Rancho Los Amigos National Rehabilitation Center
DEPARTMENT OF NURSING
POST-ANESTHESIA RECOVERY ROOM
POLICY AND PROCEDURE

SUBJECT: **CARE OF PATIENT IN PACU - PEDIATRIC THROUGH ADULT**

Policy No.: **PACU01**
Supersedes: **ALL**
Revision Date: **12/2015**

Purpose of procedure: To provide uniform guidelines for admission / assessment / monitoring / transfer / discharge of patients in the Post Anesthesia Care Unit (PACU).

Policies:

1. All postoperative patients will be fully assessed on admission to PACU, and continuously monitored while in PACU.
2. All postoperative patients will be evaluated on an individual basis and discharged with an order from the anesthesiologist to assure that the patient has adequately recovered from the anesthetic that has been administered.

Performed by: RN, MD - Anesthesiologist

Procedural Steps:

I. ADMISSION TO PACU

A. The patient is accompanied by anesthesiologist or CRNA and Circulating Nurse to the PACU.
Key Point: Patients who received only local anesthesia are transported from the OR by the circulating nurse and nurse who monitored the patient during surgery.

B. Report is given by the Anesthesiologist or CRNA and Circulating Nurse to receiving PACU nurse, including:
1. Patient's name
2. Doctor's name
3. Type of procedure performed, any complications encountered
4. Anesthetics, sedatives, analgesia, antibiotics, reversal agents, and other medications given
5. Blood loss, IV replacement and blood transfusion given
6. Any special treatments, monitoring or observations to be made
7. Location of drains and tubes placed in the OR
8. Significant past medical history
9. Other pertinent facts about the patient, i.e. allergies, deaf, blind, etc.

C. Oxygen is administered at 10 L/min by mask or 2-4 L/min by nasal cannula for a minimum of 30 minutes on admission to PACU unless otherwise ordered for patients who have received general anesthesia and are extubated. For other types of anesthesia oxygen is administered as ordered.

D. Child Adult Mist (CAM) tent with oxygen delivered at 10 L/min is used instead of a face mask or nasal cannula for children 10 years and younger who were intubated in surgery. It may also be used for any patient that had oral or facial surgery.
KEY POINT: Pediatric patients generally do not tolerate the mask or cannula.

II. ASSESSMENT/ MONITORING / CARE WHILE IN PACU

A. Take initial set of vital signs.

Temperature is routinely checked on arrival and before discharge. If temperature is elevated beyond doctor's parameters or if hypothermic, temperature is checked every 15-30 minutes while in PACU.
KEY POINT: Begin warming measures for patients with temperature 96.0F or lower. Apply thermal warming blanket as needed.

B. Assess respiratory status

1. Count respiratory rate, and observe depth, character, respiratory pattern, airway patency and skin color.
   KEY POINT: Assess all pediatric patients for croup. Notify anesthesiologist if croup noted.
2. Note presence and type of artificial airway, mechanical ventilator and settings if applicable.
3. Monitor O_2 saturation with pulse oximeter. Monitor expired CO_2 levels with capnograph if patient is intubated.
   KEY POINT: Pulse oximetry provides an accurate means of assessing O_2 saturation and volume. Continuous measurement of SAO_2 levels provide early warning of respiratory depression when a previously stable level begins to decrease.

C. Assess cardiovascular status

1. Check vital signs every 15 minutes and more often if indicated. Note condition and color of skin.
   KEY POINT: For restless pediatric patients, check O2 saturation, pulses and skin color first, blood pressure checks may be deferred until they are more settled.
2. Monitor cardiac rhythm and note any arrhythmia. Obtain EKG strip.
   KEY POINT: Report any abnormalities to the anesthesiologist and surgeon.
3. Monitor arterial/CVP pressures if applicable.
4. Check all operative sites for bleeding. Note condition of dressings, or condition of suture line if dressing is absent.
   KEY POINT: If drainage is present, mark time and date and notify surgeon as needed.
5. Check IV site for patency. Note any signs and symptoms of infiltration.
6. On casted or operative limb, palpate peripheral pulses, check capillary refill time, sensation and movement, tingling, numbness, pain and color.

D. Assess Central Nervous System Status

1. Assess level of consciousness. Note mental function of patient.
   KEY POINT: The patient who is confused prior to surgery will usually behave the same way post anesthesia.
2. Assess sensation and voluntary movement of all limbs to command and compare to pre-op status.
3. Assess emotional status and intervene as appropriate.
   KEY POINT: For post-op pediatric patients, one family member or care provider may be allowed in PAR to comfort/calm child.

E. Elevate head of bed 30 degrees if not contraindicated. Position patient to relieve pressure and reduce swelling on operative area.

F. Patients are kept dry and covered by a warm blanket to maintain normal body temperature.

G. Evaluate for signs and symptoms of pain and administer analgesia as needed. Investigate other causes of pain such as cast too tight, full bladder, improper position, etc.
KEY POINT: All pain medication orders are to be approved by one of the anesthesiologist prior to administration.

H. Check doctor's post-op orders and carry out stat and other orders specific to PACU.

I. Initiate patient controlled anesthesia (PCA) according to pre-written PCA orders and after confirming presence of completed patient education acknowledgement form on chart. Refer to policy #B816 pertaining to surgical patients.

J. Monitor intake and output. Check location of lines, type and amount of solutions infusing, type and patency of drainage tubes, catheters and collection devices.

III. TRANSFER FROM PACU

A. The anesthesiologist will evaluate and discharge patient to assigned unit with written order.

B. Patients discharged from PACU will meet the following criteria:
1. Able to exhibit evidence of muscle relaxant reversal.
KEY POINT:
Patient is able to a) Raise head on request if not contraindicated,
b) Move extremities as pre-op status if not contraindicated, and c)
Displays adequate ventilatory effort and oxygenation.
2. Level of consciousness is equivalent to pre-op level.
KEY POINT: Patients whose level of consciousness is not equivalent to pre-op level may be discharged to Special Care Unit(SCU)/101 or DOU/102 where they can be monitored.
3. Vital signs are stable for at least 30 min. prior to transfer.
a) Respirations are effective with adequate equal breath sounds unless pre-op status showed altered pulmonary function.
b) Temperature is 96 degrees or higher.
KEY POINT: Patients transferred to SCU may have significantly different vital signs, but they must be stable.
4. Vomiting is well under control if not absent.
5. Maintains adequate urine output (at least 30 ml/hr.).
6. Pain is adequately controlled.
7. Patient is surgically stable.

C. Patient receiving epidural or spinal anesthesia will meet criteria outlined above. In addition the following criteria will be met:
1. Patient will be able to move legs, bend knees and raise hips off bed, if not contraindicated.
2. Sensory levels have returned to near normal state. Patient may experience slight residual numbness and/or paresthesia.
KEY POINT: An order from the Anesthesiologist may override these guidelines.

D. If drugs are given in PACU the following are guidelines to be followed:
KEY POINT: An order by an Anesthesiologist may override these guidelines.
1. Intravenous Narcotics

a) Patient remain in PACU for 30 min. after initial dose.
b) Patient to remain in PACU for 15 min. after each successive dose.
KEY POINT: Exemptions are patients using Patient Controlled Analgesia (PCA).

2. Intramuscular Narcotics, IV/IM antiemetic, IV/IM benzodiazepine or Vasopressor - Patient remains in PACU for 30 mins. after dose.
3. Narcan - Patient remains in PACU for 1 hour.

E. Notify Anesthesiologist that patient has met criteria and is ready for transfer.

F. All patients will be signed out of PACU by the anesthesiologist.

G. The patient unit will be notified of approximate time of transfer and the need for any special equipment.

H. 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.

I. Patients transported to SCU will have oxygen and/or portable monitor available at the discretion of the anesthesiologist discharging the patient or the RN transferring the patient.

J. Assist nursing staff of receiving unit to return patient to bed.

K. Report is given to receiving nurse of all pertinent data to ensure continuity of care.

L. RN will wait with the patient until the receiving nurse has assessed the patient and vital signs are taken and reported to PACU RN.

M. Strip gurney of used linen, place in the appropriate linen hamper and return transfer equipment to PACU.

N. Notify SCU/101 or DOU/102 when it is determined that a surgical procedure will be completed after PACU is closed at 1800. Report is given to SCU regarding anticipated patients needs.

O. PACU RN will complete all nursing care and documentation prior to leaving patient in the receiving unit.

IV. <u>DOCUMENTATION:</u>

A. Document vital signs, medications and IV/blood components infused, output from catheters and drains in the appropriate area of the Post Op Care Record Form

B. An EKG strip is taped on the Post Op Care Record.

C. Sign off all doctors orders that are to be completed in PACU and document on the appropriate flow sheet.

D. Transfer documentation will contain the following information:
1. Time of discharge
2. Anesthesiologist signing out patient
3. Unit receiving patient

4. Level of consciousness
5. Condition of dressings
6. Amount of drainage, color and type
7. Total input and output
8. Effect of pain medication administered if applicable
9. Type of IV/blood component and amount left in bag.
10. Neurovascular checks of operative or casted extremity
11. Vital signs reported by the receiving unit

V. PATIENT TEACHING:

A. Advise patient to let RN know of any bleeding or oozing from dressing or incision site, and any circulatory impairment or color changes in extremities.

B. Inform patient of possibility of headache after spinal or epidural anesthesia.

C. Give explanation on the rationale of keeping patient for a certain period of time and maintaining NPO status in PACU especially after general anesthesia.

D. Advise patient to inform RN of any pain.

Revised By: Patricia Morri, RN, BSN, Ma Theresa Herrera, RN

References:

Nettina, Sandra M. Ed. (2013) Lippincott Manual of Nursing Practice, 10th Ed. Philadelphia.
Standards of Perianesthesia Nursing Practice 2015-2017 – ASPAN Standards
Rancho Los Amigos National Rehabilitation Center, Department of Anesthesia Policy and Procedure Manual