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Development of Clinical Practice Guidelines: Care of the Patient Following Anesthesia (Poster)

Cheryl Barr BSN, RN, CPAN Lehigh Valley Health Network, Cheryl.Barr@lvhn.org

Ruth Safi-Litz RN, BSN, CPAN Lehigh Valley Health Network

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PROBLEM STATEMENT:

The written standards of care for patients in the Post Anesthesia Care Unit (PACU) in a Magnet[®] hospital were in need of amendment. Inconsistencies in practice among PACU RNs had also been noted.

PURPOSE:

• To develop a more comprehensive standard of care for post anesthetic patients.

METHODOLOGY:

- An interdisciplinary team was formed consisting of the unit based educator, anesthesia providers, and clinical experts.
- Current institutional written practice standards were reviewed. A literature search was completed with assistance from the library services staff.
- **Current nursing literature, ASPAN Standards, and practice** guidelines from the American Society of Anesthesiologists were incorporated and cited.
- In accordance to the institution's approval process, a review by key stakeholders and a senior risk manager was completed.
- The compiled clinical practice guidelines utilize a systems approach and include assessment, common complications, and practice recommendations.

Development of Clinical Practice Guidelines: Care of the Patient Following Anesthesia **Perioperative Services** Lehigh Valley Health Network, Allentown, Pennsylvania

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ecific to the patient after administration of general anesthesia ses guidelines do not address specific postsurgical needs of the patient, an nd/or surgeon for unusual circumstances or in any emergency situation

nduced loss of consciousness during which the patient is not arousab be required because of depressed spontaneous ventilation or drug induced depression neuromuscular function. Cardiovascular function may be impaired

Monitored Anesthesia Care (MAC): A drug-induced depression of consciousness during which the patient responds purposefully to verbal commands either alone or by little tactile stimulation. No uired to maintain a patent airway, and spontaneous ventilation is adequate isually maintained and recovery is typically more rapid than genera d anesthesia care implies a deeper level of sedation than that provided by and is always administered by a member of the Anesthesia Department. ivolves the introduction of local anesthetics to block the nerve supply to a part o the body. Regional anesthesia includes peripheral nerve blocks, epidural and spinal anesthesia. Spinal anesthesia is achieved by injecting local anesthetics into the subarachnoid space and provides significant neuromuscular blockade. Epidural anesthesia is achieved by introducing local anesthetics into the epidural space. Continuous blockade may be maintained by infusions through the catheter left in place.

<u>Phase I:</u> The level of care in which close monitoring is required including airway and ventilatory towards hemodynamic stability, pain and fluid management, and other acute aspects of patient care (American Society of PeriAnesthesia Nurses [ASPAN], 2010). This level of care is required to recover patients after receiving general or major regional anesthesia, or after intraoperative complications in any patient (Drain, 2009)

Clinical Practice Guidelines

IMPLEMENTATION:

- bedside.

OUTCOMES:

 By standardizing practice, the comprehensive clinical practice guidelines, "Care of the Patient Following Anesthesia", serve to promote quality and safety by providing evidence-based recommendations for general patient care and treatment interventions after general anesthesia, monitored anesthesia care, and regional anesthesia.

Future education is being developed network-wide utilizing these guidelines to promote necessary knowledge for nursing staff beyond the PACU who care for post anesthetic patients.

Review of the clinical practice guidelines by current staff. Utilize as an educational tool for new PACU RNs.



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