HIGH DESERT HEALTH SYSTEM
AMBULATORY SURGICAL CENTER

SUBJECT: VI-130 ADMISSION TO POST ANESTHESIA CARE UNIT	**POLICY #**: 1166
	VERSION: 1
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PURPOSE: To provide guidelines for post anesthesia nursing care to ensure quality care is provided during the recovery period in.

POLICY: All patients undergoing anesthesia care will be admitted to the Post Anesthesia Care Unit (PACU).

PROCEDURE:

I. VERBAL REPORT (HAND OFF COMMUNICATION)

A. To ensure patient safety and continuity of care, upon admission to the PACU, the anesthesia provider and RN circulator will provide to the PACU nurse a verbal report, which will include the following information:

1. Patient identification.
2. Surgery/procedure performed.
3. Type/agents of anesthesia administered, time and amount of last dose of narcotic.
4. Presence and status of drains, catheters, tubes and dressing.
5. Length of procedure and anesthesia.
6. Presence and status of peripheral I.V. line and fluid balance (intraoperative intake and output, including estimated blood loss)
7. Potential problems that may occur due to the patient's physiologic status or surgical procedure

II. INITIAL ASSESSMENT AND REASSESSMENT

A. All patients will receive an initial assessment upon arrival to the PACU to include:

1. Vital signs
   a. Respiratory Status
   b. Circulatory Status

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c. Pulse
d. Temperature
e. Oxygen saturation level

2. Color and condition of skin and mucous membranes
3. Position of patient (comfort and safety)
4. Type and patency of drainage tubes and catheters
5. Condition of dressing; amount/type of drainage

Activity status; extremity movement

1. Level of consciousness, response to stimuli
2. Level of comfort/safety
   a. Pain
   b. Status of protective reflexes
3. I.V. therapy; patency of catheter
4. Spinal Level if patient received spinal anesthesia.

B. All patients will receive a reassessment of vital signs, including blood pressure, pulse, respirations and SPO2 every 5 minutes until discharge from unit.

III. NURSE INTERVENTIONS

A. Specific nursing interventions are based on patient's individual needs. These interventions related to seven major areas: (1) promoting adequate respiratory function, (2) promoting adequate circulatory function, (3) promoting normal reflex return, (4) promoting safety and comfort, (5) promoting wound healing, (6) promoting fluid and electrolyte balance, and (7) reducing anxiety and providing psychosocial support.

1. Promote adequate respiratory function. Scored on Aldrete Scoring System
   a. Check rate, rhythm, depth and quality of respiration every 5 minutes;
   b. Administer oxygen per physician orders.
   c. Position patient so that patent airway is maintained.

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d. Assess skin color as an indicator of oxygenation

e. Assess oxygen saturation at tissue level by applying pulse oximeter. Assess continuously and document every 5 minutes.

2. Promote adequate circulatory function. Scored on Aldrete Scoring System
   a. Monitor vital signs every 5 minutes
   b. Assess cardiac rhythm by applying cardiac monitor. Obtain initial rhythm strip and attach to PACU monitoring form.
   c. Assess and document patient temperature on admission.
   d. Assess pulse rate and rhythm. Note rate and character of pulse and be observant for tachycardia, bradycardia or arrhythmias.
   e. Assess blood pressure every 5 minutes

3. Promote normal reflex return. Scored on Aldrete Scoring System
   a. Level of consciousness (general anesthesia)
      i. Check for progression from anesthesia-induced unconsciousness, semi consciousness to consciousness.
      ii. Patient should be awake, alert and oriented.
      iii. Document consciousness assessment
   b. Return of functions (spinal, regional anesthesia)
      i. Assessment of extremities for return of function:
         - Mobility
         - Sensation
         - Temperature
         - Color
      ii. Assess skin for signs of pressure or injury

4. Promotion of safety and comfort.
   a. Check side rails
   b. Patient positioning
   c. Proper function of emergency equipment

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d. Pain management behavioral indicators:
   i. Verbalization of pain
   ii. Agitation (when not related to hypoxia)
   iii. Changes in vital signs (increased blood pressure, heart rate)
   iv. Facial expressions (non-verbal); faces of pain
e. Administer analgesia as ordered based upon assessment of behavioral indications.
f. Reassess for effectiveness of pain medication.
g. Chart medication and patient's comfort related to pain medication

5. Promote wound healing
   a. Assess for hemorrhage
      i. Check incision dressing for signs of postoperative bleeding.
      ii. Assess and document amount of bleeding, notify surgeon if necessary.
      iii. Reinforce dressing as needed and ordered.
   b. Drainage tubes
      i. Assess tubes for patency
      ii. Color and amount of drainage should be noted.

6. Promote fluid and electrolyte balance
   a. Check all infusion lines for patency.
   b. Note flow rate, type of solution and gauge of needle/catheter

7. Reduce anxiety and provide psychosocial support
   a. Reassure patient if concerned about procedure and finding.
   b. Be sensitive to emotional needs of patient and family members.
   c. Contact family and inform of patient's progress
   d. Have surgeon talk to patient's family after surgery/procedure

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IV. DOCUMENTATION OF POST ANESTHESIA CARE

A. Accurate recording of the patient's progress using Post Anesthesia Care Unit Nursing Documentation Form
   1. Documentation will include:
      a. Plan of care
      b. Assessment of data
      c. Patient's response to nursing care provided/interventions
      d. Evaluation and reassessment

B. A logbook in the PACU will be maintained. Documentation will include, but not limited to:
   1. Patients name & MRUN#
   2. Age and gender
   3. Type of procedure
   4. Surgeon
   5. Anesthesiologist
   6. CRNA
   7. Anesthesia minutes
   8. Aldrete score on admission and discharge
   9. RN caring for the patient
   10. Time admitted and discharge
   11. Any complications

REFERENCES:

Standards of Peri-anesthesia Nursing Practice

AORN Recommended Practices and Guidelines, 2014

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