Patient-Staff Ratio in the Post Anesthesia Name of Policy: **Care Unit Policy Number:** 3364-125-19 MEDICAL CENTER **Nursing Service Department: PACU Approving Officer: Chief Nursing Officer Responsible Agent:** Nursing Director, Endoscopy and Surgical **Effective Date: Support Services** 6/1/2023 Scope: Initial Effective Date: 9/1996 **PACU** New policy proposal Minor/technical revision of existing policy Reaffirmation of existing policy Major revision of existing policy

# (A.) Policy Statement

A sufficient number of qualified nurses shall be assigned to the Post Anesthesia Care Unit to assure holistic nursing care for those patients.

## (B) Purpose of Policy

To establish guidelines for staffing ratios according to patient conditions.

## (C) Procedure

### PHASE I Level of Care

Nursing roles during this phase focus on providing post anesthesia care to the patient in the immediate post anesthesia period and transitioning them to Phase II level of care, the inpatient setting, or to an intensive care setting for continued care.

### **CLASS 1:2** ONE NURSE TO TWO PATIENTS

- A. One unconscious patient, hemodynamically stable, with a stable airway, over the age of 8 years and one conscious patient, stable and free of complications.
- B. Two conscious patients, stable, and free of complications but not yet meeting discharge criteria.
- C. Two conscious patients, stable, 8 years of age and under, with family or competent support staff present but not yet meeting discharge criteria.

# **CLASS 1:1** ONE NURSE TO ONE PATIENT

- A. At the time of admission, until all critical elements are met. Critical elements can be defined as:
  - Report has been received from the anesthesia care provider, questions answered, and the transfer of care has taken place.
  - Patient has a stable/secure airway.
  - Initial assessment is complete.
  - Patient is hemodynamically stable.
  - Patient is free from agitation, restlessness, and combative behaviors
- B. Unstable airway. Examples of an unstable airway include, but are not limited to, the following:
  - Requiring active interventions to maintain patency such as manual jaw lift, chin lift or an oral airway
  - Evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing, etc.
  - Symptoms of respiratory distress including dyspnea, tachypnea, panic, agitation, cyanosis, etc.
- C. Any unconscious patient 8 years of age and under.
- D. A second nurse must be available to assist as necessary.

#### **CLASS 2:1** TWO NURSES TO ONE PATIENT

A. One critically ill, unstable patient.

## PHASE II Level of Care

Nursing roles during this phase focus on preparing the patient/family/significant other for care in the home or Extended Care setting. Staffing should reflect patient acuity and complexity of care. Assignments should be adjusted as needed based on changing acuity and nursing requirements and as discharge criteria are met.

## **CLASS 1:3** ONE NURSE TO THREE PATIENTS

A. Stable and over 8 years of age or under the age of 8 with family present.

## **CLASS 1:2** ONE NURSE TO TWO PATIENTS

A. One stable patient and (a). Immediately post-operative from OR (b). A child under the age of 8 without family present.

## **CLASS1:1** ONE NURSE TO ONE PATIENT

A. Unstable patient of any age requiring transfer to a higher level of care.

References: American Society of PeriAnesthesia Nurses aspan@aspan.org

Approved by:		Review/Revision Date: 3/99 3/02 7/05		
/s/ Kurt Kless, MSN, MBA, RN, NE-BC	Date	5/20/2008 3/20/2009 8/27/2012		
Chief Nursing Officer	Date	8/27/2012 6/23/2014 5/1/2017		
Review/Revision Completed By: Michelle Mallett, MSN, RN, CNOR, Director of Surgical Services		7/1/2020 6/1/2023		
Review: Policy & Standards Committee, 5/1/2017, 6/1/2023		Next Review Date: 6/1/2026		
Policies Superseded by This Policy: 1-R-19				

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.