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Effective Date:	11-30-2021	
Document Type:	Standard Operating Procedure	
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Department/Section:	Post-Anesthesia Care Unit	
Document Title:  ADMISSION TO PACU OF PATIF AFTER SEDATION FOR DIAGNO AND THERAPEUTIC PROCEDUR		

#### **PURPOSE:**

To ensure continuous care of Post CT Scan/ MRI/ Ultrasound patient until patient has fully recovered from the sedation given or until criteria for discharge has been met.

#### SCOPE:

Applies to all Post-Anesthesia Care Unit staff and Department of Imaging Sciences staff of Dr. Pablo O. Torre Memorial Hospital

#### PERSON RESPONSIBLE:

Attending Physician, Anesthesiologist, Registered Nurse, and Technician

#### **GENERAL GUIDELINES:**

- 1. Pediatric patients who received moderate sedation must be observed in a suitably equipped recovery area, which must have a functioning suction apparatus as well as the capacity to deliver 90% oxygen and positive-pressure ventilation (bag-valve mask) with an adequate oxygen capacity as well as age- and size-appropriate rescue equipment and devices.<sup>1</sup>
- 2. The pediatric patient's vital signs should be recorded at specific intervals (e.g. every 10–15 minutes). If the patient is not fully alert, oxygen saturation and heart rate monitoring shall be used continuously until appropriate discharge criteria are met.<sup>1</sup>

#### PROCEDURE:

- Ward Nurse in-charge notifies PACU staff upon confirmation of diagnostic procedure with sedation.
- DIS staff notifies PACU upon completion of the procedure including the estimated patient arrival time, precautions and special preparation.
- PACU Nurse receives patient per stretcher or patient's bed and the initial endorsement of patient from DIS Staff/ Accompanying Nurse in-charge/ AROD/ Anesthesiologist.



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- 4. PACU Nurse receives endorsement of patient's information from DIS Staff/ Accompanying Nurse in-charge/ AROD/ Anesthesiologist with the following information:
  - 4.1 the type of procedure performed (CT Scan/ MRI/ Ultrasound) including any complications encountered during the procedure
  - 4.2 type of anesthesia (e.g. general, mask sedation, intravenous sedation, total intravenous anesthesia)
  - 4.3 presence of catheters, drainage tubes and other special device attached to the patient
  - 4.4 type of dressings used
  - 4.5 presence of endotracheal tube
  - 4.6 type of oxygen delivery administered (e.g. nasal cannula, face mask, non-rebreathing mask)
  - 4.7 types of cannulation and its respective locations
  - 4.8 administration of blood, colloids, fluid and electrolyte balance.
  - 4.9 drug allergies
  - 4.10 RT-PCR result.
  - 4.11 pre-existing medical condition and if co-managed by internal medicine and update MROD.
  - 4.12 special orders to be done after the procedure (e.g. RBS, ABG, ECG 12 leads)
- 5. Attach patient to monitor and oxygen upon arrival at PACU and orient patient to time, place and person.
- Assess patient cephalo-caudal (airway, breathing, circulation, pain scale, infusions, complaints or any alteration in vital signs)
- 7. Assess patient status using Aldrete Score, Bromage Score and Sedation Score, whichever is applicable.
- 8. Record the baseline vital signs, attachments and on going infusion of the patient.
- 9. Keep patient thermoregulated ( $\leq$  36°C and  $\geq$  37.5°C body temperature).
- 10. Review the post procedure orders.



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- 11. Give due medications as ordered. (antibiotic, single dose at PACU, pain medication, etc.).
- 12. Monitor patient's sedation score every 15 minutes.
- 13. Refer for any untoward signs and symptoms.

#### REFERENCE:

<sup>1</sup>Coté, C. J., MD, FAAP, & Wilson, S., DMD, MA, PhD. (2019). Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures. *Pediatric Dentistry*, 41(4), E33.

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Bigony, L., (2012). Is your Client Ready for PACU Discharge? OR Nurse, September 2012. 48 National Association of PeriAnestesia Nurses of Canada Standards for Practice 3<sup>rd</sup> Edition 2014

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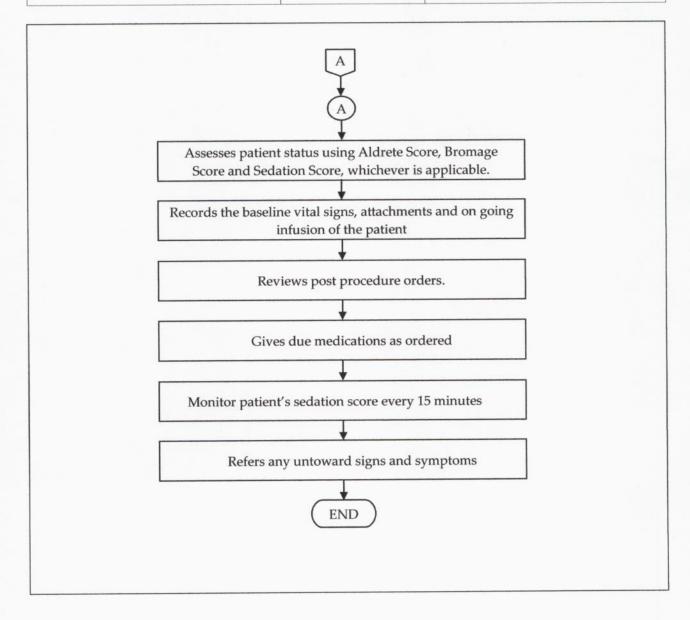


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Department/Section:	Post-Anesthesia Care Unit	
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# **FLOWCHART** START Notifies PACU staff upon confirmation of diagnostic procedure with sedation Notifies PACU upon completion of the procedure including the estimated patient arrival time, precautions and special preparation Receives patient per stretcher or patient's bed and the initial endorsement of patient from DIS Staff/ Accompanying Nurse in-charge/ AROD/ Anesthesiologist. Receives endorsement of patient's information from DIS Staff/ Accompanying Nurse in-charge/ AROD/ Anesthesiologist Attaches patient to monitor and oxygen upon arrival at PACU and orient patient to time, place and person Assesses patient cephalo-caudal



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KEY TASKS	PERSON RESPONSIBLE
Notifies PACU staff upon confirmation of diagnostic procedure with sedation	Ward Nurse in-charge
<ol> <li>Notifies PACU upon completion of the procedure including the estimated patient arrival time, precautions and special preparation</li> </ol>	DIS staff
3. Receives patient per stretcher or patient's bed and the initial endorsement of patient from DIS Staff/Accompanying Nurse in-charge/ AROD/Anesthesiologist	PACU Nurse
4. Receives endorsement of patient's information from DIS Staff/ Accompanying Nurse in-charge/ AROD/ Anesthesiologist	PACU Nurse
5. Attaches patient to monitor and oxygen upon arrival at PACU and orient patient to time, place and person	PACU Nurse
6. Assesses patient cephalo-caudal (airway, breathing, circulation, pain scale, infusions, complaints or any alteration in vital signs)	PACU Nurse
7. Assesses patient status using Aldrete Score, Bromage Score and Sedation Score, whichever is applicable.	
8. Records the baseline vital signs, attachments and on going infusion of the patient	PACU Nurse
9. Reviews post procedure orders.	PACU Nurse



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10. Gives due medications as ordered	PACU Nurse
11. Monitor patient's sedation score every 15 minutes	PACU Nurse
12. Refers any untoward signs and symptoms	PACU Nurse



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