

A Joint Position Statement on ICU Overflow Patients

Developed by the

American Society of PeriAnesthesia Nurses

American Association of Critical Care Nurses

American Society of Anesthesiologists:

Anesthesia Care Team Committee

Committee on Critical Care Medicine and Trauma Medicine

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Issue

A Phase 1 Postanesthesia Care Unit (PACU) is a critical care area providing postanesthesia nursing care for patients immediately after operative and invasive procedures prior to discharge to the Phase II ambulatory setting, the inpatient surgical unit and the Intensive Care Unit.

Perianesthesia nurses have identified concerns regarding the increasing use of the Phase 1 Postanesthesia Care Unit (PACU) for the care of the surgical and non-surgical Intensive Care Unit (ICU) patients when ICU beds are not available in the facility.

Purpose

As professional societies involved in the provision of care for operative and invasive procedures and critically ill patients, the American Society of PeriAnesthesia Nurses (ASPAN), the American Association of Critical-Care Nurses (AACN), and the American Society of Anesthesiologists (ASA) collaborated to develop criteria for the purposes of maintaining quality care in the PACU, ensuring quality care for the intensive care unit patient, and promoting the safe practice of perianesthesia nursing and critical care nursing.

ASPAN exists to promote quality and cost effective care for patients, their families and the community through public and professional education, research and standards of practice. ASPAN has the responsibility for defining the practice of perianesthesia nursing. An integral part of this responsibility involves identifying the educational requirements and competencies essential to perianesthesia practice as well as recommending acceptable staffing requirements for the perianesthesia environment.

AACN was established to provide the highest quality resources to maximize nurses' contributions to care for critically ill patients and their families. AACN provides and inspires leadership to develop standards and guidelines that establish work and care environments that are respectful, healing and humane.

ASA was established to raise and maintain the standard of the medical practice of anesthesiology and improve the care of the patient during anesthesia and recovery, and is involved in the provision of critical care medicine in the intensive care unit.

Background

In response to concerns expressed by perianesthesia nurses around the country, the ASPAN Standards and Guidelines Committee conducted a review of current literature and perianesthesia nursing practice to identify issues related to the care of critically ill surgical and non-surgical patients in Phase 1 PACUs during times when all other ICU beds are full. The review identified the following trends:

1. Staffing requirements identified for Phase 1 PACUs may be exceeded during times when PACUs are being utilized for ICU Overflow patients.¹
2. The Phase 1 PACU nurse may be required to provide care to a surgical or non-surgical ICU patient he/she has not been properly trained to care for or for which he/she has not had the required care competencies validated.¹

3. Phase 1 PACUs may be unable to receive patients normally admitted from the Operating Room when staff is being utilized to care for ICU overflow patients.¹
4. Because the need to send ICU overflow patients to the Phase 1 PACU does not occur regularly, both the PACU and hospital management may not be properly prepared to deal with the admission and discharge of Phase 1 PACU and ICU patients.¹

Statement

Therefore, when it is necessary to admit ICU overflow patients, or prolong the stay of the Surgical ICU patient in the Phase 1 PACU, ASPAN, AACN, and ASA recommend that the following criteria be met:

1. It must be recognized that the primary responsibility for Phase 1 PACU is to provide the optimal standard of care to the postanesthesia patient and to effectively maintain the flow of the surgery schedule.
2. Appropriate staffing requirements should be met to maintain safe, competent nursing care of the postanesthesia patient as well as the ICU patient.² Staffing criteria for the ICU patient should be consistent with ICU guidelines and based on individual patient acuity and needs.³
3. Phase 1 PACUs are by their nature critical care units, and as such staff should meet the competencies required for the care of the critically ill patient. These competencies should include, but are not limited to, ventilator management, hemodynamic monitoring and medication administration, as appropriate to their patient population.
4. Management should develop and implement a comprehensive resource utilization plan with ongoing assessment that supports the staffing needs for both the PACU and ICU patients when the need for overflow admission arises.³
5. Management should have a multidisciplinary plan to address appropriate utilization of ICU beds. Admission and discharge criteria should be utilized to evaluate the necessity for critical care and to determine the priority for admissions.³

Expected Actions

ASPAN, AACN, and the ASA committees (Anesthesia Care Team, Critical Care Medicine and Trauma Medicine) recognize the complexity of caring for patients in a dynamic healthcare environment where reduced availability of resources and expanding roles for the registered nurse have an impact on patient care. Thus, we encourage all members to actively pursue the education and development of competencies required for the care of the critically ill patient in the perianesthesia environment. We also encourage members to actively identify strategies for collaboration and problem solving to address complex staffing issues.

This information and position is to be shared with all individuals, organizations, and institutions involved in the care of the critically ill patient in the perianesthesia environment.

References

1. Johannes MS: A new dimension of the PACU: The dilemma of the ICU overflow patient. *J Peri Anesth Nurs* 9:297-300, 1994
2. ASPAN: Resource 3: Patient Classification/Recommended Staffing Guidelines in the Standards of Perianesthesia Nursing Practice, 1998. Thorofare, NJ, American Society of PeriAnesthesia Nurses, 27-28, 1998
3. Medina J: Staffing Blueprint: Constructing Your Staffing Solutions. Alisa Viejo, CA, AACN, 1999