Resource 3: Critical Care Overflow in Phase I (PostAnesthesia Care Unit)

PostAnesthesia Phase I, or the PostAnesthesia Care Unit (PACU), is a critical care environment equipped and staffed to provide short term critical care to clients immediately following surgery and the administration of analgesia, sedation and/or any of the types and techniques of anesthesia prior to discharge to Phase II (Odom-Forren, 2013). (See also Position Statement 2: Phase I [PostAnesthesia Care Unit] as a Critical Care Unit) Clients in Phase I require continuous monitoring, invasive interventions and life-sustaining measures to maintain effective airway patency, respiratory, cardiovascular and neurological functions, and the ongoing management of pain.

The primary purpose of the PACU is for optimal and safe care for all postanesthesia clients and to effectively maintain the flow of clients on the surgical schedule (Mamaril, 2003). Critically ill postanesthesia Phase I clients are stabilized in the PACU prior to discharge to critical care units for extended monitoring and care.

An imbalance between an increased demand for critical care services and the availability of sufficient material and health human resources (HHR) has resulted in the use of the PACU as a temporary location for critically ill clients. When critical care services are filled to capacity, additional resources and staffing are necessary to provide critical care to those surgical and other clients who do not have access to the necessary inpatient critical care bed and are therefore temporarily relocated to the PACU.

Those critical care clients (both surgical and non-surgical) who are temporarily relocated in, or “overflow” to the PACU, pose challenges related to available physical resources, physician management, coverage and responsibility, nurse staffing requirements for safe client care and complementary nursing education for the extended management of the critical care client (Kiekkas, Poulopoulos, Poapahatzi, Anfroutsopoulou, Maliouki, & Prinou, 2005).

1. Typical Overflow Clients

The following types of overflow clients requiring critical care services and/or electrocardiographic monitoring and airway management without Intensive Care Unit (ICU) admission may be temporarily relocated to the PACU:

1.1 Scheduled postoperative admissions
1.2 Non-scheduled, emergency surgical admissions
1.3 PostAnesthesia or postoperative admissions following unanticipated complications during surgery
1.4 Non-surgical admissions requiring critical care services when ICU beds are unavailable
1.5 Clients requiring temporary preoperative cardiac monitoring and treatment
1.6 Clients for surgery, who may require use of the PACU as an inductionroom
1.7 Clients for surgery, who may require use of the PACU for regional anesthesia initiation or invasive line insertion preoperatively
1.8 Clients who require administration of neostigmine for constipation, requiring cardiac monitoring
1.9 Clients who undergo procedures under sedation e.g., electroconvulsive therapy, cardioversion, other invasive procedures.

2. Utilization Plans

In order to manage the increased volumes and strain on the PACU physical and human resources, comprehensive utilization plans should be developed by the interprofessional team (IPT) within each health care institution. These would outline effective strategies and resources to maintain the safe and competent care of critical care overflow and Phase I clients simultaneously.
3. Guidelines and Recommendations

3.1 The National Association of PeriAnesthesia Nurses of Canada (NAPAN\textsuperscript{©}) is committed to promoting “quality perianesthesia care to clients and families ... by providing individualized, therapeutic, quality client-centred health services ... and a quality practice environment conducive to safe, competent and ethical care to clients of all ages in Canada”. (See NAPAN\textsuperscript{©} Mission Statement)

3.2 When critically ill clients in the PACU require intense management for a prolonged period of time, beyond the normal period of care for Phase I clients, and do not meet discharge criteria for transition to Phase II, the following criteria should be considered:

3.2.1 The health care institution has a system to coordinate and evaluate appropriate utilization of critical care services and incorporates these into guidelines which include, but are not limited to the following:

3.2.1.1 Admission and discharge criteria for all ICUs
3.2.1.2 Postoperative clients pre-scheduled for admission to the ICU should bypass the PACU
3.2.1.3 Non-scheduled ICU clients should bypass the PACU when an ICU bed is available
3.2.1.4 Clients’ access to critical care when ICU is at full capacity
3.2.1.5 Maximum number of critical care clients temporarily relocated in the PACU at any given time
3.2.1.6 ICU bed allocation priority for scheduled surgical clients
3.2.1.7 Preemptive cancellation of scheduled surgical clients based on ICU bed availability
3.2.1.8 Delay in admissions from the Operating Rooms when PACU resources are maximized.

3.2.2 The perianesthesia service has clear, comprehensive guidelines which outline:

3.2.2.1 Physician management, coverage and responsibility for critical care overflow clients
3.2.2.2 Physician-to-physician transfer of accountability for care
3.2.2.3 Communication plan for ongoing client issues including onsite assistance for the escalation of care in the event of unanticipated client outcomes.

3.2.3 The perianesthesia service has clearly defined guidelines to address appropriate health human resource availability to safely care for critical care and Phase I clients simultaneously at any time which include, but are not limited to:

3.2.3.1 Adherence to NAPAN\textsuperscript{©} Standards for Practice for minimum staffing requirements and patient (client) status classification (See Resource 3: Functions of the PeriAnesthesia Environment: Minimum Staffing Requirements and Patient Classification)
3.2.3.2 Utilization of nursing staff certified in critical care for the care of critical care clients temporarily relocated to the PACU
3.2.3.3 Utilization of additional critical care nursing staff from a flexible staffing resource
3.2.3.4 Redistribution of clients to ensure that client acuity corresponds to the PeriAnesthesia nurses' critical care competencies for long-term ICU clients, and accepted nurse to client ratios
3.2.3.5 Consideration in staffing requirements for clients under isolation precautions and the increased intensity of client care
3.2.3.6 Workload measurement systems are utilized to ensure that necessary and sufficient client care is possible and available from within existing perianesthesia health human resources.

3.2.4 The perianesthesia service has clearly defined guidelines to address appropriate competencies of nursing staff to safely care for critical care overflow clients which include, but are not limited to:

3.2.4.1 Definition of complementary competencies required to care for a variety of long-term critical care clients

3.2.4.2 Development of education plans for initial and ongoing maintenance of these complementary critical care competencies

3.2.4.3 Utilization of additional critical care nursing staff to supplement the PACU nurse staffing complement to care for critical care overflow clients

3.2.4.4 Standards of care which may include algorithms for decision making for critical care overflow clients in PACU

3.2.4.5 Documentation policies including standardized forms and order sets acceptable for use for a variety of critical care clients

3.2.4.6 Initiation of protocols and Required Organizational Practices which meet the needs of the critical care clients who remain in PACU for a prolonged period of time, which include, but are not limited to:

3.2.4.6i. Ventilator acquired pneumonia

3.2.4.6ii. Central line infection

3.2.4.6iii. Pressure ulcer prevention

3.2.4.6iv. Restraint and seclusion

3.2.4.6v. Falls risk assessment prevention and mobilization

3.2.4.6vi. Medication reconciliation (Accreditation Canada, 2014).

3.2.4.7 Identification of critical care or specialty staff as resources to PACU staff.
References


Bibliography


