PeriAnesthesia Nurses

Clinical Practice: Frequently Asked Question

Q: Can a PACU nurse extubate a patient? Must an anesthesia provider be present?

A: The answer to the first question is yes, depending on several things. First of all, are there any restrictions in the state nurse practice act, state board of nursing and/or professional registration requirements as well as state laws that prohibit the perianesthesia nurse from extubating patients? Second, do you have a policy in your department that states whether you can extubate patients in the PACU? And third, do you have an extubation competency in place that all PACU nurses must complete before they can extubate a patient?

These three items must all be present before you can consider whether or not the Phase I PACU RN can extubate a patient. Most states are fairly vague when it comes to specific skills. Many state boards of nursing have statements in them saying that the nurse must be “deemed competent” in a skill to perform it independently. With this criteria met, the next step is to work with your anesthesia department to develop a policy. Extubation policies can be very simple and straight forward, stating that a Phase I PACU nurse may extubate a patient once they have been checked off on a unit competency. Other extubation policies actually include the policy along with the procedure, step by step. And the third piece is to have a competency in place for ensuring that Phase I PACU nurses know how to extubate a patient correctly and safely. There are several resources available to assist in developing a competency for extubation. In addition to the extubation criteria and skills, the competency should include post extubation assessment skills, including monitoring for complications such as hypoventilation, respiratory stridor, and laryngeal edema.^{1,2,3}

The answer to the second question, “must an anesthesia provider be present?” also lies in your policy. The policy should include criteria describing when an anesthesia provider needs to be present. In many facilities, it is not mandatory for an anesthesia provider to be physically present in the PACU when a patient is extubated, provided that the criteria for extubation are strict and the nurses adhere to these criteria. However, in all situations, there must be someone who can re-intubate the patient if complications arise after extubation. In dire situations, the nurse can “ambu” (bag/valve/mask) the patient until an anesthesia provider is available. In some states and territories the perianesthesia nurse with proper education and training, can insert a laryngeal mask airway to protect the airway until help arrives.

References:

1. American Society of PeriAnesthesia Nurses. *A Competency Based Orientation Program for the Registered Nurse in the Perianesthesia Setting*. Cherry Hill, NJ: American Society of PeriAnesthesia Nurses; 2019.
2. Wright SM. Assessment and Management of the Airway. In: Odom-Forren J, ed. *Drain's Perianesthesia Nursing: A Critical Care Approach*. 7th ed. St. Louis, MO: Saunders; 2017: 417.
3. Schick L, Windle PE, eds. *PeriAnesthesia Nursing Core Curriculum: Preprocedure, Phase I and Phase II PACU Nursing*. 3rd ed. St. Louis, MO: Saunders; 2016.

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