

POLICY NUMBER:	NS-1301.000
ISSUING AUTHORITY:	Surgical Care Team
ISSUE DATE:	September 2002
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**SUBJECT:** POST ANESTHETIC CARE / DISCHARGE CRITERIA FOR POST ANESTHETIC CARE UNIT (PACU) PATIENTS

**BOARD POLICY REFERENCE:**

Executive Limitation: (EL-2) -Treatment of Clients

**POLICY:**

The Anesthetist has over all responsibility of the care of the patient during recovery from anesthesia including assessment and authorization for return to the clinical unit, or discharge from the facility.

**PROCEDURE:**

1. All patients who have received general, regional anesthetic or conscious sedation in the Operating Room or Emergency Department should be admitted to the PACU to ensure an adequate recovery period.
  - a) All patients who have received local anesthesia who in the opinion of the surgeon/anesthetist/nurse require observation and monitoring should be admitted to the PACU.
  - b) PACU nurse must provide continuous monitoring while patients are recovering from general anesthetic, regional anesthesia and conscious sedation.
2. The PACU nurse must complete the required orientation and be certified in the required competency skills outlined in the site policy.
3. Transferring patient from the Operating Room to PACU:  
The PACU Nurse will receive the anaesthetized patient from the Anesthetist and Operating Nurse providing:
  - a) Patient has normal skin color and breathing well with adequate unassisted ventilation.
  - b) PACU Nurse is informed of pertinent details of the operative period.
  - c) Systolic blood pressure is between 15-30 mm of pre-anesthetic level.

- d) Patient is positioned lying on their side unless patient's level of conscious is such that the patient is able to protect their airway, or as explained by the anesthetist.
- e) If the above criteria are not met the PACU Nurse may retain the Anesthetist until the patient's condition improves to a level where the PACU Nurse agrees to accept responsibility of the patient.
- f) The Anesthetist or Surgeon will be notified by the PACU nurse of any changes in the patient's condition during the recovery period that warrants reassessment of the patient.

4. **Discharge Criteria:** The PACU Nurse may discharge the patient to the clinical units unless otherwise directed by the anesthetist providing:

- ◆ The patient achieves a total score of 8-9 or more on the Recovery Room Score Board .The PACU scoring will be attained on two consecutive assessments (with vital sign protocol of 5minutes apart times 3 then q15 minutes apart).
  - ◆ The PACU Nurse has no reasonable concern for the patient's condition.
  - ◆ The patient is to be transferred to the Clinical Unit by a RN/LPN/HCA (site specific) for continuing care of the patient after all pertinent details of care are conveyed to the nurse receiving the patient or telephoned to the nurse responsible for the patient's care on the unit.
- a) For a score of 8, the nurse must call the anesthetist
    - ◆ for a discharge order and document the score and the intervention.
    - ◆ For a persistent score of 7 or less, the patient must be reassessed by the anesthetist.
    - ◆ The anesthetist may order that a patient may be transferred directly to ICU.
  - b) Length of Stay in PACU:
    - ◆ A minimum of 30 minutes following the administration of an initial dose of narcotic or sedative / antiemetics and 15 minutes following subsequent doses.
    - ◆ A minimum of 1 hour following the administration of Narcan.
    - ◆ Above times may be altered by surgeon/anesthetist's order.
  - c) Vital Signs:
    - ◆ Patient's vital signs must be stable and within normal range (with a variance of 15 - 30 mm for pre-anesthetic level) for a minimum of two consecutive vital sign recordings.
    - ◆ O<sub>2</sub> saturation on room air > 95% otherwise the anesthetist should be notified regarding the possible need for O<sub>2</sub> therapy. O<sub>2</sub> therapy should be discontinued and O<sub>2</sub> saturation stable for a minimum of 15 minutes prior to patients return to the clinical area.
    - ◆ Body temperature should be monitored after extensive surgery or prolonged anesthetic time. The body temperature should be at least 35° C.
  - d) Post Surgical Status of the Patient Must Include:
    - ◆ No evidence of active bleeding.
    - ◆ Surgical dressings must be intact.
    - ◆ Drainage tubes must be secure, patent and intact.
    - ◆ Drainage volume from tubes not to be excessive or extraordinary in appearance.
    - ◆ IV must be patent, intact and infusing as the prescribed rate.

- ◆ If a urinary catheter is present, urinary output should measure at least the equivalent to 30 mls per hour.
- ◆ Patient verbalizes acceptable level of pain control.
- e) Cardiac Monitoring:
  - ◆ Will be discontinued prior to transfer to the clinical area.
  - ◆ The nurse will notify the Anesthetist of any new or hemodynamically altering arrhythmias prior to transfer.
- f) Spinal/Epidural Anesthetic:
  - ◆ Recovery of sensation and movement is not required prior to transfer providing the patient is alert and fulfills other criteria for discharge.
  - ◆ No evidence of hypotension and BP is stable with variance of 15 - 30 mm of pre-anesthetic level.
  - ◆ Patient has no evidence of bladder distention.
  - ◆ Patient is able to understand they are not to get up without a nurse's assistance.
  - ◆ Patient is able to protect airway.

**DISCHARGE CRITERIA SCORING:**

1. Utilizing the PACU scores of 0-2 given for the following categories:
  - a) Pulse:
    - 2 – Regular Strong
    - 1 – Weak Thready Irreg.
    - 0 – Absent
  - b) Respirations:
    - 2 – Able to Breathe Deeply & Cough
    - 1 – Dyspnea or Shallow Breathing
    - 0 – Apnea or Airway Required
  - c) Level of Consciousness
    - 2 – Oriented x 3
    - 1 – Arousable on Calling
    - 0 – Not Responding
  - d) Circulation
    - 2 – Systolic < 15 mm variance from pre anaesthetic level
    - 1 – Systolic 15 – 30 mm variance form pre anaesthetic level
    - 0 – 30 mm variance from pre anaesthetic level
  - e) Movement
 

<ul style="list-style-type: none"> <li>2 – Moves Purposefully x 4</li> <li>1 – Moving Involuntarily</li> <li>0 – Not Moving</li> </ul>	}	<ul style="list-style-type: none"> <li>Spinal Assessment- to be recorded for spinals</li> <li>Sensory Level to be recorded for spinals</li> </ul>
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## DOCUMENTATION:

Recovery Room Record

## REFERENCES:

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

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

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