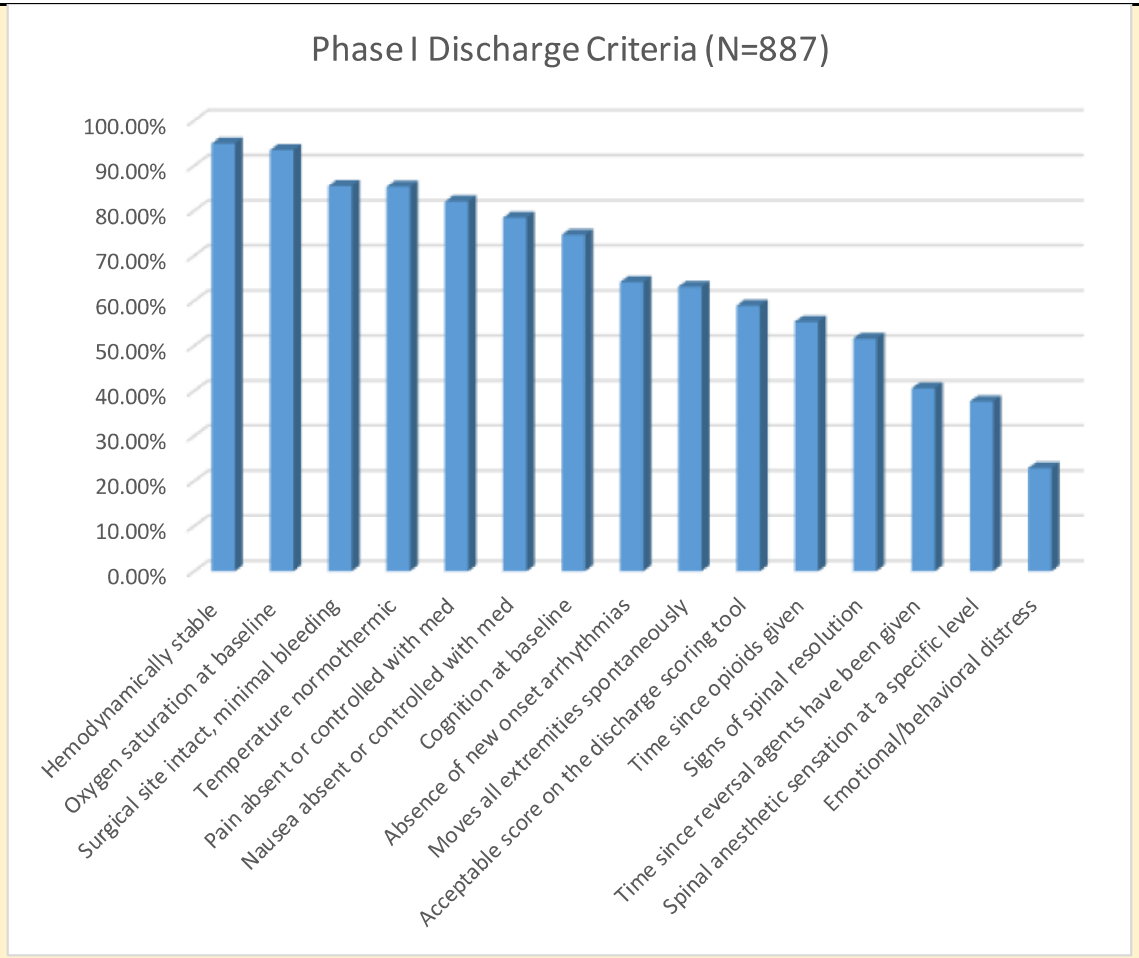
Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements	
2025-2026	
S&G Crosswalk	
Throughout	✓ References updated when applicable ✓ Created glossary removed definitions from sidebars ✓ Consistency in formating : **Principles** • Introduction • Interpretation • Conclusion **Standards** • Standard • Rationale • Outcome • Criteria **Practice Recommendation** • Introduction • Background • Purpose • Recommendations **Position Statements** • Introduction • Background • Position
ASPAN Core Ideology	No change, comes from ASPAN Board of Directors
Introduction	Incorporated the ASPAN Perianesthesia Professional Nursing Practice Model (PPM) along with logo and recognition that patients and families are our priority. Describe the Standards revision process and close collaboration with Clinical Inquiry SWT and Clinical Practice Committee. Reiterated woven throughout the Standards are our foundational tenets of justice, equity, inclusion, diversity, and belonging. Introduction of the Glossary of Terms.

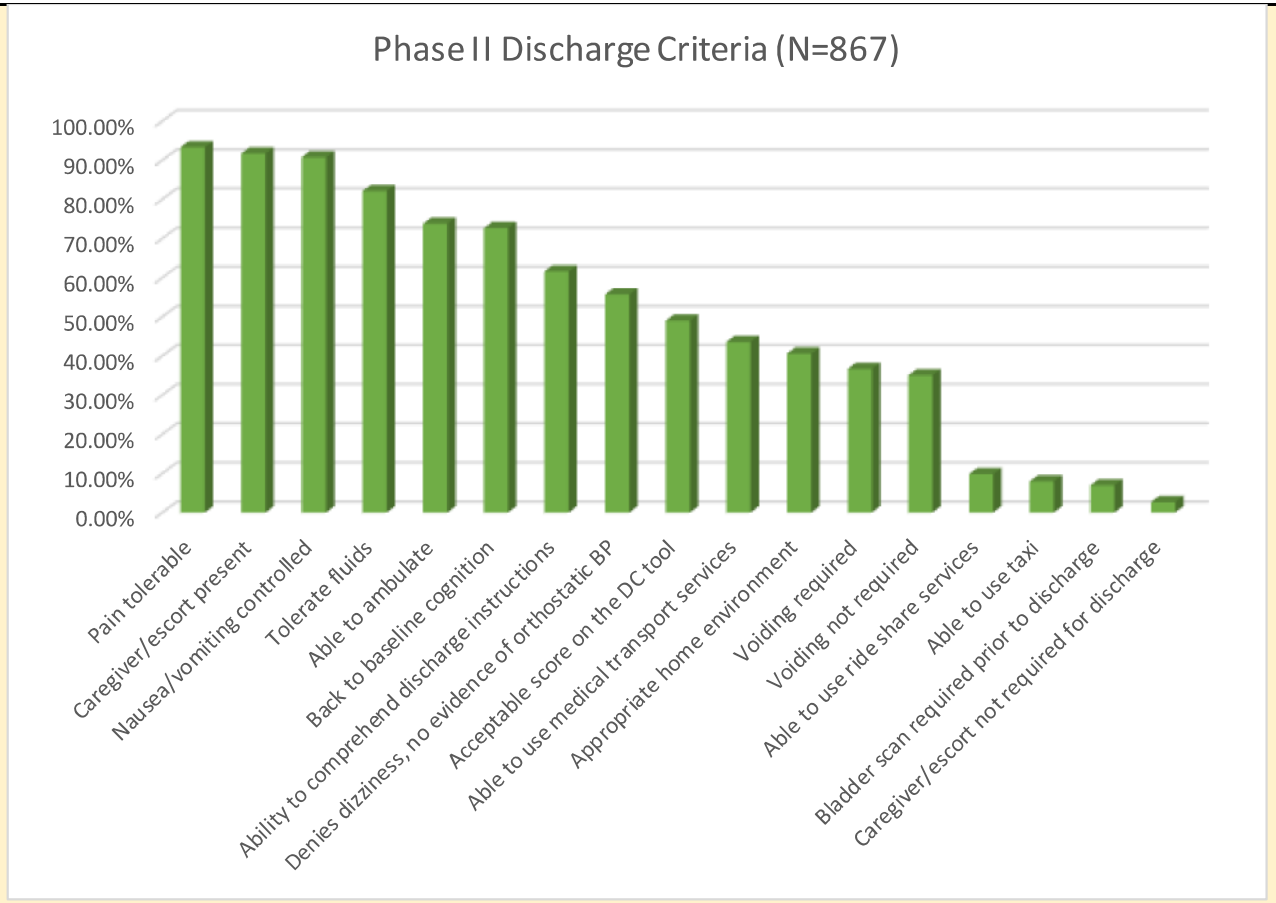
Part One - Scope of Perianesthesia Nursing Practice	Called out ASPAN's support of liaison societies and organizations. Added assessment of Social Determinants of Health (SDoH) in the preanesthesia phase. Enhanced definition of Phase I to include perianesthesia "critical" care nursing and "patients emerging from general anesthesia." Further added "airway management, hemodynamic instability, cardiac rhythm changes" to life sustaining needs of the patient. Enhanced definition of Phase II to include "preparing patients for discharge home, awaiting a medical/surgical bed" along with preparing for extended recovery. Also added examples for Phase II care, e.g., "patient management may include oral pain medications, or treatment of nausea." Further added "Patients receiving moderate sedation, monitored anesthesia care, or straight local procedures may go directly to Phase II." Added examples for extended recovery to include "patients needing to void, awaiting a ride home, or requiring additional observation of the surgical site(s) (e.g., tonsils)."
Part Two - Principles of Perianesthesia Practice	
I. Perianesthesia Principles for Ethical Practice	Incorporated the ASPAN Perianesthesia Nursing Professional Practice Model (PPM) Added International Council of Nurses Code of Ethics as endorsed by ASPAN.
II. Principles of Safe Perianesthesia Practice	Added language from WHO surrounding patient safety and growing public health challenges. Definition from WHO on patient safety. Importance of nurse staffing/skill mix on patient safety. Development of transition to practice programs for newly licensed nurses.
III. Perianesthesia Principles for Nursing Practice	Updated references.
Part Three - Standards of Perianesthesia Nursing Practice	
I. Patient Rights and Responsibilities	Added language around patient empowerment and patient engagement. Patient responsibility for assisting with maintaining a safe environment for the healthcare team, patients, and families.

	Outcome measure to include patient's participating in their care decisions as a quality measure.
II. Family-Centered Care	Name changed to: ***Family Presence During Perianesthesia Care*** Merged Family Presence in the Perianesthesia Setting Practice Recommendation into the Standard. Consideration of care needs in each Phase of Care were blended into the Standard; Preoperative, Parental Presence during Induction, and Postoperative. Visitation recommendations and evidence to support merged from Family Presence Recommendation.
III. Environment of Care (EOC)	Incorporated Position Statement on Air Quality and Occupational Hazards. Incorporated Position Statement on Emergency Preparedness. Included in Updated EOC: • Added language incorporating Institute of Medicine (IOM) sextuple aims: 1) Improved medical framework that supports safe, effective, patient-centered, timely efficient, and equitable care, 2) encourages a healthy work environment, and 3) is characterized by an elevated level of open communication, collaboration, engagement, trust, and respect among all team members • Added the Action Collaborative in Clinical Well-being and Resilience introduced by the National Academy of Medicine (NAM) statement in response to burnout, depression, and suicide reports among healthcare personnel, especially nurses and physicians • Added the Action Collaborative in Clinical Well-being and Resistance National Plan for Workforce Well-being listing immediate priorities • Added language surrounding WAG exposure • Added language surrounding air exchanges in the PACU • Added language surround policies for emergency preparedness • Added language incorporating crisis standards of care
IV. Staffing and Personnel Management	Updated references
V. Clinical Inquiry	Added language surrounding innovation. "Innovations are solutions that have resulted from problems that introduced a new or significantly different approach, concept, idea, service, process, technology, or product." • Innovation can be 1) a novelty, 2) has an application component, and 3) results in an intended benefit

Part Four - Practice Recommendations	
Patient Classification/Staffing Recommendations	Merged Position Statement on Acuity into Patient Classification Reflects the five guiding principles from the collaboration between Partners for Nursing Staffing Think Tank with members from the Nurse Staffing Task Force into Recommendation (ASPAN was represented in the task force). Five guiding principes developed to ensure a positive future for the nursing workforce: 1. Safety a. Reliable, competent, appropriate number of registered nurses to provide effective, safe, optimal care to patients and families 2. Accountable a. Leaders and direct-care nurses are aligned in determining appropriate staffing levels 3. Transformative a. Continual change driven by nursing innovation to optimize staffing levels 4. Equitable a. Quality of care does not change based on geographic locations or patient characteristics b. Care provided will be equitable, just, and unbiased to meet the unique needs of patients 5. Collaborative a. Common goals, equality and shared decision-making allow for working together to provide holistic care to patients and families Added additional research to support adequate staffing on patient outcomes, including benefits of higher levels of education and certifications. Staffing considerations added to Phase I care: • Admissions/discharge • Bed holds • Rapid PACU progression • Case length accuracy • Meeting the needs of the OR (number) • OR volumes • Zero wait time • Constant changes in workload • Competent staff • Skill mix

	• Resources (unit secretary, unlicensed assistive personnel, charge nurse, float nurses) ▪ Number of PACU bays ▪ Complexity of patients ▪ Complexity of cases • On-Call Staffing (See Standard IV Staffing and Personnel Management) ○ Work "on-call" hours in addition to regularly schedule hours ▪ Typically involve coverage during the night, on weekends, holidays and during high/census bed shortage situations ▪ Longer than normal shifts, overtime or after hours shifts can contribute to lack of adequate rest before returning to work or fatigue Battie 2017,Vincent 2018 • Fatigue related errors can occur when healthcare workers do not have adequate rest (Vincents et al 2018) • Inadequate rest an occur when on-call but not called in (Vincent et al 2018) • Occupational Safety and Health Administration (OSHA) and Society of Sleep Medicine SASM) (SASM 2015) recommends between 7 & 9 hours of uninterrupted sleep prior to the beginning of a shift ▪ On-call hours be excluded hours in the definition of overtime ▪ A plan should be in place to relieve on-call healthcare workers when it is determined they are too tired to safely care for patients.
Components of Assessment and Management for the Perianesthesia Patient	Assessments added to include social complexities, anticipated care needs post discharge, cognitive function/screening, decision-making/capacity, cognitive dysfunction screening, depression screening, frailty assessment/screening, nutritional status, risk factors for developing postoperative delirium, also added: a. Functional capacity b. Health literacy c. Health related social needs/social determinants of health d. Verification of health care proxy, advanced directive, code status e. Added additional risk factors for pediatric patients f. Review of preoperative protocols/ordered, e.g., Enhanced Recovery After Surgery (ERAS) and administer preoperative medications and/or carbohydrate fluids per provider order. Added P-REDI reference to postanesthesia scoring tool references


Phase I Discharge Criteria (N=887)
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Hemodynamically stable
Oxygen saturation at baseline
Surgical site intact, minimal bleeding
Temperature normothermic
Pain absent or controlled with med
Nausea absent or controlled with med
Cognition at baseline
Absence of new onset arrhythmias
Moves all extremities spontaneously
Acceptable score on the discharge scoring tool
Time since opioids given
Signs of spinal resolution
Time since reversal agents have been given
Spinal anesthetic sensation at a specific level
Emotional/behavioral distress

	
Equipment for Preanesthesia/Day of Surgery Phase, PACU Phase I, Phase II and Extended Care	Reorganized into easy-to-read table format. Added introduction: The American Society of PeriAnesthesia Nurses (ASPAN) has a responsibility to define safe, quality nursing practice in the perianesthesia setting. Therefore, ASPAN has the responsibility to compile recommendations for necessary supplies and equipment needed for each Phase of perianesthesia care to ensure the safety of patients.

	Added purpose: This practice recommendation (PR) is intended to describe the supplies and equipment necessary for care of perianesthesia patients. This practice recommendation summarizes the equipment and supplies recommended but is not all inclusive. Each institution should review and develop supply and equipment needs for their patient populations and procedures performed.
Competencies for the Perianesthesia Registered Nurse	Added purpose statement: "This practice recommendation (PR) is intended to inform the perianesthesia registered nurse of the need to maintain specific competencies when caring for postoperative/postprocedural patients. It is not intended to be all-inclusive. Each institution should develop competencies based on patient population served, procedures performed, and environment of care." Added competent perianesthesia nurses participate in: Professional development includes activities such as continuing professional education, mentoring, participation in professional organizations, and leadership activities. Included management of hazardous waste, delirium, and the impact of pulse oximetry accuracy on dark skinned patients to the list of competencies.
Competencies of Perianesthesia Support Staff	Updated references.
Safe Transfer of Care: Handoff and Transportation	Care provider changed to clinical team member or nurse.
The Role of the Registered Nurse in the Management of Patients Undergoing Procedural Sedation	Added "and Analgesia" to title. Added language describing "credentialed provider." Added "The sedation practitioner is credentialed/privileged by the facility to administer the intended level of sedation (moderate or deep)." Added fasting requirement "Fasting guidelines to allow for gastric emptying per facility policy must be provided prior to the day of the procedure. On the day of the procedure, verify time and nature of last oral intake." Added language describing discharge "Discharge should not occur until at least 30 minutes *since the time of the last sedative/analgesic medication* and discharge criteria are met."
Perianesthesia Throughput	Added purpose statement: "This practice recommendation (PR) is intended to promote safety ensuring that patients receive the right care in the right place at the right time throughout their continuum of perianesthesia care. (IHI reference for patient flow) It is

	not intended to be all inclusive. Each facility should develop an interprofessional guideline that encourages interventions in support of efficient throughput and flow throughout the patients' surgical or procedural journey." Added language to the preoperative phase on handoff, delays and cancellations to include wayfinding. Added additional language describing "bypassing Phase I" to include physiological readiness of the patient upon emerging from anesthesia.
Family Presence in the Perianesthesia Setting	Blended into Standard II Family-Centered Care
Obstructive Sleep Apnea in the Adult Patient	Updated introduction to include health issues that occur when OSA is untreated. Also added the following paragraph on diagnosing and treating OSA "Diagnosing and treating OSA is important to reducing negative outcomes in high-risk patients. The use of sleep study evaluation (polysomnography or PSG) remains the gold standard for the evaluation of patients suspected of having OSA; however, widespread testing is limited based on the cost required and, in some cases, limited availability.(Cite Kapur 2017) Even when testing is recommended, a patients' adherence to a provider's recommendation for OSA evaluation is generally low. (Cite Aalaei 2021, Cukor 2018, Jean-Louis 2017, Munks 2019) Further, even if patients are diagnosed with OSA, rates of adherence to treatment regimens are also low. (Cite Rotenberg 2016) Taken in the context of the receipt of anesthesia, all of these factors can present challenges for patients and providers in the perianesthesia setting. " Background paragraphs rewritten as follows: "Patients with known or suspected OSA who receive anesthesia as part of a surgical or interventional procedure are at an increased risk of postoperative complications, including respiratory, cardiovascular, and neurological complications, (Cite Sun 2022, Wang 2022, Ng 2020, Nagappa 2017, Chung 2016), which can further lead to increased intensive care admissions and resource utilization. (Cite Ng, 2020, Sun 2022, Nagappa 2017). " While pre-procedural diagnosis of OSA through PSG may help to identify patients with OSA, completion of a sleep study is often not feasible prior to a person's procedure under anesthesia. At present, anesthesia provider guidelines recommend against delaying or cancelling surgery for in-depth OSA evaluation except where concern exists for patients with compromised respiratory functioning.(Cite Chung 2016) In the absence of a definitive OSA diagnosis, anesthesia provider guidelines recommend pre-procedural screening for OSA, including reviewing past medical history, patient interview, and physical examination to assist in identifying patients who likely have OSA and adjusting their anesthesia-related plan of care accordingly. (Cite Chung 2016, ASA 2014) While the perianesthesia care of patients with OSA is challenging, improved patient outcomes can be achieved using evidence-based strategies for OSA management. (ASA 2014, Chung 2016, Memtsoudis 2018, Lemus 2018, Lakdawala 2011) Additional risk factors for preoperative screening.

	Additional preoperative screening tools were added as cited in the literature. Postoperative management includes capnography monitoring if available for known/suspected patients with OSA. Updated evidence.
The Prevention of Unwanted Sedation in the Adult Patient	No changes (needs update/review with leveled evidence) – off year project.
Promotion of Normothermia in the Adult Patient	Name change to: ***Promotion of Normothermia in the Adult Patient.*** Updated references. Adding refer to ECRI and manufacturer for blanket/fluid warmer temperatures: "Follow Emergency Care Research Institute (ECRI) and manufacturer's guidelines for maximum temperature settings @ https://www.ecri.org" Added reference to new technologies: "Emerging technologies continue to develop additional methods of warming" (Torosian 2016, Smith 2020, Santa Maria 2017)
Alarm Management	Added reference to alarm safety and potential sensory overload for healthcare workers. Desensitization can add to lack of concentration and mental exhaustion (new reference). Updated references.
Safe Medication Administration	Added nursing responsibility "Perianesthesia nurses are professionally and personally accountable for administering medications following practices established to optimize safety and mitigate risk. Furthermore, there is an ethical obligation (Vemuri) to report near-misses and medication errors to inform patient care delivery and to ensure prevention of similar events in the future." Purpose statement added: "This practice recommendation (PR) is intended to promote safe medication administration practices during the perianesthesia continuum of care. It is not intended to be all inclusive. Each institution should develop interprofessional guidelines/procedures that address safe medication practices in the perianesthesia setting." Incorporated new ISMP regulation for actual weights day of surgery (metric): "Weigh each patient as soon as possible upon arrival for surgery/procedure.(ISMP) Avoid the use of stated weights."

	Added: "New technology should support the perianesthesia nurse in assessing the correct patient response to a medication". Advocate for multimodal analgesia. Advocate for a culture of safety to support medication practices. Updated references.
Perianesthesia Patient with a Do-Not Resuscitate Advance Directive	Elevated to a ***Practice Recommendation*** and renamed "Practice Recommendation The Perianesthesia Patient with a Do-Not-Attempt-Resuscitation (DNAR) Advance Directive". Added purpose statement: "This practice recommendation (PR) is intended to inform the perianesthesia registered nurse of the patient's right to self-determination during the perianesthesia continuum of care and the importance of reconsideration of advanced directives. It is not intended to be all-inclusive. Each institution should develop an interprofessional guideline/protocol that provides direction for care of the patient with advanced directives requiring anesthesia in the procedural/surgical environment." Updated references.
Part Five - ASPAN Position Statements	
A Position Statement on the Perianesthesia Patient with a Do-Not-Resuscitate Advance Directive	Elevated to a ***Practice Recommendation***.
A Position Statement on a Clinician Well-Being in the Perianesthesia Setting	Name change: ***Position Statement on a Thriving Workforce in the Perianesthesia Setting*** Added need to care for selves: "The American Nurses Association (ANA) Code of Ethics for Nurses suggests that as registered nurses we have the responsibility to care for ourselves as much as we would for patients and families. (ANA Code of Ethics Provision 5) Engaging in activities that promote personal well-being (e.g. sufficient sleep, exercise, healthy diet, healthy relationships, spiritual need) diminish fatigue or compassion fatigue which can impact both professional and personal lives." (ANA Code of Ethics Provision 5) New paragraph in the introduction: "The National Academy of Medicine (NAM) Action Collaborative in Clinical Well-being and Resistance has developed the National Plan for Health Workforce Well-being 2022. (NAM Citation) The Plan envisions an environment where all patients are cared for by a thriving healthcare workforce fostering well-being, improving population health, and enhancing the patient experience." (NAM Citation)

	Added language throughout on embracing a culture of civility, mutual respect, and collaboration. Updated references.
A Position Statement on Digital Professionalism	Updated references.
A Position Statement on Acuity-Based Staffing for Phase I	Merged into Patient Classification/Staffing Recommendations
A Position Statement on Air Quality and Occupational Hazards	Merged into Environment of Care
A Position Statement on Emergency Preparedness	Merged into Environment of Care
A Position Statement on Contemporary Social Issues	Added language surrounding: "Perianesthesia registered nurses serve patients from all populations and social influences. All individuals have unconscious and conscious biases related to beliefs, values and cultures.(Patton) Awareness of these biases is the first step to deliver high quality nursing care based upon the patients beliefs, values and culture." (Patton) "Social determinants of health are the nonmedical factors that influence and impact health outcomes based on the population served. Refer to Table 1 for examples of contemporary issues and conditions that may impact the perianesthesia patient".
NEW!! A Position Statement on the use of Postoperative Capnography Monitoring	
NEW!! A Position Statement on Non-operating Room Anesthesia (NORA)	
NEW!! A Position Statement on Perianesthesia Nursing's Impact on and Response to Climate Change	
Part Six – Collaborative Statements	
AANA AORN ASPAN Workplace Civility Position Statement	No changes

A Position Statement on Waste Anesthesia Gases Outside of the Operating Rooms	No changes
Part Seven -ASPAN Resources	
1. Appraisal and Synthesis of Evidence Using JBI	Modified the JBI FAME Scale. Added language on leveling evidence: "Starting in 2023, members of the ASPAN Standards SWT started leveling the references using the modified JBI FAME Scale (see Table 1). Every effort was made to utilize the highest level of evidence that was also the least biased and most rigorously conducted, however, it is also the case that many aspects of perianesthesia nursing lack a strong research base. As such, some of the references included in the ASPAN Standards are the lowest level, that of expert opinion. In the absence of higher sources of evidence, expert opinion is still valued and should point to areas where additional clinical inquiry is needed."
2. American Society of Anesthesiologists (ASA) Standards:	
A. *Basic Standards for Preanesthesia Care*	
B. *Standards for Postanesthesia Care*	
C. *Standards for Basic Anesthetic Monitoring*	
D. *Statement on Nonoperating Room Anesthetizing Locations.*	
3. Perianesthesia Orientation Timeline	Added language "transition into practice programs to support the newly licensed nurse to facilitate their growth in clinical decision-making skills, knowledge acquisition, effective communication, increased confidence and stress management." Updated references.
Index	
NEW!! Glossary of Terms	Definitions will be removed from the text/sidebars and added to the glossary.