

# PRESIDENT'S LETTER

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## **New Guidelines for immediate post-anaesthetic recovery**

The Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland publish on a regular basis guidelines and recommendations with respect to anaesthesia, critical care medicine and pain management. These documents are often well respected, extremely influential and accepted as robust measures of good clinical practice.

In 1985, the Association of Anaesthetists published recommendations for the improvement and management of recovery facilities in hospitals. This document, which was updated in 1993, had a major effect on the provision of recovery room facilities and was instrumental in advancing patient care after anaesthesia to levels we now take for granted. Many members of BARNA would have seen this much cited document and realise how it has influenced their professional life.

Clearly, many changes in practice, workload, expectations and staff training have occurred in the last 10 years and most will recognise that it is time to have a fresh look at the situation. Consequently, a new working party was formed last year, with myself as Chairman, tasked to reconsider the subject and produce appropriately modified guidelines, recommendations and standards. The new document is now in the final stages of development and undergoing peer review before it is presented to the Council of the Association of Anaesthetists for approval prior to publication. BARNA has played an important role in this project and indeed was very influential in the decision to reconvene the working party. Maddie Woods was your representative on the group and your committee are now considering the report and feeding back any pertinent comments.

The working party considered many issues relevant to the care of patients after anaesthesia. These included recovery room facilities, equipment and drugs, staffing of

recovery rooms, transferring patients from theatre to the recovery room, management of patients in the recovery room, discharging patients, special needs of children, recovery in special areas and the importance of audit. The management of critically-ill and dying patients was also considered.

Until the document is approved by all concerned none of its many detailed recommendations can be revealed. However, it is clear that most areas of the working party's efforts are of interest to BARNA. Perhaps one of the most pressing is the management of critically-ill patients in the recovery room during times of bed shortages on the critical care unit. This has caused great concern to some members of BARNA. Practice varies widely throughout the country and the document will make firm recommendations to clarify the responsibilities of recovery and critical care staff under these unfortunate circumstances.

BARNA has emphasised the vital role of training and professional development of recovery room staff and the document will reflect this. For example, it is our intention to publish a list of core skills for all recovery staff and to recommend the development of specialist roles of senior personnel. Recovery staff are true specialists who can offer more than excellent clinical care of patients after anaesthesia. For example, it is my view that they should play a major role in education of other staff.

Increasing complexity of anaesthetic and surgical procedures, pressures for increase throughput of patients, increased expectations, staff shortages and many other factors are having a considerable influence on the professional life of BARNA members. It is hoped that this new document will help all healthcare professionals to deliver, or continue to deliver, high quality patient care. The Association of Anaesthetists are very grateful to BARNA for their input into this important document and it is likely that it will be published in the summer of this year.

David J Rowbotham  
President of BARNA