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Department/Section:	Post-Anesthesia Care Unit	
Page Number:	1 of 5	
Document Type:	Policy	
Effective Date:	11-30-2021	
Document Code:	DPOTMH-I-34-P05	

PURPOSE:

- 1. To ensure continuity of care from the intra-operative phase to the immediate post-operative phase.
- 2. To prevent complications such as infection, to promote healing of the surgical incision and to return the patient to a state of health.

LEVEL:

Anesthesiologist, Surgeon, Registered Nurse, Attendant and Male Auxiliaries

DEFINITION OF TERMS:

Post-operative- The time begins with the admission to the post-anesthesia care area and ends with a resolution of surgical sequelae.

Anesthesia- is a state of controlled, temporary loss of sensation or awareness that is induced for medical purposes. It may include some or all of analgesia (relief from or prevention of pain), paralysis (muscle relaxation), amnesia (loss of memory), and unconsciousness.

Fast Tracking- Transferring a patient directly from the Surgical Complex to Post Anesthesia Care Unit (PACU) phase II, by passing PACU phase I.

Phase I and II care- PACU care is typically divided into two phases. Phase I emphasizes ensuring the patient's full recovery from anesthesia and return of vital signs to near baseline. Phase II recovery focuses on preparing patients for hospital discharge, including education regarding the surgeon's postoperative instructions and any prescribed discharge medications.¹

Aldrete's score is used to determine when a patient can safely leave the Post-Anaesthesia Care Unit and be transferred to the surgical ward. The Aldrete score is based on the evaluation of vital signs and consciousness.



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POLICY:

- 1 PACU Nursing care shall be focused on recognizing the significance of signs and anticipating and preventing post-operative difficulties.
- 2 The amount of time the patient spends in the PACU shall depend on the length of surgery, type of surgery, status of regional anesthesia and the patient's level of consciousness.
- 3 Whenever a patient is transferred from one level of care to another level of care, the peri-operative nurse shall communicate all pertinent information to the next caregiver.
- 4 The PACU Nurse's role during Phase I Level of Care shall focus on providing postanesthesia nursing care to the patient in the immediate postanesthesia period and transitioning them to Phase II level of care, the inpatient setting, or to an intensive care setting for continued care. While in the Phase II Level of Care, the PACU Nurse's role is to focus on preparing the patient/ family/significant other for care in the home or Extended Care level of care.
- 5 Post -operative patients must meet standard written criteria and get a maximum score before being discharged to the next level of care or discharged directly home.
- 6 The following shall be the standard supplies and equipment inside the PACU. They shall be prepared at all times to ensure safe delivery of patient care inside the unit
 - 6.1 Oxygen
 - 6.2 Suction Apparatus
 - 6.3 IV Access
 - 6.4 Cardiac Monitor
 - 6.5 BP Apparatus
 - 6.6 Pulse Oximeter
 - 6.7 Stethoscope
 - 6.8 Defibrillator
 - 6.9 Emergency Cart



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6.10	Nasal and Oral Airways	
6.11	Catheters	
6.12	Mechanical Ventilator	
6.13	Manual Resuscitator	
6.14	Thermometer	
6.15	Laryngoscope (all sizes)	



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DOCUMENTATION:

New Policy

DISSEMINATION:

- 1. Surgical Complex- Post Anesthesia Care Section Policy and Procedure Manuals
- 2. Orientations

REFERENCE:

¹Glick, D. B. (2021, June 16). Overview of post-anesthetic care for adult patients. UpToDate. https://www.uptodate.com/contents/overview-of-post-anesthetic-care-for-adult-patients#H2497599768

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Nettina, S. (2013). Lippincott Manual of Nursing Practice (10th Ed.) New York. Lippincott Williams & Wilkins.

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 3rd Edition 2014.



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PURPOSE:

To discuss the processes involved in providing post-operative care to patients in 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. PACU Staff receives patient per stretcher or patient's bed and initial endorsement of patient from Surgical Complex Staff/ AROD/ Anesthesiologist.
- 2. PACU Staff attaches patient to monitors and oxygen, orient patient to time, place and person around him/her.
- PACU Staff assess patient cephalo-caudal (airway, breathing, circulation, pain scale, infusions, complaints or any alteration in vital signs) Sedation score, Aldrete score, etc.
- PACU Staff records the baseline vital signs, attachments and on-going infusion of the patient.
- 5. PACU Staff receives patient properly/ formally from Surgical Complex staff incharge.
- 6. PACU Staff monitors patient and refer for any problem until patient is stable and has met the criteria for discharge.



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FLOWCHART START Surgical Complex notifies the PACS of the estimated patient arrival time, precautions and special preparations Receives patient per stretcher or patient's bed and initial endorsement of patient from Surgical Complex Staff/ AROD/ Anesthesiologist Attaches patient to monitors and oxygen, orient patient to time, place and person around him/her Assesses patient cephalo-caudal (airway, breathing, circulation, pain scale, infusions, complaints or any alteration in vital signs) Sedation score, Aldrete score, etc. Records the baseline vital signs, attachments and on-going infusion of the patient Receives patient properly/ formally from Surgical Complex staff in-charge Monitors patient and refer for any problem until patient is stable and has met the criteria for discharge **END**



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	KEY TASKS	PERSON RESPONSIBLE	
1.	Receives patient per stretcher or patient's bed and initial endorsement of patient from Surgical Complex Staff/ AROD/ Anesthesiologist.	PACU Staff	
2.	Attaches patient to monitors and oxygen, orient patient to time, place and person around him/her.	PACU Staff	
3.	Assesses patient cephalo-caudal (airway, breathing, circulation, pain scale, infusions, complaints or any alteration in vital signs) Sedation score, Aldrete score, etc.	PACU Staff	
4.	Records the baseline vital signs, attachments and on-going infusion of the patient.	PACU Staff	
5.	Receives patient properly/ formally from Surgical Complex staff in-charge.	PACU Staff	
6.	Monitors patient and refer for any problem until patient is stable and has met the criteria for discharge.	PACU Staff	



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