Clinical Relevance for Perioperative Nurses

1. Ensure in the preoperative area that significant clinical risk factors are consistently assessed, including identifying opioid naive patients.

2. Individualize all alarm parameters for the patient, double check and verify continuous electronic monitoring is in use.

3. Complete hand-off communications post operative in the transition of care from OR to PACU and PACU to general floor, including any originally assessed patient risks and reassessment of any additional factors such as length of surgery and type of anesthesia.

4. Verify hand-off or transition of care from nurse-to-nurse that continuous electronic monitoring is in place, has been maintained and double checked.

5. Double check PCA dosing, pump parameters, and continuous monitor settings.

6. Identify in post operative orders any additional time points for reassessment of the patients risk factors, in particular for opioid naive patients.

7. Include in post operative orders daily lead changes and hands off communication on lead changes to decrease nuisance alarms.

8. Continuous electronically monitor with oximetry and capnography until there is a specific order and a complete patient assessment has been completed with no evident signs of respiratory compromise.
1st National Survey of Patient Controlled Analgesia Practices

- 168 Respondents
- 18% Physicians
- 35% Non-Physicians (Nurses, R.T.
- 47% Pharmacists
- Hospitals from across 40 States
- Institution Type: Non-Teaching 45%, Teaching 55%
- Hospital Size Range: Median = 200, 1,500+

To download this infographics please visit www.bit.ly/1pb5TEh or scan

Technological Safety Practices

- Continuous Electronic Monitoring Reduces...
  - Adverse Events
  - Costs
  - Expenses
- “Too Early to Determine…”
- “Positive Results!”

Hospitals Using Smart Pumps

- 81% Use for All Patients
- 16% Does Not Use Smart Pumps
- 3% Use for Some Patients

Role of Alarm Fatigue

- 9/10 Hospitals Believe Reducing False Alarms Would Increase Use of Patient Monitoring Devices
  (i.e. Oximeter or Capnograph)

Failure to Check PCA Connections Settings

- May Jeopardize Patient Safety

Risk Factors Not Considered could result in Patient Harm/Death

- 3/10 Hospitals Don’t Consider OBESITY a factor
- 3 Out of 20 Hospitals aren’t Considering Advanced Age a factor
- 1 Out of 5 Hospitals NOT ASSESSING Being Opioid Naive

Authors:
- Michael Wong, MD
  Executive Director
  Physician-Patient Alliance for Health & Safety
- Anu Mabuy, MD
  Asst Professor
  Dept of Mathematics
  Northeastern Illinois University
- Beverly Gonzalez, MD
  Medical Director
  Johns Hopkins Bloomberg School of Public Health

© 2014 Physician-Patient Alliance for Health & Safety
You are free to copy, distribute and transmit this content, but you must attribute the work to Physician-Patient Alliance for Health & Safety.