ASPAN Perianesthesia Data Elements—The Model

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THE CORE PURPOSE of the Perianesthesia Data Elements (PDE) Committee has been to create a comprehensive dictionary that will include the critical data elements crucial for inclusive and consistent perianesthesia nursing documentation. The committee developed a schematic model (Fig 1) to provide a platform showcasing the basic process concepts that converged to form the origins of perianesthesia data elements. This model displays the key characteristics of the informatics structure that best describe the work and language of perianesthesia nurses. Components embedded in this conceptual model include the following: nursing assessments, diagnoses, interventions, outcomes, influential nonclinical elements, critical pathways, care plans, protocols, guidelines, standards, competencies, levels of care, phases of perianesthesia nursing, facilities, quality indicators, and safety. These central components of PDE are critical in laying the foundation for safe communication.

The Model

The Triangle

At the very core of the PDE model lies the actual foundation, the cornerstone of perianesthesia communication and documentation. This represents the structural basis or building blocks on which perianesthesia language relies—the perianesthesia data elements themselves. The remaining ascending rungs of the inner ladder denote the key components of nursing processes every nurse performs in the care of patients: assessment, diagnosis/planning, intervention, and outcome/evaluation.

Standard VI of ASPAN's *2006-2008 Standards of Perianesthesia Nursing Practice* describes the standard, rationale, outcome, and criteria for the assessment of perianesthesia patients.[1] This assessment, including continuous monitoring and ongoing data collection, consists of the notation of physiological and psychological parameters, clinical observations, and monitoring of responses from the patient to the environment, interventions, and other interactions. Terminology to describe key nursing assessments varies widely by locale, workplace culture, and individual discretion and practice. These variations contribute to lack of uniformity, measurability, and, at times, disparate interpretations of clinical documentation. Inadequate capture of data can also result in fragmented, sometimes conflicting and/or incomplete records of clinical events.

After the data collection phase of nursing care, the actual data gathered is synthesized and integrated into a plan of care. As noted in

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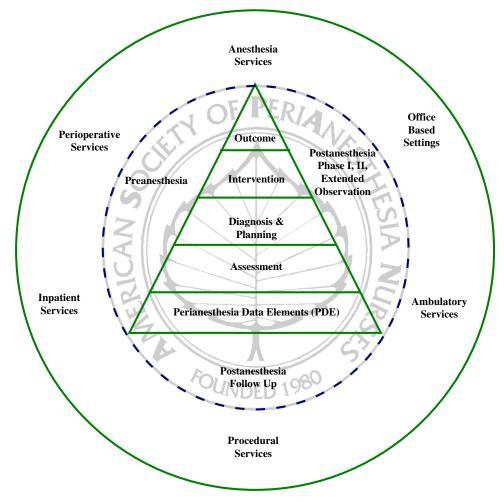
Fig 1.   ASPAN Conceptual Model for Perianesthesia Data Elements. Reprinted with permission from ASPAN.

this Standard, the plan of care may include actual initiation of protocols or practice guidelines, activation of physician provider orders, and application of perianesthesia standards of care. This plan of care involves the holistic and individualized development of interventions to be implemented for therapeutic measures. The process of integrating data into action is conceptually addressed in Standard VII, Planning and Implementation.[1]

Lastly, the apex of the pyramid represents the actual and desired patient outcomes resulting from the evolving plan of care and adaptive interventions. Perianesthesia nurses continuously evaluate the patient's progress to deter-

mine movement toward mutual and desired outcomes (Table 1). Evaluation (Standard VIII) involves not only analyzing the success of the goals and interventions, but examining the need for adjustments and changes as well.[1] As a constant component of the nursing process, evaluation leads back to assessment, which leads to further planning, and the whole process continues to evolve.

Inner Circle

The inner circle of the PDE model represents the various phases of perianesthesia care. The scope of perianesthesia practice is not limited to the admission and discharge of surgical and procedural patients. This practice is involved