

Reunification of Children and Caregivers in the Phase I Recovery Room

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Abstract

Reuniting children and their caregivers in the Phase I post-anesthesia care unit (PACU) has been shown to:

- Reduce emergence delirium
- Maximize pain management
- Improve family satisfaction

Seattle Children's Hospital is regional pediatric medical center with two surgery centers.

Despite a shared mission that includes family-centered care, two different processes existed related to when and where children and their caregivers were reunited after surgery.

The purpose of this project was to:

- Assess nurse opinions of reunification of caregivers with their children in Phase I
- Implement a standard of reuniting all children \leq age 6 with their caregiver in Phase I

Aims of this project were to reduce time to reunification and to improve equity of care.

(Brudvik et al., 2017; Byun et al., 2018; Ehwerhemuepha et al., 2017; Espinel et al., 2014; Shafer et al., 2018).

Results: Nurse Survey

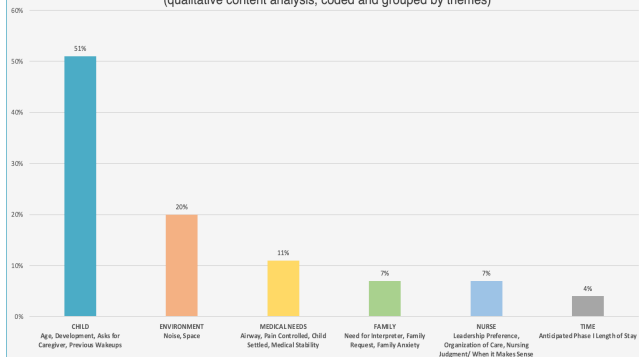
Nurses working in main PACU:

- **74%** agreed that **children benefit** from reuniting with caregivers in Phase I
- **67%** agreed that they would want to be in Phase I **with their own family member**
- **47%** agreed that they were satisfied with the original care model

Top 5 Drawbacks to Phase I Reunification

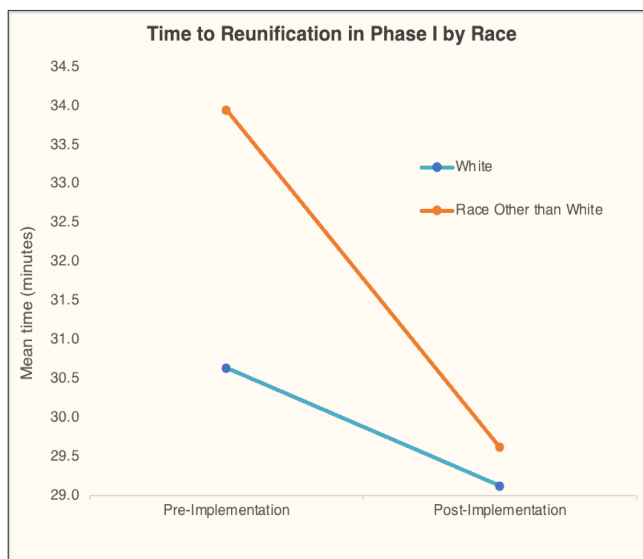
Not enough space
Compromises privacy
Increases length of stay
Noise level is too high
Prevents me from doing my job

Nurse considerations for determining when to reunify in Phase I (qualitative content analysis, coded and grouped by themes)



Results: Time to Reunification

- Children \leq age 6 reunited with their caregivers an average of **2.8 minutes sooner** ($p < 0.0001$)
- Time to reunification was **not affected by primary language**
- Post-implementation, there was **little difference between white and non-white groups**.



Methods

Nurse Survey

- Benefits and drawbacks to Phase I reunification
- Care model perceptions & preferences
- Considerations for when to reunify in Phase I

Implementation

- EPIC "Caregiver in Phase I" case tracking event
- Pediatric Assessment of Emergence Delirium (PAED)
- Standard Phase I reunion for all patients \leq age 6
- EPIC icon indicating family preference ❤️

Data Analysis

- Nurse perceptions of Phase I reunification
- Time to reunification: all patients, by language & by race

Discussion

Implementation resulted in:

- **Improved Equity** – Standard process reduces potential bias
- **Culture change** – Nurses prioritizing early reunification
- **Nurse autonomy** – PAED scoring resulted in a protocol change that allows Phase I nurses to administer dexmedetomidine as needed for emergence delirium

Future recommendations:

- Work on eliminating all variability between racial groups
- Develop pre-operative education about PACU reunification
- Expand standard process to other age groups
- Add updated evidence/ literature to PACU nurse orientation

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