



Wait...but She's Pregnant! Care of the Pregnant Patient in the Non-OB PACU

CLINICAL PROBLEM

Care for OB patients does not only occur in the Labor and Delivery unit. An increase in Obstetrical (OB) patient acuity and volume requiring post-anesthesia care (PACU) for non-OB procedures and non-OB interventions in a large medical center presents unique challenges/ opportunities in the non-OB PACU setting. Procedures such as cholecystectomies, appendectomies, debridement, electroconvulsive therapy, orthopedic and neurological cases are examples of non-OB procedures presenting to the non-OB PACU. According to various professional organizations, OB patients should receive the same level/ standard of care regardless of the location where care is provided 1-4, 6-7. Thus, a platform/ program to increase knowledge and address the needs of the OB patient in the non- OB PACU is warranted. This institution defines an OB patient as a confirmed pregnancy, regardless of gestation through 6 weeks postpartum.

CLINICAL QUESTION

What is the best approach to:

- 1. Provide and disseminate OB Education to the Non-OB PACU Staff?
- 2. Provide direct patient care to the OB patient in the Non-OB PACU?

DESCRIPTION & IMPLEMENTATION

Collaborative gap analyses by the PACU and OB educators revealed that basic knowledge, skills, and observance of professional organization standards of care for OB patients in a non-OB PACU were areas for improvement. To address the questions above, new curriculum was added to the PACU Residency/ Transition to Practice and PACU Preceptor curriculums which offer didactic and simulation activities to streamline and disseminate information. "Special Population Considerations: The OB Patient" discusses the fundamentals of OB assessment, fetal monitoring (FM) expectations, postpartum hemorrhage care, hospital policies and procedures specific to these patients, OB emergencies and equipment which were guided by professional practice guidelines ¹⁻⁴. Additionally, OB patients in non-OB surgical areas including non-OB PACUs must have an OB physician with surgical privileges consult for the patient, as an extra level of safety. This consult includes 24/7 OB hospitalist availability and OB nursing care ⁵⁻⁶.

Pre and post course knowledge assessments were performed to measure changes in knowledge. Simulation added another layer of knowledge reinforcement via application. Additionally, program evaluations were provided post course offerings for feedback to promote course evolution. After the first cohort, feedback revealed a need for a more collaborative model of care for OB patients, where both the PACUs and the OB department committed to partnering via additional staff to deliver individualized care depending on the specific needs of the patient.

RESULTS





Laura Ortiz Carter, MSN, BBA, RN, CCRN, RNC-OB Ayumi Fielden, MSN, RN, CCRN-K, CPAN

Houston Methodist Hospital, Houston, TX

RESULTS & DISCUSSION

To date, seven cohorts have completed the "Special Population Considerations: The OB Patient" course. Anxiety and uncertainty pertaining to standards of care for the OB patient in the non-OB PACU were a consistent theme. The initial knowledge assessment confirmed gap analysis findings. Initial knowledge assessment findings revealed an average score of 30% pre-course assessment. Post-course assessment scores which were measured after didactic, and simulation averaged 86.2% for an improvement of 56.2%. Course evaluations revealed that all participants found the education regarding care of the OB patient beneficial and that knowledge they received would be implemented in future practice. Due to the unpredictability of OB patients in the non-OB PACU, care for this population is still considered high-risk, low frequency. Collaborative care is the key in this population. Merging the skills of experts in PACU recovery and maternal experts to ensure that patient safety and positive patient outcomes are a priority ^{3, 7-8}. Since the offering of this course, communication between the PACUs and the OB department has improved; the escalation process, and questions regarding the standards of care for these patients has also improved.

IMPLICATIONS FOR PERIOPERATIVE NURSING

In addition to the "Special Population Considerations: The OB Patient" curriculum being offered, OB learning enrichment opportunities should be added to unit in-services, collaborative drills, and/ or unit-based competencies to ensure that PACU nurses are retaining knowledge regarding the care of the OB patient in the PACU.

REFERENCES

- 1. American Society of Anesthesiologists. (2019). Committee on Standards and Practice Parameters. Standards for postanesthesia care. Retrieved September 20, 2020, from https://www.asahq.org/
- American Society of Perinanesthesia Nurses (n.d.). Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Retrieved September 20, 2020, from https://www.aspan.org/Clinical-Practice/ASPAN-Standards
- Association of Women's Health, Obstetric and Neonatal Nurses (2019). Perioperative care of the pregnant woman. AWHONN. Washington, D.C.
- Simpson, K.R., & Creehan, P.A. (2020). AWHONN's perinatal nursing (5th ed.). Philadelphia, PA: American Association of Women's Health, Obstetric, and Neonatal
- Houston Methodist Hospital-TMH (2017). NU-LD 050 TMH fetal monitoring during surgery. Houston, TX: Policy and Procedure Committee.
- Houston Methodist Hospital-TMH (2019). PACU002 HMH Admission, Assessment, and Reassessment in the PACU. Houston, TX: Policy and Procedure Committee.
- The American College of Obstetricians and Gynecologists (2017). Committee opinion: Nonobstetric surgery during pregnancy. American College of Obstetricians and Gynecologists, 129, 777-778.
- Troiano, N.H. (2018). Physiologic and hemodynamic changes in pregnancy. AACN Advanced Critical Care, 29 (3), p.273-283.

Cohorts

QRCODE

