



ASPAN

American Society of PeriAnesthesia Nurses

Clinical Practice: Frequently Asked Question

Q: Should PACU or ICU recover ICU patients on ventilators?

A: The topic of recovering the ICU patient comes up frequently in questions submitted to the Clinical Practice Committee. Ventilated patients feature prominently in the debate about where to recover these patients.

ASPAN has no Standard specifically addressing where ICU patients should be recovered. The debate rages on as to which nursing specialty is better suited to provide immediate postop care to this patient population. PACU nurses care for myriad populations, from the ASA I patient to the critically ill patient who likely will not survive the day. The ASPAN Standards are applicable to all of these patients.

The ASPAN *2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* include *Practice Recommendation (#8)* that addresses bypassing Phase I PACU and taking patients directly to Phase II recovery (p. 70-71). There is no parallel practice recommendation describing criteria for bypassing Phase I PACU with critical care patients who may require mechanical ventilation or other advanced monitoring. In some facilities ventilated patients go directly to ICU from the OR. In others, Phase I PACU nurses recover ventilated patients on a regular basis. In still other facilities, some ventilated patients go to the PACU for care and observation until they meet criteria for extubation while others who will not be extubated within a short time go directly to ICU. Who decides? Is the decision based on space available or is it resource oriented?

When determining what will work in your facility, another resource that might provide guidance is Position Statement 3, "A Joint Position Statement on Overflow Patients" developed by ASPAN, AACN, ASA's Anesthesia Care Team Committee and Committee on Critical Care Medicine and Trauma Medicine.

The important issues to keep in mind are: 1. The same standard of care must be met for the patient recovering from anesthesia, regardless of where that process occurs. 2. Patient safety issues must always be at the forefront when considering the best location for the patient's recovery.

That being said, there are times when ventilated post-operative patients become the focus of "turf wars." Many organizations have established policies to help guide and direct care givers in making appropriate decisions for patient placement in these situations. Input from the Anesthesia Provider, Phase I PACU charge nurse, and ICU charge nurse can be valuable in determining where care can best be provided. PACU nurses generally contend that the patient will not be "recovered" if he is to remain intubated, while ICU nurses' argue staffing issues: one-to-one care for a specified length of time (ICU nurses may not be as well versed on anesthetic agents and recovery). Finally, anesthesia providers need to weigh in on the issue. Anesthesiologists often feel more comfortable when Phase I PACU nurses are directly involved in providing the initial postanesthesia care for all their patients, including those who will ultimately transfer to ICU.

Summary: Developing a written policy to address the recovery of ICU patients helps resolve the criteria for transferring critical patients from OR to ICU and/or PACU. An existing policy promotes open communication and helps guide caregivers in determining the safest and best patient placement.

References:

- American Society of PeriAnesthesia Nurses. A position statement on overflow patients. *2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN; 2018.

- American Society of PeriAnesthesia Nurses. Practice recommendation 8: Fast tracking/bypassing Phase I. *2017-2018 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN; 2018.

This FAQ was reviewed and updated July 2019