 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-I-34-P03
	Effective Date:	11-30-2021
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	Department/Section:	Post-Anesthesia Care Unit
	Document Title:	ADMISSION OF PATIENT TO PACU

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 transferred¹

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:

¹*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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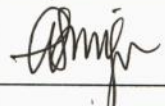




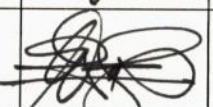
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