



A Position Statement on Minimum Staffing

The American Society of PeriAnesthesia Nurses (ASPAN) has established a standard and further defined practice recommendations for minimum staffing requirements.¹

ASPAN's foremost concern is to promote a safe environment in which the perianesthesia nurse can deliver quality care to the patient at all time.

Background

In 1987, the ASPAN Board of Directors developed minimum staffing guidelines for the patient recovering from anesthesia. The ASPAN Board of Directors has been united in their commitment to maintain these guidelines for patient and nurse safety, despite the many changes in healthcare.

Laidlaw et al v. Lions Gate Hospital et al, 1969, is a landmark case that refers to the Phase I PACU as “the most important room in the hospital”, because it “poses the greatest potential dangers to the patient” so that there should be no relaxing of vigilance and there should be constant and total care provided by the nurse.²

Currently, The Joint Commission (TJC) maintains that timely recognition of the patient who experiences compromised protective mechanisms requires the direct care of qualified personnel.³

This position statement has been drafted after examining evidence from collaborative professional medical and nursing organizations, literature reviews, malpractice verdict registries, regulatory agencies, expert opinion, and actual clinical practice reportable incidents.

Position

It is, therefore, the position of ASPAN that two registered nurses, one competent in Phase I postanesthesia nursing, will be in the same unit where the patient is receiving Phase I level of care at all times.

It is, therefore, the position of ASPAN that two competent personnel, one of whom is a registered nurse competent in Phase II postanesthesia nursing, are in the same unit where the patient is receiving Phase II level of care. A registered nurse must be in the Phase II PACU at all times while a patient is present.

It is, therefore, the position of ASPAN that two competent personnel, one of whom is a registered nurse possessing competence appropriate to the patient population, are in the same room/unit where the patient is receiving Extended Care level of care. The need for additional registered nurses and support staff is dependent on the patient acuity, patient census and the physical facility.

Expected Outcomes

Perianesthesia nurses need to familiarize themselves with this position statement, the standards, and practice recommendations and inform and educate nursing peers, nurse managers, hospital administrators, and physicians.

Management needs to develop a multidisciplinary, collaborative plan to meet this standard for the patient recovering from anesthesia.

ASPAN, as the voice of perianesthesia nursing practice, must externalize this information by sharing this position statement with regulatory agencies and professional organizations that interface with units providing perianesthesia care.

Approval of Statement

This statement was recommended by a vote of the ASPAN Board of Directors on January 10, 1998 in San Juan, Puerto Rico and approved by a vote of the ASPAN Representative Assembly on April 21, 1998 in Philadelphia, Pennsylvania.

This position statement was reviewed and updated at the October 2009 meeting of the Standards and Guidelines Committee in Batesville, Indiana.

REFERENCES

1. American Society of Perianesthesia Nurses. *2008-2010 Standards of Perianesthesia Nursing Practice*. Cherry Hill, NJ: ASPAN; 2008.
2. *Laidlaw v. Lions Gate Hospital* (1969), 70 WWR 727 (BC SC).
3. The Joint Commission Resources. *Comprehensive Accreditation Manual for Hospitals (CAMH): The Official Handbook*. Overbrook, IL; 2009.

