

associated with the protective impact of UPH on POD while considering the adverse effects associated with UPH.

**DEVELOPMENT OF A DISCHARGE SCORING TOOL IN THE POST ANESTHESIA CARE UNIT**



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**Introduction:** Current criteria at MSKCC for discharging a patient from the Post Anesthesia Care Unit (PACU) depends on clinical judgement and several variables. Patients are often kept in the PACU for a specific amount of time without supported evidence.

**Identification of the problem:** The Post-Anesthetic Care Guidelines of the American Society of Anesthesiologists states that mandatory length of stay (LOS) should not be required and supports the use of an objective criteria. Delay in discharge from the PACU may lead to a delay in meeting their expected milestones after surgery. The lack of specific objective criteria does not permit quantification of discharge readiness.

**Purpose of the Study:** The goal of this project is to develop a discharge scoring tool that will incorporate the special needs of the surgical oncologic patients and quantify when these patients are clinically ready for discharge from the PACU.

**Methodology:** We reviewed tools in use at other institutions and conducted an extensive review of literature to develop our specialized discharge tool. To substantiate our tool, the MSKCC Institutional Review Board approved a retrospective study which included 135 consecutive patients who underwent major thoracic, hepatic or pancreatic surgery from January to March 2015.

**Results:** For each surgical group the difference in mean LOS between current practice and the proposed criteria ranged from 9.15 hours to 11.8 hours, which was statistically significant ( $p < 0.0001$ ). During the extended time in the PACU (after a patient met an acceptable score), there were no clinical events in 68% of thoracic, 64% of hepatic and 54.3% of Whipple patients. Common clinical events that occurred in the remaining percentiles after proposed criteria was met were not emergent and routinely managed on the inpatient units.

**Discussion:** Utilizing our tool provides a standard approach and patient-centered focused care to our post-anesthetic oncologic patients without compromising patient safety.

**Conclusion:** By changing current practice, our tool allows our patients to be discharged when clinically ready, eliminating the lack of specific objective criteria and presumptions.

**Implications for perianesthesia nurses and future research:** We recognize the importance of standardized practice and individualized patient factors when assessing patients for discharge readiness. Future research is needed to measure the effects and outcomes of our discharge scoring tool and discharge criteria.

**MULTISESSION EDUCATION IMPROVES NURSES' KNOWLEDGE AND CONFIDENCE FOR MALIGNANT HYPERTHERMIA CRISIS**



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**Introduction:** Malignant hyperthermia (MH) is a rare genetic skeletal muscle disorder that when a patient is exposed to volatile inhalation agents and/or succinylcholine, can cause a potentially lethal condition. It is important to educate PACU nurses to foster confidence and preparedness when working with these patients. Prompt recognition and treatment is paramount for a patient to survive a MH crisis. Previous staff education has proven effective in enhancing nursing knowledge and led to positive patient outcomes.

**Identification of the problem:** PACU nurses have expressed their concern to learn more about MH and become more familiar with the unit's MH cart contents.

**QI Question / Purpose of Study:** The purpose of this poster is to report the knowledge and confidence of nurses' preparedness with MH after a series of education sessions.

**Methods:** Learning opportunities were provided in-person to PACU nurses multiple times from 2016-2018. There were total of four education opportunities that were successfully provided to staff by experts which included lectures, test of knowledge, scavenger hunt of the MH cart and familiarizing with Malignant Hyperthermia Association of the United States (MHAUS) website. A post education survey was sent to staff at the end of all the opportunities to measure its success in increasing their knowledge, preparedness and confidence.

**Outcomes/Results:** The learning opportunities were overall successful. Most of the PACU nurses attended all of the education sessions. The average posttest grade was 95.4%. One hundred percent of the survey respondents reported better understanding of MH and confidence in recognizing its signs and symptoms if MH crisis occurs.

**Discussion:** The results of the posttest and post education survey revealed increased in knowledge, confidence and preparedness of PACU nurses. In-person education proved to be an effective intervention.

**Conclusion:** This provides compelling evidence that multiple learning opportunities improved nursing knowledge and confidence for MH crisis.

**Implications for perianesthesia nurses and future research:** Malignant hyperthermia staff education offered multiple times in multiple ways is feasible and effective to improve knowledge, confidence, and preparedness of PACU nurses.

**INCREASING COMPETENCE OF PACU RNS RESPONDING TO CODE BLUE**



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*Note: All abstracts are printed as received from the authors.*