

# AORN Guidance Statement: Preoperative Patient Care in the Ambulatory Surgery Setting

## Introduction

The purpose of this guidance statement is to provide a framework that health care practitioners can use to develop and implement policies and procedures for preoperative patient care in the ambulatory surgery setting. 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 surgical setting is defined as an area in which outpatient surgery or other invasive procedures are performed, including, but not limited to, freestanding surgery centers, hospital-based ambulatory surgery 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 preoperative 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 preoperative patient care. Policies and procedures should include, but not be limited to, the following elements:

- ◆ staffing,
- ◆ preadmission assessment,
- ◆ preadmission testing,
- ◆ anesthesia evaluation,
- ◆ preoperative teaching,
- ◆ preoperative nursing assessment,
- ◆ documentation of the preoperative nursing assessment,
- ◆ fast tracking of patients,
- ◆ prevention of postoperative infections, 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.

Each data element in the PNDS corresponds to a unique identifier. The domains are represented by the letter "D," followed by numbers 1 to 3 to indicate the particular domain being addressed. Nursing diagnoses are represented by the letter "X" and a number unique to the diagnosis. Interventions are represented by the letter "I" and a unique number, and outcomes are represented by the letter "O" and a unique number. These designations are identified in this document with unique identifiers noted in parentheses. A list of outcomes, interventions, and nursing diagnoses specific to each domain is printed in an appendix of the PNDS reference book.<sup>1</sup>

The PNDS is conceptualized by the perioperative patient focused model. The patient and his or her family members are at the center of the model's framework. The model depicts perioperative nursing in four domains and illustrates the relationship between the patient, family members, and the care provided by the perioperative RN. The patient-centered domains are

- ◆ D1—patient safety;
- ◆ D2—physiological responses to surgery; and
- ◆ D3—patient and family member behavioral responses to surgery, including
  - behavior responses—knowledge, and
  - behavior responses—rights and ethics.<sup>1</sup>

## Nursing Care Policies

Preoperative nursing care policies and procedures should be available in the preoperative care unit.<sup>2</sup> At a minimum, each nurse should review these