Methodology: A pre-post measurement of oral temperature on a convenience sample of post-surgical adult patients transported from PACU to an inpatient or observation unit. Data was collected by two trained PACU support techs using an author-developed data collection tool. Upon readiness for discharge, and within 2 minutes prior to physically leaving the PACU, the support tech will take an oral temperature per protocol with a designated oral thermometer and document on the data collection tool. The same tech with the same thermometer rechecks and documents the temperature upon arrival to the inpatient unit.

Results: Preliminary data of 82 patients demonstrates a mean temperature reduction during transport of 0.48 degrees F and that the effects of length of transport on temperature are not significant at this time.

Discussion: Because preliminary data demonstrates that there is minimal effect on temperature from transport, other etiologies must be explored. Effectively stabilizing patient is an essential component of PACU care. In this cost and time-constrained healthcare environment it is imperative to consider stabilization beyond the PACU.

Conclusion: A better understanding of the effects of transport on temperature provides important information to optimize patient condition in limited time.

Implications for perianesthesia nurses and future research: A consistent method of measuring temperature across the continuum of care is essential. A future opportunity exists to compare the temperature of 30 minutes before transport to the temperature of 2 minutes before transport from PACU.

PACU PIONEERS AROUND THE WORLD: NURSING QUALITY IMPROVEMENT

STRATEGIES IN KENYA

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Introduction: Currently, five billion people worldwide do not have access to safe surgical, anesthesia, and perianesthesia nursing care. Global efforts to scale up delivery of safe, context-relevant nursing care need to be tailored to environments of low and middle income countries (LMICs).

Identification of the problem: Literature on Post-Anesthesia Care Units (PACUs) and perianesthesia nursing in LMICs is sparse or non-existent. Understanding the state of perianesthesia nursing practices is a first step toward improving safe and patient-centered care in LMICs.

QI Question/Purpose of the Study: The goal of this work was to develop quality improvement (QI) tools to assess the delivery of perianesthesia nursing care in PACUs in a low-resource setting. These tools were piloted by collecting data from the PACU in a tertiary referral hospital in Kenya.

Methods: Four QI tools were developed using a multidisciplinary team in order to assess the quality of nursing care in the PACU at a 350-bed Kenyan hospital. Resources from leading global health organizations and the American Society of PeriAnesthesia Nurses (ASPAN) were used to guide this process. The QI tools included: facility assessment, patient observation, semi-structured interview guide for perianesthesia nursing, and semi-structured interview guide for anesthesia providers. The 90-question Facility Assessment was developed to understand the available resources in PACU. The patient observation tool (POT) captured data including patient demographics, events, interventions, length of stay, and delays in PACU. All PACU nurses were interviewed using a semi-structured interview guide and a validated tool to evaluate the quality of nursing work environment: the Practice Environment Scale - Nursing Work Index.

Outcomes/Results: Average PACU length of stay was 1 hour 46 minutes, ranging from 30 minutes to 5 hours. Delays in discharge from PACU occurred in 58% of patients. Top reason for delay was the ward nurse was not available to pick up the patient. Nurse documentation of vital signs was frequently missed. On average, 94% of patients’ respirations, 34% of temperatures, and 36% of blood pressures were not documented.

Discussion/Conclusion: Use of QI tools, with support of a multidisciplinary team, offer practical methods to assess perianesthesia nursing, promote safe PACU practices, and gather evidence for setting standards in LMICs.

Implications for perianesthesia nurses and future research: Further iterations of the tools and additional trials should be implemented in other LMIC facilities.

FACTORS NURSES CONSIDER WHEN MAKING THE DECISION TO MEDICATE FOR PAIN IN THE PACU: THE EMBEDDED KNOWLEDGE WITHIN PRACTICE

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Introduction: Within the clinical setting, pain and sedation scales alone are not enough to support clinical judgment with acute pain management (Jarzyna et al., 2011).

Identification of the problem: Because sedation measurement rests along a fluctuating continuum, it is possible for a patient to be sedated and then shift to increasing alertness, and then to drift back to a sedated state. This potential for acute clinical transition can be challenging to nurses of all levels from novice to expert.

Purpose of the Study: The purpose of this study was to examine how nurses working in the Post-Anesthetic Care Unit (PACU) identify and describe excessive sedation and what criteria they use to make decisions about medicating patients for pain.

Methodology: Utilizing Heideggerian Hermeneutics methodology, 20 expert PACU nurses were asked to participate in