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Original Article

National PACU Airway Audit

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Following a discussion with BARNA Committee members late 2012, it was decided that a national audit of airway management practices within the PACU environment would be undertaken. A systematic literature review at the time highlighted the lack of local or national guidance for recovery nurses/PACU practitioners to extubate their own patients. Extubation is described as the discontinuation of an artificial airway. An artificial airway can be described as a plastic or rubber device that can be inserted into the upper or lower respiratory tract to facilitate ventilation or the removal of secretions [Farlex Inc, 2011].

Guidelines from the Association of Anaesthetists of Great Britain and Ireland [AAGBI, 2002] stated that the anaesthetist that administered the anaesthetic was responsible for the removal of the airway. However their updated recovery module [AAGBI, 2013] states that the task of extubation may be delegated to an appropriately trained person. The Association for Perioperative Practitioners [AfPP, 2007] recommended that if responsibility is delegated, the practitioner should have received validated training and be deemed competent to perform the task.

Delegation is a two way process. If an anaesthetist delegates the care of an intubated patient to a PACU practitioner and the practitioner accepts the delegation, that practitioner must have the knowledge and skills to be aware of the consequences of the delegation. Their performance in this skill will be judged against the performance expected by anaesthetists. The practitioner to whom the task is delegated has a duty to inform the anaesthetist delegating the task if the task is outside their area of competence [Burnard and Morrison, 1994].

The AAGBI [2002] guidelines further state that when care or treatment is delegated, the anaesthetist must be satisfied that the person to whom they delegate has the qualifications, experience, knowledge and skills to provide the care or treatment involved. Airway related complications at extubation are more common than problems at intubation [Rassam *et al*, 2005; Karmarkar and Varshney, 2008]. Reviewing the numerous complications that can arise in the immediate post-extubation period reinforces the responsibility, upon the individual undertaking the extubation and is a critical time for vigilant nursing assessment and care [Ead, 2004].

Assessing the heightened responsibility placed upon the recovery nurse/PACU practitioner for extubation, it was deemed pertinent to undertake a national audit of practices within the UK. The subjects for the audit questions were generated through discussions with BARNA's Committee members and it was decided to ask questions around extubation, responsibility, airway insertion and the decision-making process. It was felt that survey monkey would be a good medium to get the survey out to all the PACU areas due to ease of use and availability.

BARNA committee members have been hard at work building a database of all the hospitals, NHS and private as well as educational institutions within the UK. A single contact name, phone number and e-mail address per PACU unit and educational department was sought as a 'BARNA link' person for that area and the national airway audit was then e-mailed out to those link people for completion. The information gained for this database will only be used by BARNA and not be sold or passed onto any third parties. A closing date of September 2013 has been given for the survey to be completed. Results will then be collated and published in the next BJARN. BARNA look forwards to sharing this information with you.

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