**PAIS – Block Performance**

**Guidelines on use of the Block Area**

**General Principles:**

* Morning huddle with PACU/PCC leaders around 7:30 to outline plan for the day or as clinical demands dictate
* OR Team **DOES NOT** need to check in patients prior to block as long as no sedation is given
	+ Opioids do not count as sedation (but try to avoid if possible)
* After a block, 30 min of continuous monitoring is required
* A nurse (PCC or PACU) must be responsible for patient in order to provide nursing care
* PCC nurse should not be solely responsible for the 30 min monitoring period. AA or Anesthesia or Anesthesia trainee may be delegated for monitoring in conjunction with PCC nurse for nursing care
* Careful timing and communication with OR will ensure blocks work in time and are not wasted

**For a Patient receiving a Block in the PAIS Block Area:**

* **Scenario 1**: PCC nurse checks in patient. Block is done. OR team takes over patient care during the 30 min monitoring period. Either Anesthesia or Anesthesia Trainee or AA remained with patient for monitoring purposes prior to OR team taking over.
* **Scenario 2**: Same as 1. But OR team is delayed and 30 min elapsed. Patient is handed back to PCC nurse for sole care as monitoring period is over.
* **Scenario 3**: PACU nurse available throughout. Checks in patient and monitors patient until patient goes to OR.
* **Scenario 4**: PACU nurse available in limited fashion. Checks in patient and monitors for 30 min and hands care back to PCC nurse.

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| ***Team Member*** | ***Nursing Care/Check ins*** | ***Monitor for 30 min*** | ***Perform Block*** |
| PCC Nursing | √ |  |  |
| PACU Nursing | √ | √ |  |
| AA |  | √ |  |
| Anesthesia |  | √ | √ |
| Anesthesia Trainee |  | √ | √ |