

## **Resource 3: Critical Care Overflow in Phase I (Post Anesthesia Care Unit)**

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**NAPANc Board of Directors 2018**

PostAnesthesia Phase I, or the PeriAnesthesia Care Unit (PACU), is a critical care environment equipped and staffed to provide short term nursing care to patients immediately following operative or invasive procedures with administration of analgesia, sedation and/or any types and techniques of anesthesia prior to discharge to Phase II ambulatory setting, the inpatient unit, or Intensive Care Unit (Odom-Forren, 2013) and (Mamaril, M., 2015). (See also Position Statement 2: Phase I [PostAnesthesia Care Unit] as a Critical Care Unit). Patients in Phase I may 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. Critically ill PostAnesthesia patients are stabilized in the PACU prior to discharge to critical care units for extended monitoring and care.

An imbalance between and increase in 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 patients. 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 so not have access to the necessary inpatient critical care bed and therefore temporarily relocated to the PACU.

The critical care patients, who are temporarily located in PACU, pose challenges related to available physical resources, physician management, coverage and responsibility, nurse staffing requirements for safe patient care and complementary nursing education for the extended management of the critical care patient, and potential for delays in operating room schedules for the resources these patients may monopolize.

### **1. Typical Overflow Patients**

The following types of overflow patients requiring critical care services and electrocardiographic monitoring, hemodynamic stabilizing medications and airway management without Intensive Care Unit (ICU) admission may be temporarily relocated to the PACU:

- Scheduled postoperative patients
- Non-scheduled, emergency surgical patients
- PostAnesthesia or postoperative patients following unanticipated complications during surgery

- Non - surgical admissions requiring critical services
- Patients requiring temporary preoperative cardiac monitoring and treatment
- Patients for surgery, who may require use of PACU for regional anesthesia initiation or invasive line insertion preoperatively
- Patients who undergo procedures under sedation i.e., electroconvulsive therapy, cardioversion, and other invasive procedures
- Post-surgical patients requiring respiratory and ventilation monitoring and treatment

## 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

- The National Association of PeriAnesthesia Nurses of Canada (NAPANc) is committed to promoting “quality perianesthesia care to patients and families.” (See NAPANc Mission Statement)
- When critically ill patients in the PACU require intense management for a prolonged period of time, beyond the normal period of care for Phase I patients, and do not meet discharge criteria for transition to Phase II, the following criteria should be considered:
  - ❖ The health care institution has a system to coordinate and evaluate appropriate utilization of critical care services and incorporate these into guidelines which include, but are not limited to the following:
    - Admission and discharge criteria for all ICUs
    - Postoperative patients pre-scheduled for admissions to the ICU should bypass the PACU
    - Non-scheduled ICU patients should bypass the PACU when an ICU bed is available

- Patients' access to critical care when ICU is at full capacity
  - Maximum number of critical care patients temporarily relocated in the PACU at any given time
  - ICU bed allocation priority for scheduled surgical patients
  - Preemptive cancellation of scheduled surgical patients based on ICU bed availability
  - Delay in admissions from the Operating Room when PACU resources are maximized.
- ❖ The PeriAnesthesia area(s) has clear, comprehensive guidelines which outline:
- Physician management, coverage and responsibility for critical care overflow patients
  - Physician - to-physician transfer of accountability for care
  - Communication plan for ongoing client issues including onsite assistance for the escalation of care in the event of unanticipated patient outcomes.
- ❖ The PeriAnesthesia area(s) has clearly defined guidelines to address appropriate health human resource availability to safely care for critical care and Phase I patients simultaneously at any time which include, but are not limited to:
- Adherence to NAPANc *Standards for Practice* for minimum staffing requirements and patients' status classification
  - Utilization of nursing staff certified in critical care for the care of the critical care patients temporarily relocated in PACU
  - Utilization of additional critical care nursing staff from a staffing resource
  - Redistribution of patients to ensure the patient acuity corresponds to the PeriAnesthesia nurses' critical care competencies for long-term ICU patients, and accepted nurse to patient ratios
  - Considerations in staffing requirements for clients under isolation precautions and the increased intensity of patient care

- Workload measurement systems are utilized to ensure that necessary and sufficient patient care is possible and available from within existing PeriAnesthesia health human resources
- ❖ The PeriAnesthesia area(s) has clearly defined guidelines to address appropriate competencies of nursing staff to safely care for critical care overflow patients which include, but are not limited to :
  - Definition of complementary competencies required to care for a variety of long-term critical care patients
  - Development for education plans for initial and ongoing maintenance of these complementary critical care competencies
  - Utilization of additional critical nursing staff to supplement the PACU nurse staffing complement to care for critical care overflow patients
  - Standards of care which may include algorithms for decision making for critical care overflow patients in PACU
  - Documentation policies including standardized forms and order sets acceptable for use for a variety of critical care patients
  - Identification of critical care specialty staff as resources for PACU staff
  - Initiations of protocols and Required Organizational Practices (ROPs) which meet the needs of the critical care patients who remain in PACU for a prolonged period of time, which include, but are not limited to:
    - Ventilator Acquired Pneumonia
    - Central Line Infection
    - Pressure Ulcer Prevention
    - Restraint and Seclusion
    - Falls risk assessment prevention and mobilization
    - Medication reconciliation

(Accreditation Canada, 2017)

## References

Accreditation Canada (2017). *Required Organizational Practices: Handbook 2017*. Retrieved from [http://home.wrha.mb.ca/quality/documents/ROPHandbook\\_2017\\_v2\\_EN.pdf](http://home.wrha.mb.ca/quality/documents/ROPHandbook_2017_v2_EN.pdf)

Mamaril, M., & Makic, M., (2015). Care of the intensive care unit patient in the PACU. Retrieved from <https://clinicalgate.com/care-of-the-intensiv-care-unit-patient-in-the-pacu/>

Odom-Forren, J. (2017). *Drain's Perianesthesia nursing: A critical care approach* (6<sup>th</sup> ed.) (pp. 780). St. Louis, MO: Elsevier (USA).