



# ASPAN

American Society of PeriAnesthesia Nurses

## Clinical Practice: Frequently Asked Question

### Q: Can we put Preop patients in the same area that we have patients recovering from anesthesia?

**A:** This question is frequently submitted to the ASPAN Clinical Practice network. Many nurses asking this work in facilities where the staff members of preop and PACU may be one and the same. The question also arises as facilities are trying to make the most of the available staff later in the day.

“Standard II- Environment of Care,” in ASPAN’s *2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* states that “Preanesthesia patients are separated from patients undergoing procedures and/or recovering from anesthesia/sedation.”<sup>1</sup>

In addition, this requirement for separation comes from the Centers for Medicare and Medicaid Services (CMS). “The conditions for coverage at 42 CFR 416.44(a)(2) state that an “ASC must have a separate waiting area; a distinct area set aside for patients and families, outside of the areas used to prepare patients for their procedures, perform procedures, or recover from procedures.”<sup>2</sup> 42 CFR 416.2 defines an ASC as “a distinct entity that operates exclusively for the provision of surgical services. An ASC may not share space with another entity when the ASC is open.”<sup>3</sup> We consider a “recovery room” to be an area where patients are brought to recover from procedures and are not yet discharged. Medicare regulations do not address specific requirements for a preop area.

The implementation of this requirement can take several different forms. The most common scenario involves a setting where the number of staff is decreasing for the day and it is desirable to combine resources. In this case, preoperative patients may be in the same physical space as patients recovering from anesthesia or sedation. But they should be cohorted and separated as far away as physically possible from postanesthesia patients. Curtains should be used for privacy for the patient and family, and the level of noise should be kept down in the postanesthesia section of the room, so that patients waiting for their procedures do not hear activity related to patients waking up. It is also desirable to have separate staff, that is, a preop nurse is not also caring for a postanesthesia patient. These methods allow the facility to meet the standard while making practical use of resources and providing the appropriate environment for the patient.

#### References:

1. American Society of PeriAnesthesia Nurses. *2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN; 2018.
2. Department of Health & Human Services. Ambulatory Surgical Center (ASC) Waiting Area Separation Requirements. Available at: [https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter10\\_20.pdf](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter10_20.pdf). Accessed July 24, 2019.
3. Department of Health & Human Services, State Operations Manual. Available at: [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_1\\_ambulatory.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_1_ambulatory.pdf). July 24, 2019.

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