CP-92 – Inpatient Postanesthesia Care

Policy

1. **Applies to all University Hospitals System PACUs that perform same day admission and inpatient surgeries.**
2. **PACU population**
   - 2.1. **The PACU is designed for the immediate postanesthetic care of patients who have had anesthesia care including general anesthesia, monitored anesthesia care (MAC), or regional anesthesia in the operating room (OR) or in other out-of-operating-room locations (OOOR).**
   - 2.2. **The PACU may also be used:**
     - 2.2.1. **As a preoperative holding area (PHA) for adult and pediatric patients.**
     - 2.2.2. **For ICU patients who are accepted into PHA by the charge nurse on a case by case basis. Generally, ICU patients are admitted directly from the ICU to the OR.**
     - 2.2.3. **For select patients in the event that the disaster protocol is initiated.**
     - 2.2.4. **Patients requiring isolation precautions can be accommodated based on availability of space and nursing discretion.**
   - 2.3. **Possible Patient Exceptions:**
     - 2.3.1. **Select patients who require intensive care postoperatively go directly to the ICU from the operating room. This includes the following patients:**
       - 2.3.1.1. **Patients who are status post intraoperative cardiac arrest**
       - 2.3.1.2. **Critically ill patients with an unstable OR course**
       - 2.3.1.3. **Patients who are status post full sternotomy, pneumonectomy, esophagectomy, open abdominal or thoracic aneurysm repair, TEVAR, or solid organ transplants with the exception of renal transplants.**
       - 2.3.1.4. **Patients receiving TPA infusions**
       - 2.3.1.5. **Patients receiving neuromuscular blockade medications as an infusion.**
3. **Visitation**
   - 3.1. **In the adult preoperative and postoperative areas, family visitors are permitted on a limited basis at the discretion of the PACU nurse. Unless specifically permitted by the nurse, only 2 visitors at a time. Children under the age of 12 are discouraged from visiting the PACU, but may be allowed on a case by case basis.**
4. **Medical Care:**
   - 4.1. **All patients transported to the PACU are to be accompanied by a member of the anesthesia care team and will be continually monitored during transport**
   - 4.2. **Upon arrival to the PACU, a verbal report is to be provided to the PACU nurse by an anesthesia care team member**
   - 4.3. **The anesthesiology coordinator for the day or attending anesthesiologist on call is available for immediate emergency management of any medical problem.**

4.4. **Postoperative orders are written or electronically entered into UHCare by the operating surgeon and/or anesthesiologist/anesthesia resident for each patient prior to the time of admission to the PACU.**

4.5. **Intubation and extubation of patients are the responsibility of the Department of Anesthesiology.**

4.6. **Prewritten (signed and held) medication and care orders that have been placed by the surgical service can be released and subsequently administered to the patient for patients with extended PACU stays.**

- 4.6.1. **Prewritten orders that have been activated should be communicated to the accepting location nurse and surgical service by the PACU nurse as they may discontinue upon patient transfer.**

5. **Discharge from PACU:**

5.1. **Nurses assess each patient before discharge to determine if each discharge criterion has been met. Some criteria may not apply and are so noted.**

5.2. **If not all criteria are met, nursing personnel notifies the attending anesthesiologist. The patient may be discharged or transferred at the discretion of the anesthesia team.**

5.3. **A discharge from PACU order from the anesthesiologist or anesthesia resident is required. The surgical service will be informed of the discharge by the PACU nurse if requested.**

5.4. **See section 8 for discharge criteria.**

6. **Transfer from PACU**

6.1. **Before a patient can be discharged or transferred from the PACU, the receiving location nurse must have accepted the patient and been informed of pertinent information concerning the patient's status.**

6.2. **Transfers to a division**

- 6.2.1. **When transferred to a division, a member of the PACU transport team remains with the patient until a member of the division nursing staff assumes responsibility for the patient's care.**
- 6.2.2. **Patients ordered for continuous telemetry monitoring must be maintained on continuous telemetry monitoring and accompanied by an RN during transport.**

6.3. **Transfers to ICU or Step down unit:**

- 6.3.1. **If the patient is to be transferred to an intensive care unit and is stable, the patient is accompanied by a registered nurse.**
- 6.3.2. **If the patient is unstable or intubated, he or she is accompanied by both a registered nurse and a nurse assistant, respiratory therapist, or physician to the intensive care unit.**
- 6.3.3. **All ICU patients have continuous monitoring during transport.**

6.4. **Inpatients are not transferred to Phase II.**

6.5. **A PACU nurse records a discharge summary in the patient's medical record before the patient is discharged from the PACU.**

6.6. **Selected inpatients as deemed appropriate by the anesthesia care team may bypass PACU Phase 1 and return directly to their original ICU or division with the anesthesia provider. The anesthesia provider must call or give report to the floor RN. Those patients are:**

6.6.1. Patients who have meet Phase I discharge criteria in the OR or have been deemed appropriate for bypassing Phase 1 recovery by the anesthesiologist.

6.6.2. Patients admitted directly from the ICU or patients with planned prolonged artificial ventilation needs.

6.7. For transportation guidelines, please refer to entity specific guidelines and policies.

7. Vital Signs in the PACU

7.1. Vital signs in Phase 1 are measured every 5-15 minutes or as needed for minimum of 2 readings. Once the patient has had 2 consecutive stable vital signs and has met other criteria, they may be discharged from the PACU.

7.1.1. If a patient has not met criteria, vital signs are required every 15 minutes thereafter.

7.1.2. A patient may be approved for early discharge by the anesthesiologist.

7.2. Vital signs include pulse, respirations, blood pressures and oxygen saturation for all patients upon order by the physician.

8. Discharge Criteria

8.1. Blood pressure:

8.1.1. Stable systolic and diastolic blood pressure and pulse within 20% of the preoperative/intraoperative values.

8.1.2. Select pediatric patients do not require routine blood pressure measurement at the discretion of the anesthesiologist.

8.2. Oxygen Saturation:

8.2.1. The oxygen saturation level reads 92% or above on room air or at baseline if on home oxygen therapy.

8.2.1.1. EXCEPTION: Pediatric patients' oxygen saturation level reads 95% or above on room air or at baseline if on home oxygen therapy.

8.2.1.2. A patient who has received oxygen therapy has been monitored for at least 15 minutes after the oxygen has been discontinued with no desaturations during the 15 minute period.

8.2.1.3. Breathing is non-labored.

8.2.1.4. A patient who has been extubated in the PACU has been monitored for at least one hour after extubation.

8.3. Body Temperature:

8.3.1. The body temperature of an adult (12 years of age or over) is between 36°C and 38.0°C inclusive.

8.3.2. The body temperature of a child (under 12 years of age) is between 36.0°C and 37.8°C inclusive.

8.4. Level of Consciousness:

8.4.1. Unless the patient has a preoperative history indicating a diminished level of consciousness or altered level of awareness, the patient is easily arousable, and able to respond appropriately for his/her age

8.4.2. The patient is capable of calling for assistance

8.5. Absence of Apparent Uncontrolled Complications:

8.5.1. Pain scale has been evaluated, and pain is acceptable.

8.5.2. Wound drainage has been evaluated as to its amount and character. Excessive wound drainage and/or internal bleeding is not apparent. Dressings are intact with outer layers dry.

8.5.3. Vomiting is not persistent and has not occurred within 15 minutes prior to discharge.

8.5.4. Urinary output is adequate for a patient with an indwelling catheter (25mL or more/hr. for a patient weighing 25Kg or more; 1.0mL/Kg/hr. for a patient weighing less than 25Kg). A patient without a catheter does not show evidence of urinary retention (e.g., distention, frequent voiding in small amounts).

8.5.5. Complications related to the specific type of surgery performed are not evident (e.g., hematoma after arteriogram, scrotal swelling after inguinal herniorrhaphy, diminished circulation after cast application, etc.).

8.5.6. Patency of Tubes and Catheters - All tubes and catheters, including intravenous catheters and wound drain catheters are patent.

8.6. Medication

8.6.1. A patient who has received an IV narcotic analgesic or IV antiemetic has been monitored for at least 30 minutes after the medication has been administered.

8.6.2. A patient receiving any other medication has been monitored for at least 15 minutes after the medication has been administered.

8.6.3. Unless being transferred to an intensive care unit, a patient who has received naloxone for narcotic-related respiratory depression has been observed for at least two hours after the last intravenous or intramuscular dose of naloxone.

8.6.4. Unless being transferred to an intensive care unit, a patient who has received flumazenil for benzodiazepine reversal has been observed for at least two hours after the last intravenous dose of benzodiazepine and at a minimum of 1 hour after the last dose of flumazenil.

8.7. Review of Postoperative Orders

8.7.1. Postoperative orders for the patient have been placed by the anesthesia and surgical teams.

8.7.2. All postoperative orders have been reviewed, stat orders (medication and/or treatment) carried out, and parenteral medications started unless contraindicated intraoperatively or immediately post-operatively.

8.7.3. Patient receives a post-anesthesia evaluation by an anesthesia provider within 48 hours for inpatients or prior to discharge for ambulatory cases.

8.8. Additional criteria for patients who receive spinal or epidural anesthesia:

8.8.1. The patient is able to move his/her feet or move the extremity which was anesthetized.

8.8.2. The patient has a sensory level lower than T-10.

8.8.3. If above criteria for patients who receive spinal or epidural anesthesia are not met but all other discharge criteria are met, the anesthesiologist should be contacted and may approve the discharge.

8.9. Additional criteria for patients who receive regional nerve block anesthesia and/or thoracic epidurals:

8.9.1. The patient has no signs of complications from the nerve block, including hematoma, persistent paresthesia, or unexpected muscle weakness.

8.9.2. If a complication is suspected, the anesthesiologist should be notified.

Electronically approved by Tom Zenty - President and CEO of UH – July 19, 2019
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