



# ASPAN

American Society of PeriAnesthesia Nurses

## Clinical Practice: Frequently Asked Question

**Q: Is there an acuity system that ASPAN recommends to help in daily staffing?**

**A:** ASPAN does not at this time have an acuity system, nor do they endorse any particular acuity system. This question is one of the topics posted on the ASPAN Forum. For anyone looking for a more formal system, it may be possible to obtain a form from someone by visiting the ASPAN Forum and posting a request.

The ASPAN Standards define factors that should be considered when determining the acuity of a patient. Acuity is defined as the “the measurement of the intensity of nursing care required by a patient.”<sup>1</sup> In the nursing world, acuity is the complexity, time requirements, and interventions needed for a particular patient.

In the ASPAN 2019-2020 *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*, the Standards include acuity elements when discussing staffing ratios. These can be found in “Practice Recommendation 1, Patient Classification/Staffing Recommendations.”<sup>2</sup>

In the preanesthesia area, acuity is difficult to define as these departments function in so many different ways. Some preanesthesia patients may require extensive day of surgery preparation, especially if they are not prepared through preadmission testing or a preoperative phone call. The nursing roles focus on preparing the patient/family/significant other for his or her experience throughout the perianesthesia continuum. Staffing is dependent on patient volume, patient health status and educational/literacy needs, discharge planning needs and required support for preanesthesia/preprocedure interventions.<sup>2</sup> If patients are not prepared prior to the day of surgery, their “acuity” could be considered more intense. A patient with significant co-morbidities may have a higher preop acuity. Patients may need assistance changing clothes or ambulating to the bathroom. The patient may require multiple interventions in addition to obtaining the history, such as lab work, ECGs, a preoperative block, or an epidural placed prior to surgery. All of these interventions may increase the acuity.<sup>2</sup>

For the postanesthesia patient, the ASPAN Standards include elements of acuity in the staffing ratios. The general ratio of 1 nurse to 2 patients in Phase I allows for appropriate care based on the complexity and requirements of a particular patient. Acuity in a postanesthesia patient often revolves around the stability of an airway and the level of consciousness. Critical elements must be met for a patient to be considered stable and less acute. The ASPAN Standards define “critical elements” as “report has been received from the anesthesia care provider, questions answered, and the transfer of care has taken place; patient has a stable/secure airway; initial assessment is complete; patient is hemodynamically stable, and patient is free from agitation, restlessness, combative behaviors”<sup>2</sup> The Standards further define an unstable airway as “requiring active interventions to maintain patency such as manual jaw lift or chin lift or an oral airway; evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing, etc.; and symptoms of respiratory distress including dyspnea, tachypnea, panic, agitation, cyanosis, etc.”<sup>2</sup>

Other elements that should be considered in determining acuity of a patient are pain management requirements, interventions for hemodynamic stability, PONV, restlessness, anxiety, and other interventions specific to the patient’s procedure.

It is difficult to determine a patient’s acuity prior to his arrival to the preanesthesia area or the PACU. We all know that a simple case can come out of the OR as a train wreck or develop problems sometime after arriving in the PACU. Consequently, it is difficult to define acuity or use a specific acuity system in the pre-

or-post anesthesia period with any predictability. ASPAN is presently involved in a study to help define acuity for perianesthesia practices.

**References:**

1. The Sentinel Watch. What is an acuity-based staffing system? 2014. Available at: <https://www.americansentinel.edu/blog/2014/02/05/using-patient-acuity-to-determine-nurse-staffing/>. Accessed July 24, 2019.
2. American Society of PeriAnesthesia Nurses. *2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN; 2018.

*This FAQ has been reviewed and updated July 2019*