Revisiting PACU Visitation

Illinois Society of PeriAnesthesia Nurses
Objectives

• Describe benefits and barriers of adult visitation in Phase I PACU
• Describe strategies for overcoming barriers
• Discuss components of a PACU visitation policy
Background

• In 2003, the governing body of the American Society of Perianesthesia Nurses (ASPN) approved a position statement in support of visitation in the Postanesthesia Care Unit (PACU) Phase I level of care
  – In direct conflict with the Illinois Department of Public Health (IDPH) Laws and Administrative Rules Section 250.1320 (*Postoperative Recovery Facilities*) which only allowed visitation for children under the age of 12 or a mentally disabled adult
Background

- March 2009 - Survey sent to ILSPAN membership to identify visitation practices in the state
  - Although almost 50% knew of the restriction, they allowed visitors in their PACU – risking fines by the IDPH if it was discovered that visitors were in the PACU (Illinois Society of Perianesthesia Nurses, 2009)

- January 2010 – found a contact in IDPH and began the process to revise IDPH Administrative Rule Section 250.1320
Background

- March 2010 - ILSPAN President and ASPAN Vice-President /President-elect testify before the IDPH and IHA boards in Springfield, Illinois
- As a result of ILSPAN’s work, the final version was approved by the Joint Committee on Administrative Rules (JCAR) in February 2011 and adopted by the IDPH on March 4, 2011
Background

• In April 2012, ASPAN retired the *Visitation in the Postanesthesia Care Unit (PACU) Phase I Level of Care* position statement because it was incorporated into Practice Recommendation 9 – *Visitation in the Perianesthesia Care Unit* in the most recent edition of the ASPAN Standards.
Benefits for Patients and Visitors

- Does not increase septic complications
- Reduces cardiovascular complications
- Decreases pain and anxiolytic medication use
- Decreases intracranial pressure (ICP)
- Does not compromise patient privacy
- Increases patient and family satisfaction
- Decreases family member anxiety

Benefits for Nursing and Hospitals

• Increases patient and family satisfaction
• Increases nurse satisfaction
• Reduces the number of complaints from patients and visitors
• Facilitates communication between visitors and healthcare providers
• Improves patient satisfaction scores
• Improve overall patient outcomes
Perceived Barriers to PACU Visitation

• Patients who do not want visitors
• Possibility of visitors witnessing disturbing aspects in the PACU (e.g. vomiting, resuscitation)
• Staff anxiety about dealing with distraught visitors
• Possible exposure to infection
• Lack of visitor education
• Staffing issues and lack of space
• Privacy violations
Strategies for Overcoming Barriers

• Patients refusing visitors
  – Preoperative discussion may identify reasons (e.g. appearance, condition)
  – Provide patient with dentures, wig, hearing aids, etc. if appearance is an issue
  – Preemptive management of pain, nausea and vomiting
  – If patient still refuses, offer options for visitor updates, e.g. phone calls from PACU staff
Strategies for Overcoming Barriers

- Visitors seeing disturbing aspects in PACU
  - Preoperative discussion may identify visitor’s concern
  - Provide education about sights, sounds, etc. common in PACU
  - Offer options for visitor updates if he/she still refuses to visit patient
Strategies for Overcoming Barriers

- Nursing – privacy violations, exposure to infection, distraught visitors
  - Provide education to visitors regarding privacy, infection prevention
  - Draw curtains to limit what visitor can see
  - Encourage quiet conversations
  - Limit number of visitors and visitation length, e.g. one visitor for five minutes
  - Assess visitors for exposure (e.g. recent URI, live vaccinations, illnesses)
Strategies for Overcoming Barriers

- Hospitals/Organizations - Increased cost associated with educational materials, liaisons for visitation program
  - Utilize electronic education for patients and visitors
  - Utilize volunteer services, retired nurse programs to staff waiting rooms, escort visitors to PACU or provide patient updates
ASPAN Practice Recommendation Highlights

• Supports visitation in all phases
  – Preoperatively, determine patient and/or visitor preference
  – Postoperatively, determine appropriateness of visitation
  – Assess visits for therapeutic benefits and those demonstrating non-therapeutic outcomes result in termination of the visit
  – Termination of visitation is at the discretion of the primary nurse based upon patient, visitor and unit circumstances

Perianesthesia staff should develop visitation guidelines for their settings.

Educate patients and visitors about the PACU environment and expected behavior of visitors.

Following discharge of patients from the PACU, families and patients are assessed for satisfaction related to visitation.

Visitation guidelines should be re-evaluated per institution policy.
How ILSPAN Can Help

• Provide evidence-based education material for nursing staff and leadership as well as hospital administration
• Provide education materials for patients and visitors about visitation etiquette
• Provide template for visitation guidelines based on ASPAN Standards and IDPH Administrative Code
• Assist with development of a visitation program


