

AORN Guidance Statement: Postoperative Patient Care in the Ambulatory Surgery Setting

Editor's note: Table 1 of this guidance statement was updated in October 2010 to reflect the 2010-2012 American Society of PeriAnesthesia Nurses Standards of Perianesthesia Nursing Practice.

Introduction

This guidance statement provides a framework for health care practitioners to use when developing and implementing policies and procedures for postoperative patient care in the ambulatory surgery setting. AORN defines *postoperative* as "the time [that] begins with admission to the postanesthesia care area and ends with a resolution of surgical sequelae."^{1(p31)} This includes the postanesthesia phases I, II, and extended observation (formerly phase III) levels of care. These phases are defined by the American Society of PeriAnesthesia Nurses' (ASPAN's) *Standards of Perianesthesia Nursing Practice* as follows.²

Phase I focuses on providing a transition from a totally anesthetized state to one requiring less acute interventions. Recovery occurs in the postanesthesia care unit (PACU). The purpose of this phase is for patients to regain physiological homeostasis and receive appropriate nursing intervention as needed.

Phase II focuses on preparing the patient for self-care, care by family members, or care in an extended care environment. The patient is discharged to phase II recovery when intensive nursing care no longer is needed. In the phase II area, sometimes referred to as the step-down or discharge area, the patient becomes more alert and functional.

Extended observation focuses on providing ongoing care for patients who require extended observation or intervention after transfer from phase I or phase II. Interventions are directed toward preparing the patient for self-care or care by family members. Extended observation is designed for patients who are unable to meet the criteria for discharge from phase II and the ambulatory unit. These patients may need alternative care, such as home health care or a stay in an overnight short-stay hospital unit or recovery center.

This guidance statement is directed specifically to ambulatory surgery centers (ASCs). It also may be used in other ambulatory settings that perform surgery or other invasive procedures. The ambulatory surgery setting is defined as an area where outpatient surgery or other invasive procedures are performed, including, but not limited to, freestanding surgery centers, hospital-based ambulatory surgical

units, physicians' offices, cardiac catheterization suites, endoscopy units, and radiology departments.

Perioperative nurses have limited contact with patients before surgery, which may lead to an increased risk for adverse patient outcomes. Ambulatory surgery centers must have consistent approaches to postoperative patient care to ensure patient safety. This guidance statement is intended to promote patient safety in the ambulatory surgery setting.

Guidance Statement

Ambulatory surgery centers should develop written policies and procedures for postoperative patient care. Policies and procedures should include, but not be limited to, the following elements:

- ◆ staffing,
- ◆ supplies and equipment,
- ◆ postanesthesia care,
- ◆ fast tracking of patients,
- ◆ pain management,
- ◆ documentation,
- ◆ discharge criteria,
- ◆ discharge instructions, and
- ◆ monitoring of outcomes.

The criteria in this guidance statement represent the minimum levels of care.

Perioperative Nursing Data Set

The Perioperative Nursing Data Set (PNDS) is a clinically relevant and empirically validated standardized nursing vocabulary describing perioperative nursing. It relates to the delivery of care in all perioperative settings. This standardized language consists of a collection of data elements and includes perioperative nursing diagnoses, interventions, and outcomes. The PNDS should be used to develop ambulatory surgery patient plans of care and to standardize nursing documentation. In addition, PNDS outcomes, as well as outcome indicators, interventions, and nursing diagnoses, can be

- ◆ incorporated into competencies, policies and procedures, job descriptions, pathways, guidelines, and care plans;
- ◆ linked to the electronic health record;
- ◆ used as a tool for teaching new nurses about perioperative nursing; and
- ◆ applied in performance improvement projects and benchmarking.