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	Effective Date:	11-30-2021
	Document Type:	Policy
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	Department/Section:	Post-Anesthesia Care Unit
	Document Title:	<b>ADMISSION OF PATIENT TO PACU</b>

### **PURPOSE:**

To describe the transition of care from the surgical suites to the Post-Anesthesia Care Unit (PACU)

### **LEVEL:**


Anesthesiologists, Surgeons, Registered Nurses, Nursing Attendants

### **DEFINITION OF TERMS:**

**Clinical handover** describes systems and strategies for effective clinical communication whenever accountability and responsibility for a patient's care is transferred<sup>1</sup>

### **POLICY:**

1. When admitting a patient to the PACU, patient identification and handover shall be done between the endorsing nurse (depending on the area where the patient will be coming from e.g. Surgical Complex staff's Circulating Nurse, Endoscopy Staff Nurse, Cardiac Catheterization Staff) and the receiving PACU Staff.
2. Post-operative orders shall be communicated both verbally and documented in the patient's chart.
3. Clinical handover/ endorsement shall highlight any issues encountered during the intra-operative period.
4. The PACU nurse shall ensure that the patient care area is prepared to provide equipment for the care of the patient including:
  - 1.1 Jackson-Reese bag with appropriately sized face mask if needed
  - 1.2 Suction machine
  - 1.3 Oxygen saturation monitor
  - 1.4 Blood pressure monitoring equipment

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1.5 Means of achieving privacy

1.6 Oxygen delivery devices

***Note:** Some instances require humidified supplemental oxygen therapy. This consists of, but is not limited to patients who have undergone laryngoscopies, bronchoscopies, esophagoscopies, laser excisions of laryngeal or tracheal papilloma's and tonsillectomies. In addition, any patient with upper airway compromise, specifically stridor or a history of croup, should have humidified oxygen therapy.*

2 The PACU nurse shall provide intensive monitoring of patients following the administration of an anesthetic (general, regional or sedation) in conjunction with surgery or other diagnostic/therapeutic intervention. An ongoing and continuous assessment shall be conducted for each patient during their stay inside the unit.

3 The PACU nurse shall:


- 3.1 Assess patient vital signs and condition, noting alterations and trends. Vital signs will be assessed every 15 minutes for the first hour of PACU stay or until the Modified Aldrete Score criteria are met.
- 3.2 Assess for any changes in patient condition.
- 3.3 Plan appropriate nursing treatments and interventions to achieve restoration of functional stability.
- 3.4 Provide appropriate safeguards for the patient to minimize the potential for injury such as use of side rails, use of appropriate size stretcher/crib, ensure that it is clear of instrumentation/objects which may produce physical harm and position patient appropriately in a manner that prevents injury from improper positioning.

#### **DOCUMENTATION:**

New Policy

#### **DISSEMINATION:**

1. Post Anesthesia Care Unit Policy
2. Orientations

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## **REFERENCE:**

<sup>1</sup>*Clinical Handover - an overview | ScienceDirect Topics.* (n.d.). Science Direct. Retrieved October 12, 2021, from <https://www.sciencedirect.com/topics/nursing-and-health-professions/clinical-handover>


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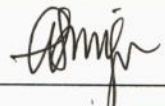




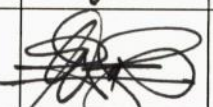
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Perry, A., Potter, P., & Ostendorf, W. (2018). Clinical Nursing Skills and Techniques, (9<sup>th</sup> Edition).

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 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-I-34-P03-S01
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### **PURPOSE:**

To discuss the processes involved in admitting patients to the Post-Anesthesia Care Unit.

### **SCOPE:**


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

### **PERSON RESPONSIBLE:**

Attending Physician, Anesthesiologist, Registered Nurse, and Technician

### **PROCEDURE:**

1. Receive endorsement of patient from intra-operative nurse with the following information:
  - 1.1. type of procedure performed
  - 1.2. any intra-operative complications encountered
  - 1.3. type of anesthesia (e.g. general, mask sedation, intravenous sedation, total intravenous anesthesia)
  - 1.4. presence of catheters, drainage tubes
  - 1.5. other special device attached to the patient
  - 1.6. type of dressings used
  - 1.7. presence of endotracheal tube
  - 1.8. type of oxygen delivery administered (e.g. nasal cannula, face mask, nonrebreathing mask)
  - 1.9. types of cannulation and its respective locations
  - 1.10. administration of blood, colloids, fluid and electrolyte balance.
  - 1.11. drug allergies
  - 1.12. RT-PCR result.

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- 1.13. pre-existing medical condition and if co-managed by internal medicine and update MROD.
- 1.14. special pre-operative orders to be done post-operatively (e.g. RBS, ABG, ECG 12 leads)
2. Attach patient to monitor and oxygen upon arrival at PACU.
3. Assess patient status using Aldrete Score, Bromage Score and Sedation Score, whichever is applicable.
4. Keep patient thermoregulated ( $\leq 36^{\circ}\text{C}$  and  $\geq 37.5^{\circ}\text{C}$  body temperature).
5. Review the post-operative orders.
6. Give due medications as ordered. (antibiotic, single dose at PACU, pain medication, etc.).
7. Monitor patient's sedation score every 15 minutes.
8. Orient patient to time, place and person.
9. Refer for any untoward signs and symptoms.
10. Comply with all documentation required.
11. Request for laboratory works, X-ray en route and other request ordered by the surgeon or anesthesiologist.


#### **REFERENCE:**

The Patient Care Manual. (2018). Boston's Children's Hospital






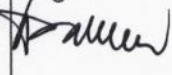
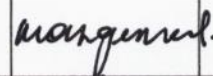
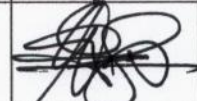
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Bigony, L., (2012). Is your Client Ready for PACU Discharge? OR Nurse, September 2012. 48 National Association of PeriAnesthesia Nurses of Canada Standards for Practice 3<sup>rd</sup> Edition 2014

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Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		4/6/22

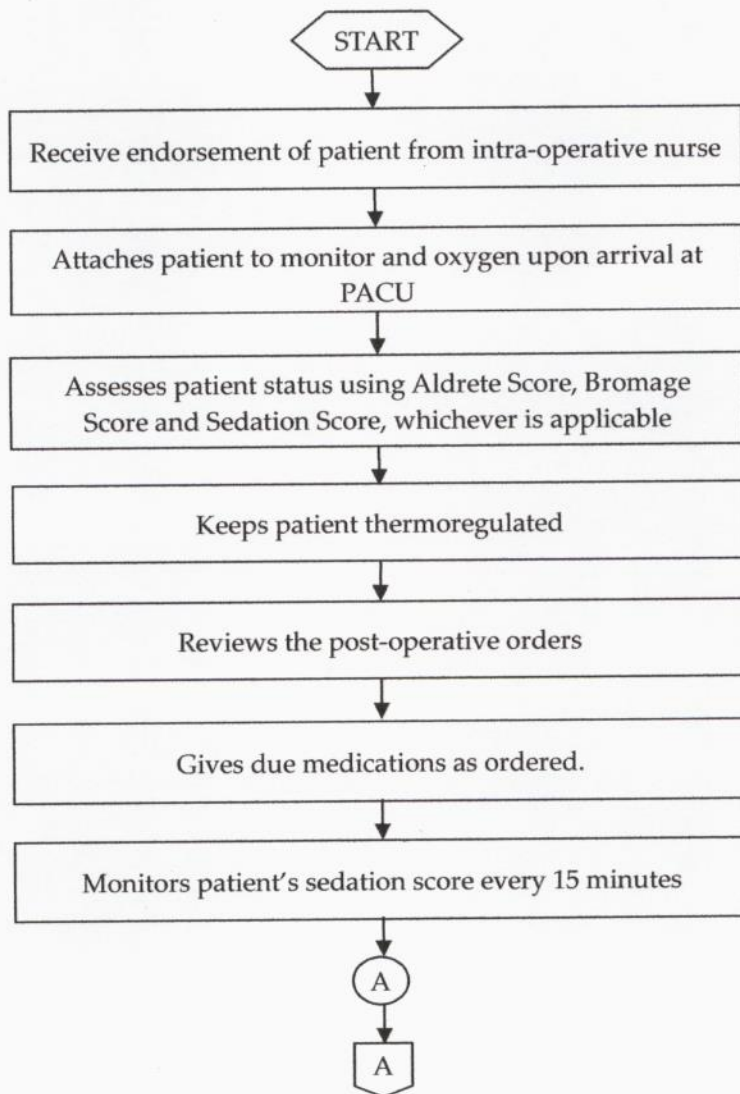


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## FLOWCHART

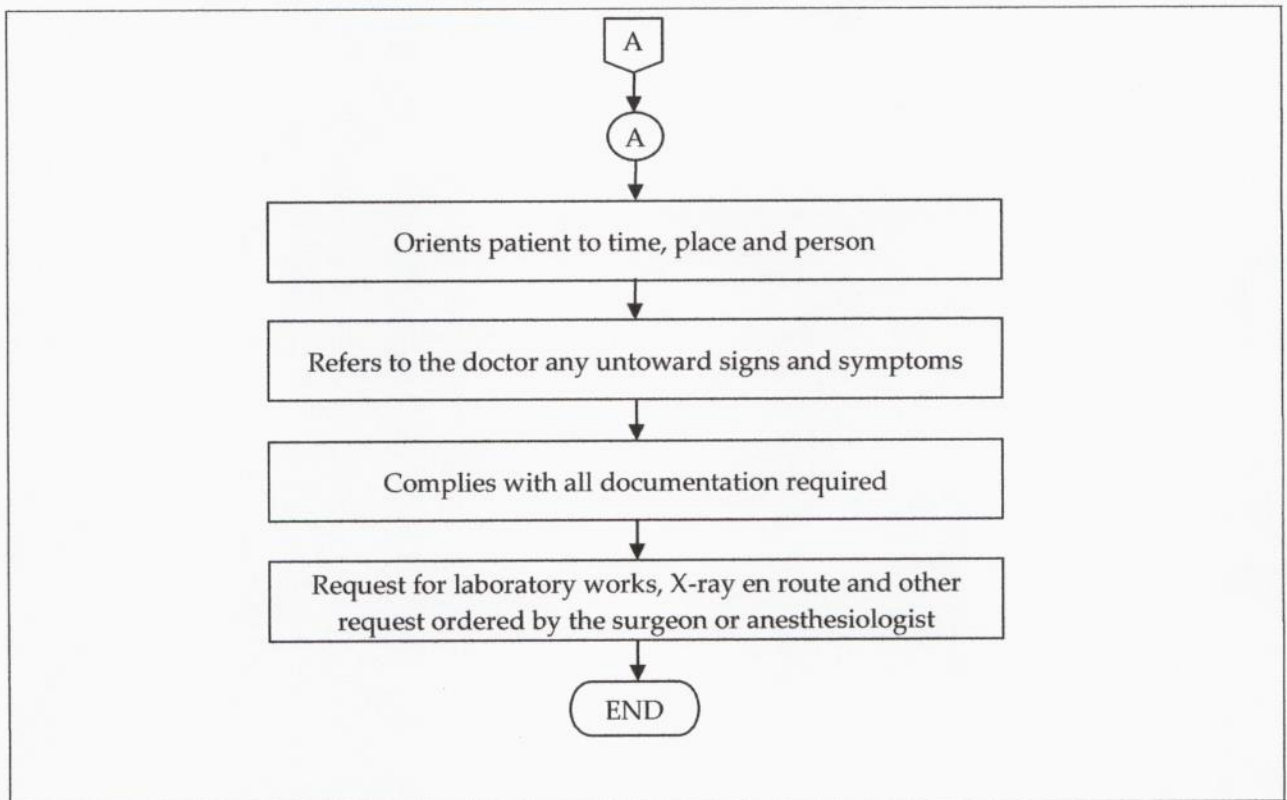





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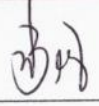




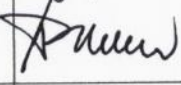
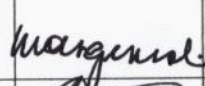
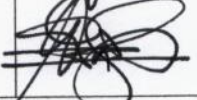
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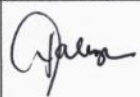
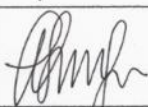


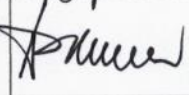
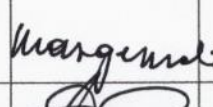

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KEY TASKS	PERSON RESPONSIBLE
1. Receives endorsement of patient from intra-operative nurse.	PACU Staff
2. Attaches patient to monitor and oxygen upon arrival at PACU	PACU Staff
3. Assesses patient status using Aldrete Score, Bromage Score and Sedation Score, whichever is applicable.	PACU Staff
4. Keeps patient thermoregulated ( $\leq 36^{\circ}\text{C}$ and $\geq 37.5^{\circ}\text{C}$ body temperature).	PACU Staff
5. Reviews the post-operative orders.	PACU Staff
6. Gives due medications as ordered	PACU Staff
7. Monitors patient's sedation score every 15 minutes.	PACU Staff
8. Orients patient to time, place and person.	PACU Staff
9. Refers for any untoward signs and symptoms.	PACU Staff
10. Complies with all documentation required.	PACU Staff
11. Requests for laboratory works, X-ray en route and other request ordered by the surgeon or anesthesiologist.	PACU Staff

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