Discussion: The collaboration between providers, nursing, hospital administration, and ancillary staff to plan and implement an Enhanced Recovery program proved to reduce variability in care, thereby improving outcomes. Due to the success of the colorectal and bariatric ERAS programs, it was decided to replicate the programs in 5 other system hospitals and expand service lines.

Conclusion: The ERAS program provides the "quadruple aim": improved patient experience, better outcomes, lower cost, and improved clinician experience

Implications for perianesthesia nurses and future research: Collaboration between perianesthesia nursing and providers is essential to the success of any ERAS program. As the program continues to grow, not only across service lines, but across hospitals within the system, the program leaders will continue to work with perianesthesia nursing for process and protocol development to ensure success of the program.

PEDIATRIC EARLY WARNING SCORE (PEWS) IMPLEMENTATION IN THE PACU

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Team Members: Leigh Ann Chadwell, MSN RN NE-BC, Kate Copeland, MSN RN NEA-BC, Carrie Menser, MD, Barbara Shultz, RN MSN BSN NEA-BC

Introduction: The Pediatric Early Warning Score (PEWS) is an established pediatric tool used to identify and trend pediatric patients at risk for clinical deterioration prior to adverse events occurring. This tool provides an objective score and corresponding action plan based on a patient's vital signs and current assessment.

Identification of problem: A need was identified to recognize perioperative patients at risk for clinical deterioration prior to transfer to acute care units.

EBP Question/Purpose: The purpose of this initiative was to validate the PEWS tool and action plan in the perioperative setting.

Methods/Evidence: Validation consisted of scoring 26 patients from 6 main services (Orthopedics, ENT, General Surgery, GI, Pulmonology, Hematology/Oncology) and all shifts (days, nights, and weekends). Eight bedside nurses completed the validation scoring over the course of 1 week. The bedside nurses were asked to score the patient in PACU, prior to Acute Care transfer and follow the corresponding action plan. Usefulness of the tool and correlation of patient acuity to scoring number were assessed by asking if the patient's PEWS score actively reflected the patient's current acuity/condition and if the scoring prompted unnecessary additional assessment and intervention.

Significance of Findings/Outcomes: During the validation, 2 patients had a score that increased awareness of the patients' current conditions in the PACU: one had delayed acute care transfer until more stable, the other transferred to the PICU instead of Acute Care. All nurses reported similarities in the pa-

tient's actual acuity and the PEWS score; none reported unnecessary additional assessments or intervention.

Implications for periansethsia nurses and future research: Use of this tool in pediatric perioperative patients assists the PACU bedside nurse in providing objectivity to the subjectivity of patient acuity and encourages multidisciplinary collaboration to provide appropriate resources to the higher acuity patient.

FAST TRACK PROGRAM FOR PATIENTS WITH AUTISM SPECTRUM DISORDER IN THE PERIOPERATIVE SETTING

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Introduction: Patients with sensory disorders, specifically Autism Spectrum Disorder (ASD), may feel anxious, unsettled, or confused when taken out of their home routine when visiting the hospital for a surgical procedure.

Identification of the problem: Pre-Op/PACU noticed an absence of specialized programs for our sensory disorder patients in the perioperative department.

QI question/Purpose of the study: How can we create a program to streamline ASD patients through the perioperative department to reduce their stress and anxiety and have better patient outcomes?

Methods: A Fast Track Program was formed where patients with ASD could have a more streamlined process prior to surgical procedures. Utilizing IT, a report was built to identify pre-surgical patients with an ASD diagnosis. A pre-op phone call gathers patient history and identifies triggers for the patient prior to the procedural appointment. This enables shorter pre-op wait times and creates an individualized admission process.

Outcomes/Results: Data was collected from 20 families during a 7 month period; of those, 55% reported increased satisfaction with the reduction in check-in time. One-hundred percent of families reported their child felt calm after using the sensory room and that their needs had been met throughout the perioperative stay.

Discussion: We have encountered some limitations throughout the process. Only the ASD diagnosis is used at this time versus all sensory disorder patients. If the ASD diagnosis is not documented in the electronic medical record (EMR), it is difficult to identify if the patient has autism. Other challenges for this program are parents being available for a pre-call prior to surgery, and quiet rooms being available in recovery.

Conclusion: The Fast Track Program has been an amazing quality improvement initiative to our department. Once our Fast Track Program gains more traction, we would like to share our strategies with care areas throughout Phoenix Children's Hospital.

Implications for perianesthesia nurses and future research: It is our mission to pass on the successes of our program to nurses around the country who are interested in tailoring a program such as this to ease the perioperative process for this unique population.

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