



# Rancho Los Amigos National Rehabilitation Center

## DEPARTMENT OF NURSING

### INTENSIVE CARE UNIT

## POLICY AND PROCEDURE

**SUBJECT:** RECOVERY OF POST OPERATIVE  
PATIENTS IN THE ICU/PCU

**Policy No.:** ICU/PCU 03  
**Supersedes:** ALL  
**Revised Date:** 11/2023  
**Effective Date:** 07/1999  
**Page:** 1 of 4

**PURPOSE:** To define a uniform guideline for admission, assessment, monitoring, transfer and discharge of immediate post-operative patients in ICU.

**PERFORMED BY:** RN, MD

#### **POLICY STATEMENTS:**

1. Post-operative patients admitted to the ICU for recovery are those who require continuous monitoring due to increased risk for potential complications such as excessive blood loss or unstable cardio-respiratory status, and need ICU level of nursing care.
2. Decision to recover patients in the ICU will be made on a case by case basis.
3. An anesthesiologist or Intensivist will be available during the recovery period.
4. All postoperative patients will be evaluated on an individual basis and discharged from ICU with an order from the physician.
5. To assure that the patient has adequately recovered from the anesthetic, an anesthesiologist or Intensivist will be available until patient is recovered. Estimated times will be 1-2 hours depending on patient condition.
6. The patient is to be accompanied from PAR, by anesthesiologist or Registered Nurse to the ICU.
7. The ICU/DOU nurse will provide 1:2 care to the patient during the recovery period.

#### **PROCEDURAL STEPS:**

1. Report is given by the Anesthesiologist, Certified Registered Nurse Anesthetist (CRNA) or Circulating Nurse to the receiving ICU nurse.
  - a. Patient's name
  - b. Doctor's name.
  - c. Type of procedure performed, length of surgery, positioning, and any complications encountered.
  - d. reversal drugs given, and timing of administration
  - e. Estimated blood loss, IV replacement and blood transfusion given
  - f. Any special treatments, monitoring or observations to be made
  - g. Location of drains, tubes, dressings, and ostomies
  - i. Presence and type of artificial airway, mechanical ventilator and settings, as applicable.
  - j. Medications administered, e.g., PCA, Antibiotics, opiates, benzodiazepines
  - k. Other pertinent facts, e.g., allergies, deaf, blind, etc.
2. Administer oxygen therapy as ordered.

3. General assessment.
  - a. Vital Signs
    - 1) Monitor every 15 minutes for 1 hour, then every 30 minutes for 1 hour. Vital signs may be taken more often if patient is in unstable condition.
    - 2) Begin warming measures for patients with temperature (36 ° C) 96° F or lower. Apply warming blanket as needed.
    - 3) All abnormal findings will be reported to the Physician.
  - b. Respiratory Status, including ETCO2 levels with capnography if patient intubated
  - c. Cardiovascular System including:
    - 1) Cardiac rhythm- EKG strip and documentation
    - 2) Palpate peripheral pulses and check capillary refill time, sensation, movement, pain and color.
  - d. Neurological system
    - 1) Assess level of consciousness.
    - 2) Assess sensation and movement of all limbs to command
  - e. Pain Management
    - 1) Assess for signs and symptoms of pain and administer analgesia as ordered.
    - 2) Initiate PCA (Patient Controlled Analgesia) as ordered (See Administrative policy and procedure B816.1 – Patient Controlled Analgesia for specifics.)
5. General care:
  - a. Elevate head of bed 30 degrees if not contraindicated to prevent aspiration.
  - b. Position patient to comfort. Reposition as needed to relieve pressure and reduce swelling on operative site.
  - c. Place sequential compression device as ordered. .
  - d. Monitor
    - 1) IV site(s) for patency, type and amount of solutions infusing
    - 2) Type and patency of drainage tubes and collection devices.
    - 3) Strict intake and output.
    - 4) Type and amount of post-operative drainage and report abnormal findings to Physician.
    - 5) All operative sites for bleeding. Note condition of dressings or condition of sutures if dressing is absent

**Key Point:** Mark the boundaries of drainage on dressing when present. Date and time markings.

**DISCHARGE / TRANSFER:**

1. Patient will remain in ICU until discharge / transfer order is written by the attending or designated physician.
2. Patients discharged from ICU will meet the following criteria:
  - a. Able to exhibit evidence of muscle relaxant reversal.  
Patient is able to:
    - 1) Raise head on request if not contraindicated
    - 2) Move extremities as pre-op status if not contraindicated
    - 3) Displays adequate ventilatory effort and oxygenation
  - b. Level of consciousness is equivalent to pre-op level.
  - c. Vital signs are stable for at least 30 min. prior to transfer.
    - 1) Respirations are effective with adequate equal breath sounds unless pre-op status showed altered pulmonary function.
    - 2) Temperature is above 96 degrees.

- d. Vomiting is under control if not absent.
  - e. Maintains adequate urine output (at least 30 ml/hr.).
  - f. Pain is adequately controlled.
  - g. Patient is surgically stable, e.g. incision or dressing is intact, drainage from surgical drains are within parameters, and without neuro-vascular impairment in extremities.
3. Patient receiving epidural or spinal anesthesia will meet criteria outlined above. In addition, the following criteria will be met:
- a. Patient will be able to move legs, bend knees and raise hips off bed, if not contraindicated.
  - b. Sensory levels have returned to near normal state. Patient may experience slight residual numbness and/or paresthesia.  
**KEY POINT:** An order from the Anesthesiologist/ Intensivist may override these guidelines.
4. If drugs are given in ICU the following are guidelines to be followed:  
**KEY POINT:** An order by an Anesthesiologist/Intensivist may override these guidelines.
- a. Intravenous Narcotics
    - 1) Patient remains in ICU for 30 min. after initial dose.
    - 2) Patient to remain in ICU for 15 min. after each successive dose.  
**EXCEPTION:** Patients using Patient Controlled Analgesia (PCA) may be discharged to unit authorized to accept patients on PCA
  - b. Intramuscular narcotics, IV/IM antiemetic, IV/IM benzodiazepine or vasopressor - Patient remains in ICU for 30 minutes after dose.
  - c. Narcan - Patient remains in ICU for 1 hour after dose.
5. The receiving unit will be notified of approximate time of transfer and need for any special equipment.
6. Patient is transferred to patient unit by an RN.  
**KEY POINT:** The RN will determine the transfer mode, and the number and skill level of accompanying personnel based on patient's need.
7. RN gives report to receiving nurse. Report is to include all pertinent data to ensure continuity of care.
8. RN will stay with the patient until the initial vital signs are taken.

**DOCUMENTATION:**

1. Document vital signs, medications and IV/blood components infused, output from catheters and drains in the appropriate area of the medical record.
2. An EKG strip is taped on the notes section of the medical record
3. Transfer documentation will contain the following information:
  - a. Time of discharge
  - b. Anesthesiologist/Intensivist signing out patient
  - c. Unit receiving patient
  - d. Level of consciousness
  - e. Condition of dressings
  - f. Amount of drainage, color and type
  - g. Total input and output
  - h. Effect of pain medication administered if applicable
  - i. Type of IV/blood component and amount left in bag
  - j. Neurovascular checks of operative or casted extremity
  - k. Vital signs reported by the receiving unit.
4. Prior to patient transfer, Provider or Anesthesiologist will discontinue PACU orders.

**PATIENT / FAMILY EDUCATION:**

Record patient/family education in the medical record, to include:

- a. Operative procedure done
- b. Post-operative pain management

- c. Purposes of all lines / tubings the patient may have
  - d. Purpose and side effects of medications including anesthesia.
  - e. The use of the incentive spirometer
  - f. DVT prophylaxis
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**REFERENCES:**

Rancho Los Amigos National Rehabilitation Center, Department of Anesthesia Policy and Procedure Manual, Section 6.

Nursing P&P PACU -01 – Care of Patient in PACU – Pediatric through Adult

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