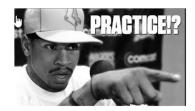
Clinical Practice in the Perianesthesia Setting

Melissa Davidson MSN, RN, CPAN ASPAN Clinical Practice Director



Clinical Practice

What is clinical practice?

Scope of Perianesthesia Nursing Practice

- Includes all phases of Perianesthesia practice¹
- Includes any environment where anesthesia is provided¹
- All ages, all phases

¹ASPAN. (2020). 2021-2022 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Cherry Hill, NJ: ASPAN. Clinical Practice

PreAnesthesia Testing

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

¹ASPAN. (2020). 2021-2022 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Cherry Hill, NJ: ASPAN

Clinical Practice

▶ Pre-op

3

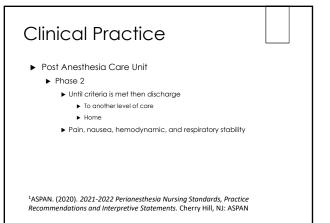
- ▶ Day of surgery preparation
- ▶ Testing
- ▶ Assessment
- ► Education
- ▶ Medication
- ▶ Procedures

¹ASPAN. (2020). 2021-2022 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Cherry Hill, NJ: ASPAN

Clinical Practice

- ▶ Post Anesthesia Care Unit
 - ▶Phase 1
 - ▶Immediately after anesthesia
 - ▶Until criteria is met
 - ▶Pain, nausea, hemodynamic, and respiratory stability

¹ASPAN. (2020). 2021-2022 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Cherry Hill, NJ: ASPAN



Clinical Practice

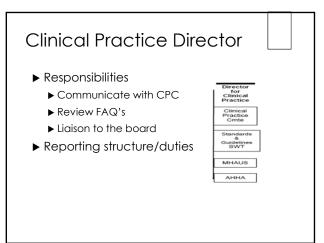
▶ Post Anesthesia Care Unit
▶ Extended Care

▶ Waiting for bed
▶ Discharge to home
▶ Waiting for an element to be met

¹ASPAN. (2020). 2021-2022 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Cherry Hill, NJ: ASPAN

7

9

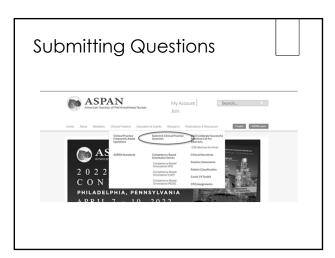


Clinical Practice Committee

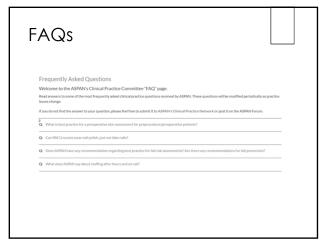
- ▶ Volunteer members
- ▶ Must work in the Perianesthesia setting
- ► Arranged into team
- ▶ Answer questions submitted through the website
- ► Update the FAQs
- ► Manage the ASPAN forum
- ▶ Other items
 - ▶ Editing
 - ► Practice guidelines
 - ▶ CBO

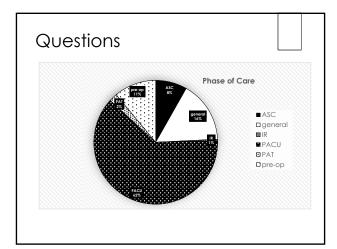
10

8

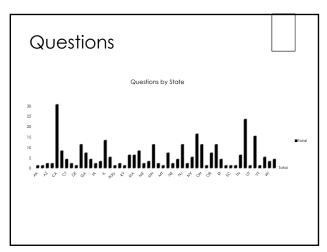


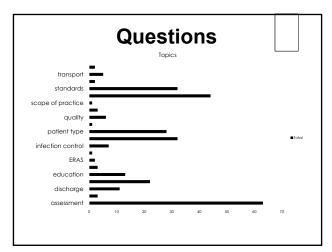






13 14





15 16

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 Is it appropriate for OR circulator ► Class 1:1 nurses to do PACU 1 recovery as ▶ "airway and/or hemodynamic instability" long as there is a PACU nurse ▶ "requiring active interventions to maintain patency such as manual jaw lift or chin lift or an oral airway" present? ▶ Phase 1 is a level of care, not a physical location ASPAN. (2020). 2021-2022 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Cherry Hill, NJ: ASPAN 20 19 Answer ▶ PR 1 ▶ "Two registered nurses, one of whom is What is the nurse to pt ratio goal competent in Phase I postanesthesia nursing, are in the same room/unit where for preop holding? the patient is receiving Phase I care" ▶ Intent is to have a nurse readily available to help as needed ASPAN. (2020). 2021-2022 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Cherry Hill, NJ: ASPAN 21 22 Answer ▶ PR 1 What is the nurse to pt ratio for ▶ Due to various complexities no defined peds pts in the PACU? minimum staffing \blacktriangleright Base staffing on patient volumes,

23 24

acuity, and complexity

ASPAN. (2020). 2021-2022 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Cherry Hill, NJ: ASPAN

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

ASPAN. (2020). 2021-2022 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Cherry Hill, NJ: ASPAN

What is ASPAN's position on cohorting preop & postop pts in PACU?

26

25

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

ASPAN. (2020). 2021-2022 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Cherry Hill, NJ: ASPAN 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

27 28

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

ASPAN. (2020). 2021-2022 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Cherry Hill, NJ: ASPAN What is the ASPAN recommendation on how long should a patient stay in PACU

- ▶ PR2
 - ▶ "discharge criteria should be developed in consultation with the anesthesia department..."
 - criteria, criteria (no mention of time)
 - ► May have time parameters with specific meds
 - ► Pair
 - ▶ Reversal agents

ASPAN. (2020). 2021-2022 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Cherry Hill, NJ: ASPAN

What is the position statement regarding family visitation in PACU?

31 32

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?

ASPAN. (2020). 2021-2022 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Cherry Hill, NJ: ASPAN How long should a pt be monitored in the PACU after administration of Narcan?

33

Answer

"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

² Lynn, R. & Galinkin, JL. (2018) Naloxone dosage for opioid reversal: current evidence and clinical implications. *Therapeutic* Advances in Drug Safety 9(1): 63-88 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?

39

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

Answer

^IAll 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 paraganglioma or pheochromocytoma should continue hypertensive medications as ordered.

Medications to instruct patients to take day of surgery:

- GERD meds
- Anti-seizure meds · Anxiety meds

- Inhalers or nebulizer treatments

37

38

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

Answer

2021 Hospital **National Patient Safety Goals**

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problem in health care safety and how to solve them.

NPSG.06.01.01

The Joint Commission (2021) Hospital national patient safety goals chromeextension://oemmndcbldboiebfnladdacbdfmadadm/https://www.jointcommi ssion.org/-/media/tjc/documents/standards/national-patient-safetygoals/2021/simplified-2021-hap-npsg-goals-final-11420.pdf accessed on

40

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?

Answer

- ▶ Remember- not time based but criteria based
- Minimum of a score on admission and discharge
- ► ASPAN doesn't recommend one system over another

ASPAN. (2020). 2021-2022 Perianesthesia Nursina Standards. Practice Recommendations and Interpretive Statements. Cherry Hill, NJ: ASPAN

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

43 44

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?

45 46

Answer

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

ASPAN. (2020). 2021-2022 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Cherry Hill, NJ: ASPAN 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 Can a pt be discharged home ▶ "The perianesthesia registered nurse from the Ph 1 PACU by a PACU determines the mode, number, and nurse? competency lever of accompanying personnel based on patient needs" ASPAN. (2020). 2021-2022 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Cherry Hill, NJ: ASPAN 49 50 Answer What are the requirements for ▶ Phase I is a state of being, not a physical vital sign assessment frequency location ▶ Does the patient meet discharge on a postop pt when no criteria???? anesthesia or moderate sedation was used? 52 51 Answer

Is IV access required for a pt

going into the OR who will only

be receiving local anesthesia?

53 54

▶ Why is the patient in the PACU?

► Hemodynamics?

▶ Other areas full

▶ Follow surgeon's criteria

▶ Unstable

- ▶ 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?

55 56

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?

57 58

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

- ► ASPAN. (2020). 2021-2022 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Cherry Hill, NJ: ASPAN
- ► Lynn, R. & Galinkin, JL. (2018) Naloxone dosage for opioid reversal: current evidence and clinical implications. Therapeutic Advances in Drug Safety 9(1): 63-88 doi:10.1177/2042098617744161
- ► The Joint Commission (2021) Hospital national patient safety goals

extension://oemmndcbldboiebfnladdacbdfmadadm/https://www.join tcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2021/simplified-2021-hap-npsg-goals-final-11420.pdf accessed on 3/1/21