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Standards for contingency management and delivery of critical care in a post anaesthesia care unit (PACU)

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Acknowledgements

Background

The delivery of safe and effective critical care of adults in a post anaesthesia care unit (PACU) – sometimes referred to as post anaesthesia recovery or PAR - requires input from medical, nursing and technical personnel who have attained a minimum standard of competence and are skilled in the use of material facilities and equipment associated with the patient's needs (Department of Health 2000, Intensive Care Society 2009).

However, when demand for critical care outstrips the available human and material resources on any given hospital site, there is a growing trend of using the operating department recovery room as an interim

venue for the care of newly critically ill adults. While recovery rooms and critical care wards have much in common, RCN Perioperative Forum members have expressed concern about the safety of patients in such circumstances, and highlighted the importance of the provision of the necessary training, education and skills development to cope with such scenarios.

These standards – intended to apply to the care of critically ill adults only - have been designed to inform the development of an organisation-wide operational policy for the management these situations.

Operational policy standards

A clearly written operational policy - that anticipates as many of the potential problems relevant to the site and the organisation as possible by directing the well thought out use of existing critical care, operating department and outreach resources - will provide a clear and unambiguous framework for decision making.

The scope of the operational policy should, as a minimum, encompass the following:
• undertaking regular liaison with hospital bed management personnel at critical points during the day (for example at 9am, 1pm, 5pm), regardless of the current demand, will facilitate quick and informed decisions when these are required

• when the last adult critical care facility is filled, a contingency plan for the management and care of the next adult who requires critical care should be made and communicated to all departments that are likely to be affected

• relevant personnel from all affected departments should be included in the communication that precedes such a decision

• the skill and competence of the nurses working the ward, department or unit to which the patient is to be transferred ought to influence the decision as to which patient is transferred there

• the nurse or nurses in charge of adult critical care wards should make frequent and regular contact with the nurse in charge of PACU for the duration of the episode of a critically ill adult being cared for in the unit; the objective is to ensure that the patient's needs can be safely met by the skills of the people delivering the care

• the need for suitably skilled medical and technical support for the care of critically ill adults to be on-site should be considered; there should be no hesitation in coming on-site from on-call or stand-by personnel, regardless of their role or seniority

• if all patients are of such a level of dependence that none can be safely transferred to PACU, consideration should be given to the option of an inter-hospital transfer

• the expected ratios of nursing, technical and support staff in the affected wards and departments should be documented and compliance with that standard taken into consideration when making decisions to allocate a critically ill adult to a PACU

• a framework of the additional skills required by PACU nurses, operating department practitioners (ODPs) and support workers caring for critically ill adults should be identified from the existing frameworks (Department of Health 2008a, Department of Health 2008b, Department of Health

2009), and opportunities for the learning, assessment and maintenance of these skills should be facilitated. In addition a current list of PACU nurses, ODPs and support workers who have demonstrated competence in caring for the critically ill adult should be maintained

• the delivery of critical care for longer than four hours should trigger the collection of a Critical Care Minimum Data Set (CCMDS) regardless of the venue; there should be a mechanism in place for PACU personnel to either collect this data or request its collection

• the frequency and outcomes of incidences of unplanned critical care in the PACU should be extracted from the CCMDS. The critique and discussion of cases should be a standing agenda item for meetings of the relevant clinical management group and reported to the hospital's highest level of management. Where frequency is high, or cases are frequently problematic, service managers should consider what resources are required for the contingency delivery of safe, critical care for adults in the PACU

• service managers should be considerate of the codes of practice to which registered practitioners are expected to adhere. These include the requirement for practitioners to recognise the limits of their knowledge, skill and competence, and concerns expressed in these terms should be taken seriously.

Target audience

The following personnel should be part of the policy development process and included in the critical care communications plan:

Strategic

• Matrons
• Lead nurses
• Directors of nursing
• Clinical service managers
• Clinical directors
• Hospital managers
• Information governance managers
• Knowledge and Skills Framework coordinators
• Boards of directors with responsibility for operating departments, critical care departments, departments of anaesthesia and surgery, and accident and emergency departments.

Operational

• Nurses
• Operating department practitioners
• Surgeons
• Anaesthetists
• Intensive care physicians
• Any personnel delivering care or supporting care delivery in critical care wards, operating departments, and accident and emergency departments.

Glossary

CCMDS   Critical Care Minimum Data Set (for more information browse the NHS Information Standards Board website at www.isb.nhs.uk).

ODP   Operating department practitioner a registered professional trained in the delivery of all aspects of perioperative care.

PACU   Post anaesthesia care unit.

Support worker   Encompasses workers who are not registered professionals and whose roles are delegated, directed and supervised by registered professionals. This includes (among others) volunteers, porters, untrained support workers, support workers with NVQ Level 2 and equivalent, and assistant practitioners.

References

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