



POLICY NUMBER:	NS-1300
ISSUING AUTHORITY:	Post Anaesthetic Care Unit
ISSUE DATE:	September 2002
REVISION DATE:	

SUBJECT: ADMISSION CRITERIA FOR PACU (POST-ANESTHETIC CARE UNIT)

PURPOSE:

1. To identify which patients qualify for admission to PACU.
2. To outline the initial admission of the patient PACU.

IMPORTANT POINTS TO CONSIDER:

1. Patients who receive General, Regional or Conscious Sedation Anesthetic will be cared for in PACU until the anesthetic effect is sufficiently reversed.
2. Critically ill surgical patients who have had anesthetic agents administered should by-pass PACU and be admitted directly to the ICU (facility specific). This should be considered when the patient requires the ventilator and when central or arterial lines are initiated.
3. PACU is designed to accommodate patients in the immediate post-anesthetic period for surgical patients, but may include those recovering from diagnostic or therapeutic procedures.
4. Same Day Surgery (SDS) patients who receive a Local Anesthetic may go to PACU for an assessment, then to SDS area (if facility has one) for follow-up and discharge.
5. If other departments administer anesthetics and plan on transferring patients to PACU for recovery following anesthesia, these departments must notify PACU before the anesthetic is given. (e.g.: conscious sedation in E.R.)
6. PACU hours of operation are per site availability.
7. Patients must be transferred to PACU on the designated PACU stretchers. Some orthopedic surgery patients are on a bed. This bed must have the capability of headboard removal, Trendelenberg position, and equipped with side rails.

8. Prior to transfer of care to nursing, patients should be extubated. Extubation is the responsibility of the anesthetist.
9. Visitors and family members are not routinely permitted in PACU. One parent may be present when a child is recovering from anesthesia.

PROCEDURE:

1. Anesthetist and O.R. nurse accompany all general and regional anesthetic patients to PACU.
2. Anesthetist provide PACU nurse with the following information:
 - a) Type of procedure performed;
 - b) Type of anesthetic given;
 - c) Medications administered;
 - d) Intra operative details relating to vital signs, fluid loss, blood loss, fluid and blood replacement, cardiac rhythms;
 - e) Pre-existing medical conditions;
 - f) Anticipated problems.
3. PACU nurse will receive the patient. Nurses will focus on airway, breathing, and circulation **in the following order:**
 - a) Maintain open airway;
 - b) Visually check breathing and feel for air movement;
 - c) Apply nasal prong, O₂ @ 3L/minute or mask O₂ @ 6L/minute.
 - d) Apply SaO₂ monitor;
 - e) Apply vital sign monitor and take a STAT reading;
 - f) Attach EKG monitor as per site procedure.
4. Take appropriate safety precautions such as:
 - a) Keep the side rails up;
 - b) Use bumper pads for pediatric patients.
 - c) Apply warm blankets or blanket warmer as required.
5. PACU nurse to review the Anesthetic Record and the post-op orders.

DOCUMENTATION:

As on Recovery Record.

REFERENCES:

Atkinson, L. (1996) Berry and Kohn's Operating Room Technique (8th ed) Toronto: Mosby

Fraulini, K. (1987) After Anesthesia, A Guide for PACU, ICU and Medical – Surgical Nurses, Norwalk Connecticut: Appleton and Lange

Meeker, M. and Rothrock, J. (1995) Alexander's Care of the Patient in Surgery (10th ed) Toronto: Mosby

Recommended Standards for Preoperative Nursing Practice (1998) Operating Room Nurses Association of Canada (4th ed)