Introduction: Multimodal analgesia is a practice used at the Kaiser Permanente Ambulatory Surgical Units (ASU). Preoperatively, patients are given different types of analgesic medications such as acetaminophen, gabapentin, NSAIDS plus a peripheral nerve block, and the like. This practice decreases post-operative opioid use and shortens the PACU length of stay.

Identification of the problem: The increase of the use of peripheral nerve blocks in an ASU increases the risk of a patient fall. There have been 2 falls, and 1 near-miss at the Kaiser Permanente Otay Mesa ASU in 2016 and 2018 due to peripheral nerve blocks such as femoral, and interscalene nerve blocks. The PACU staff work as a team, that although there is one primary nurse for a patient, all staff are there to help any patient in need. The danger of this is that the staff helping might not know that the patient is a fall risk due to the block and that led to the patient’s falling.

QI question/Purpose of the study: What can be done to alert the perioperative/perianesthesia staff that the patient is a fall risk due to a peripheral nerve block?

Methods: Placing a bright “BLOCKED” sign on the gurney’s IV pole on every patient that received a peripheral nerve block. The sign will only be removed after the patient has been discharged.

Outcomes/Results: Since implementation of the “BLOCKED” sign in September 2018, there have been no patient falls due to peripheral nerve blocks at the Kaiser Permanente Otay Mesa ASU.

Discussion: This simple sign alerted the perioperative staff that a patient is a fall risk due to the block and to take special care to prevent a patient fall.

Conclusion: The “BLOCKED” sign implementation alerts the staff that a patient is a fall risk due to the block.

Implications for perianesthesia nurses and future research: Spreading this QI project to the other Kaiser ASU’s in San Diego will help with its sustainability. In fact, one of the ASU’s has already adopted this practice with the same results.