Clinical Practice in the Perianesthesia Setting

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Clinical Practice

What is clinical practice?

Scope of Perianesthesia Nursing Practice

• Includes all phases of Perianesthesia practice
• Includes any environment where anesthesia is provided
• All ages, all phases

Clinical Practice

PreAnesthesia Testing

- Patient education
- Assessment
- Surgical preparation
- All your ducks in a row

Clinical Practice

Post Anesthesia Care Unit

- Phase 1
  - Immediately after anesthesia
  - Until criteria is met
  - Pain, nausea, hemodynamic, and respiratory stability

Clinical Practice

- Post Anesthesia Care Unit
  - Phase 2
    - Until criteria is met then discharge
    - To another level of care
    - Home
    - Pain, nausea, hemodynamic, and respiratory stability


Clinical Practice

- Post Anesthesia Care Unit
  - Extended Care
    - Waiting for bed
    - Discharge to home
      - Waiting for an element to be met


Clinical Practice Director

- Responsibilities
  - Communicate with CPC
  - Review FAQ’s
  - Liaison to the board
  - Reporting structure/duties

Clinical Practice Committee

- Volunteer members
- Must work in the PeriAnesthesia setting
- Arranged into team
- Answer questions submitted through the website
- Update the FAQ’s
- Manage the ASPAN forum
- Other items
  - Editing
  - Practice guidelines
  - CBO

Submitting Questions

Submit a Clinical Practice Question

Submit a Clinical Practice Question

1 "All questions are reviewed by an expert."

Date

Name

Submit
FAQs

Frequently Asked Questions
Welcome to the ANA’s Clinical Practice Committee “FAQ” page.
For answers to some of the most frequently asked clinical questions receive by ANA’s. These questions will be updated periodically as practice changes.
If you have questions for our experts, please feel free to submit them by adding a comment or question on our page or via email.

1. What is the most common question or issue you hear from nurses?
2. If you could only change one thing about your current practice, what would it be?
3. How do you handle patient education?
4. What are the key components of a successful quality improvement project?
5. What are some common challenges nurses face when implementing evidence-based practices?

Questions

Questions by State

Questions to ask Yourself

► Is this the best thing for the patient?
► Why
► Is this normal for the patient?
► How do I articulate the why of my reason?

Should one PACU nurse be recovering both a Ph 1 pt & a Ph 2 pt at the same time, i.e., fresh OR pt w/oral airway & then be brought a MAC pt to recover /discharge?
Answer

- Blended PACU units
- PR 1
  - Class 1:1
    - “airway and/or hemodynamic instability”
    - “requiring active interventions to maintain patency such as manual jaw lift or chin lift or an oral airway”
- Phase 1 is a level of care, not a physical location


Is it appropriate for OR circulator nurses to do PACU 1 recovery as long as there is a PACU nurse present?

Answer

- PR 1
  - “Two registered nurses, one of whom is competent in Phase I postanesthesia nursing, are in the same room/unit where the patient is receiving Phase I care”
  - Intent is to have a nurse readily available to help as needed


What is the nurse to pt ratio goal for preop holding?

Answer

- PR 1
  - Due to various complexities no defined minimum staffing
  - Base staffing on patient volumes, acuity, and complexity


What is the nurse to pt ratio for pediatrics pts in the PACU?
What is ASPAN’s position on cohorting preop & postop pts in PACU?

Answer

- PR 1
  - Conscious, stable, under 8 with family at bedside 1:2
  - Unconscious patient under 8 is 1:1


Does ASPAN have resources regarding preadmission testing visit for the pt & the standards a nurse should follow for the visit before the day of surgery? For in person visits, I am wondering about the full scope of the assessment?

Answer

- PR 1 describes phases of care
- Position Statement 3 discusses patient flow/throughput
  - Patients should receive appropriate levels of care
  - No longer recommends keeping patient separate
  - Use clinical judgement


What is the ASPAN recommendation on how long should a patient stay in PACU?

Answer

- PR 2
  - Element include:
    - health history
    - “appropriate physical assessment”
    - patient preferences
    - Psychosocial-family status
    - Discharge planning
    - Preoperative patient teaching
    - Development and communication of a plan of care
    - Documentation per policy

Answer

- **PR 2**
  - "discharge criteria should be developed in consultation with the anesthesia department..."
  - criteria, criteria, criteria (no mention of time)
  - May have time parameters with specific meds
    - Pain
    - Reversal agents


What is the position statement regarding family visitation in PACU?

Answer

- **PR 9**: Family Presence in the Perianesthesia Setting
  - Discuss in pre-op who can come in
  - Explain the parameters of visitation
  - Should be allowed whenever possible
  - Ask yourself: do we not allow it because I'm uncomfortable with it?


How long should a pt be monitored in the PACU after administration of Narcan?

"However, as the half-life of naloxone after IV administration is approximately 1 h and the duration of effect is 45–180 min, there is a risk of recurrence of respiratory depression or inadequate response following reversal with naloxone when treating the effects of long-acting, high-dose or potent synthetic opioids"²

doi:10.1177/2042098617744161

Is a pre-admit testing nurse allowed to instruct a surgical pt on what medications to hold or take prior to a surgery without a direct protocol from providers, based on guidelines only or requests from individual providers? Is this considered prescribing or changing a pt's prescription instructions?
Answer

- Not specifically addresses in the standards
- Should be addressed in hospital policy
  - Some are by guidelines
  - Some by primary team

Answer

- All medications on this list may be overridden by the advanced practice professional per patient condition
- PAT Nurses will inquire if the patient has had any changes in their medications since their last visit to Moffitt.
- Follow all guidelines for medication classes regardless of the reason patients take the medication
- All patients with paranglioma or pheochromocytoma should continue hypertensive medications as ordered.
- Medications to instruct patients to take-day of surgery:
  - Beta Blockers
  - GERD meds
  - Anti-seizure meds
  - Anxiety meds
  - Pain meds
  - Vitals or sedation treatments

Answer

What is your recommendation to set alarm limits & what is correct practice?

Answer

Can you please clarify the frequency that an Aldrete score should be charted during a recovery: is it Q 5 min or q 15 min?
Is it still considered standard of care to have a documented rhythm strip prior to surgery?

Answer

- Dependent on hospital policy
- Some EMRs save strips directly to the record
- Some pre-op areas don’t have the ability to capture EKG strips

What are ASPAN’s recommendations for frequency of documenting a full assessment in Ph 1 & Ph 2 of recovery?

What is the ASPAN standard frequency for wound assessment & documentation during stay in PACU? Every 15 min or beginning & end of care?

Answer

- PR 2: Components of Assessment and Management for the PeriAnesthesia Patient
  - Minimum on admission and discharge
  - Can be a focused assessment


What is the standard of transporting non-critical/ stable pts to the floor without a RN accompanying them?
Answer

► PR 6: Safe Transfer of Care: Handoff and Transportation
► "The perianesthesia registered nurse determines the mode, number, and competency level of accompanying personnel based on patient needs."


Can a pt be discharged home from the Ph 1 PACU by a PACU nurse?

Answer

► Phase I is a state of being, not a physical location
► Does the patient meet discharge criteria?

What are the requirements for vital sign assessment frequency on a postop pt when no anesthesia or moderate sedation was used?

Answer

► Why is the patient in the PACU?
  ► Hemodynamics?
  ► Unstable
  ► Other areas full
  ► Follow surgeon’s criteria

Is IV access required for a pt going into the OR who will only be receiving local anesthesia?
Answer

- Is the OR an appropriate location
- Ask why
  - Why do you want an IV
  - Should the patient be local? Is it appropriate?
- Did anesthesia refuse the case?

Is it necessary to keep a time in/time out of department log for Ph 1 and/or Ph 2?

Answer

- Why are you keeping a log?
- Is there another way to obtain information?

Preop nurses are pulling antibiotics & antinausea medications & giving the medication to the CRNA. The preop nurses are not scanning or administering the medication. Is this allowed?

Answer

- Safe medication handling
- CMS regulations, other regulatory bodies
- Hospital policy
- Whoever pulls the medication gives the medication
- Meds should not be pulled unless they are being given at that time

Conclusions

- Use your clinical judgement
- Use your resources
- Submit practice questions
  - Gives us a place to start with developing new items
  - Identifies needed education
References