

What is Most Important for You Now? Person-Centered Postoperative Care in the PACU

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THE CONCEPT OF person-centered care (PCC) has an extensive long history in health care and can be traced back to Florence Nightingale, who differentiated between nursing and medicine through nursing's focus on the patient rather than the disease. In 1950, Hildegard E. Peplau, the first published nursing theorist since Nightingale, stated that the interpersonal relationship between the nurse and patient lay at the crux of nursing and that interpersonal relationships have shifted the focus from the clinician to the person receiving care, thus giving control to that individual.¹ In 2001, the Institute of Medicine identified PCC as one of the 6 pillars of quality health care and described it as providing care that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.² In a review of PCC, the following 9 themes were identified: empathy, respect, engagement, relationship, communication, shared decision-making, holistic focus, individualized focus, and coordinated care.³ Currently, PPC is largely considered to be the golden standard for health care across the world.

In clinical practice, PCC should include initiating, integrating, and safeguarding the partnership with the patient. The patient's narrative is their personal account of their illness, symptoms and how such symptoms impact their life.⁴ Person-centered postoperative care (PCPC) involves recognizing the patient as a unique person, treating the patient with dignity and respect, giving time and space for the patient to express their personal needs, and considering the patient as a resource.⁵ Asking a postoperative patient about their most important needs should form part of routine practice. What is perhaps most important for the patient is to be given the opportunity to phone home and notify their next of kin that the surgery is over and that everything is as good as can be expected.

The patient's views about their condition and life situation should always be at the center of care as much as possible. The patient should be recognized as a whole person in their biological, psychological, and social context. In clinical practice, the postanesthesia care unit (PACU) nurse cares for and handles everything from healthy patients to unstable patients with life-threatening illnesses. Practicing a PCPC approach can therefore be challenging, although it must be integrated with medical care. Furthermore, respecting the patient's values, preferences, and expressed needs and the individual patient's resources must be balanced against the specific care with regards to the anesthesia and surgery the patient has received. The nurse has to protect the patient's life and body and take the patient's suffering seriously and engage with the patient. This engagement must be integrated with a situational awareness of information that could be associated with potential problems, although postoperative adverse events can also occur in patients with minimal or no coexisting disease. As nurses are generally the first persons to detect an adverse event, they must be alert

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and prepared as they have to interact with patients within a short time frame.⁶ Thus, care at a PACU is complex in its nature and nurses must adopt a holistic view combined with competence in clinical physiology, pharmacology, postoperative medicine, and nursing.

PCPC involves acknowledging the patient as a unique entity, with both a body and a soul, who should be addressed by name and treated with dignity and respect. It also involves connecting with the patient and explaining what is going to happen, as well as providing support and reassurance and keeping promises that have been made.⁵ Thus, a sense of trust can impact the patient's emotional balance. Having faith in the support being offered by the PACU nurse can reduce anxiety, engendering a sense of security. PCPC in a postanesthesia context enables individualized support in terms of the prevention of loneliness and reduced anxiety, which can result in a higher level of quality of recovery and patient satisfaction. A high level of patient satisfaction is associated with receiving appropriate postoperative information, shared decision-making, and being treated with respect and dignity. A high level of patient satisfaction also relates to postoperative pain being

kept under control, although fear of postoperative pain is the most common concern among preoperative patients.⁷ Postoperative care also includes providing support toward a successful recovery, for example, the importance of early mobilization and oral hydration. Early oral hydration can also decrease oropharyngeal discomfort⁸ and, taking the PCPC approach into account, perhaps the most important need of the patient is to have something to drink.

Documenting patient preferences and involvement in care and treatment in patient records gives legitimacy to patient perspectives. The registration of such information must be considered to be as equally mandatory as clinical and laboratory findings.⁴ Equally, all facts, including information related to PCPC, should be followed-up and evaluated.

In conclusion, practicing the PCPC approach at the PACU is of great importance but has to be balanced against the specific care in relation to the anesthesia and surgery that the patient has received. The postoperative patient's needs and decisions should be respected and supported as far as possible without jeopardizing the patient's safety.

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