Admission, Transfer, and Discharge PACU

Site	All BCH sites
Setting/Population	Post Anesthesia Care Unit/All Populations
Clinician	All Personnel involved in the procedure

Standard

Prior to admission

- Before admission to the PACU, the OR notifies the PACU of the estimated patient arrival time and:
  - Need for isolation, precautions (respiratory, immunosuppression, latex/allergy)
  - Need for special equipment (oral airway, A-line, chest tube, intubated, trach, NG tube)
  - Special needs (developmental delay, physical limitations, psychosocial concerns)
- The PACU nurse ensures the patient care area is prepared to provide equipment for the care of the patient including:
  - Jackson-Reese bag with appropriately sized face mask
  - Suction
  - Oxygen saturation monitor
  - Blood pressure monitoring equipment
  - Means of achieving privacy
  - 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 papilomas and tonsillectomies. In addition, any patient with upper airway compromise, specifically stridor or a history of croup, should have humidified oxygen therapy.

Admission to the PACU

- All patients will be admitted by a primary nurse. The nurse is responsible listening to the patient's chest, assessing heart rate, respiratory rate, quality of breath sounds, and for pain assessment.
- All patients arrive to the PACU receiving supplemental oxygen. The anesthesia provider e.g. anesthesia staff, trainee or CRNA is responsible for placing the patient on the oxygen saturation monitor and transferring the patient to wall oxygen. The

accompanying anesthesia provider is responsible for the care of the patient until vital signs are determined to be stable and report has been given to the PACU nurse.

- The primary nurse is assisted by a helper (second nurse or clinical assistant.) The helper is responsible for obtaining blood pressure and temperature, and placing the patient on the cardiorespiratory monitor. During an admission where a second PACU assistant is not available, the OR team may assist in the admission to expedite the process.
- The PACU admitting team verbally reports all vital signs to the anesthesia provider who ensures that this is electronically documented in AIMS.
- The primary nurse takes ***report*** from the OR nurse and then from a member of the anesthesia team. When it is determined that the patient's vital signs are stable and the patient is placed on monitors.
- The helper continues to settle the patient and complete admission tasks, i.e., getting warm blankets and pillows, elevating appropriate extremities, checking orders for the IV and setting it up, checking for PCA orders, emptying drains.

Report

- The OR and PACU nurse check the identification band before report is given as per ***patient identification policy***.
- The OR nurse is responsible for a complete report to the PACU nurse and include:
  - Patient's weight, allergies (or NKDA)
  - Medications given
  - Tubes/drains
  - Heparin locks, A-line, epidural, CVL-include time of flush and concentration of Heparin
  - Blood products given, blood products remaining
  - Estimated blood loss
  - Special needs/personal belongings
  - Surgical procedure and dressing applied
- The anesthesia provider will provide a complete report of the intra-operative and anesthetic care to the primary PACU nurse (See Guidelines for Content of Intraoperative Report by Anesthesiologist/Anesthetist) after it is determined that the patient is stable by anesthesia and PACU nursing.
- The PACU nurse will document pertinent events, observations, or interventions that occurred during the procedure as reported by the anesthesia provider into the PACU electronic documentation.

PACU Nurse Responsibilities during PACU Stay

The effects of both anesthesia and surgery disrupt normal physiologic functioning and stability, which result in the potential for alterations of or impairment of:

- Consciousness
- Gas exchange and ability to sustain spontaneous ventilation

- Cardiac output
- Effective airway clearance
- Breathing patterns
- Fluid volume/electrolyte disturbance
- Tissue perfusion
- Skin integrity
- Sensory/perceptual ability
- Thermoregulatory ability
- Comfort

It also produces:

- Fear/anxiety
- Potential for injury from both iatrogenic and environmental sources
- Alterations in family process

Additionally, patients and families experience a lack of knowledge of post surgical/post anesthetic management and practices. This may contribute to or exacerbate both fear and anxiety.

- The PACU nurse will 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 is conducted for each patient during the PACU stay.
- Based on data collected during monitoring of the patient and data obtained from other disciplinary sources, the PACU nurse:
  - Assesses 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. ***See Guidelines for Documentation in the PACU***.
  - Assesses patient for any changes in patient condition
  - Plans appropriate nursing treatments and interventions to achieve restoration of functional stability
  - Reassesses efficacy of treatment and interventions
  - Identifies trends and outcomes in patient care methods and identifies areas for ongoing quality assurance monitoring
  - Provides appropriate safeguards for the patient to minimize the potential for injury
  - Uses side rails
  - Uses appropriate size stretcher/crib
  - Ensures that bed/stretcher/crib is clear of instrumentation/objects which may produce physical harm
  - Positions patient appropriately in a manner that prevents injury from improper positioning
- The PACU nurse reunites the patient/family as soon as possible based on the condition and needs of the patient without compromising other patient care needs.

Transfer of Care to an Inpatient Unit

- The patient is transferred from the PACU to an inpatient unit once the patient has met Modified Aldrete Score criteria, which scores the patient in the categories of activity, respiratory, circulation, consciousness, and oxygen saturation (see Post-Anesthesia Recovery Score section in the flowsheet of PowerChart).

  The patient will demonstrate adequate/acceptable:

  - airway clearance
  - gas exchange and respiratory function
  - level of consciousness
  - cardiac output
  - fluid volume/electrolyte balance
  - tissue perfusion
  - skin integrity
  - sensory/perceptual abilities, sensory/motor capability
  - thermoregulatory ability
  - Minimal pain/nausea & vomiting/bleeding

- An attending anesthesiologist or designee assesses and authorizes each patient transfer to an inpatient unit once the patient has achieved satisfactory scores on the discharge-scoring tool. The anesthesiologist will enter an Anesthesia Sign-Out order in PowerChart.

PACU Nurse-to-Nurse Report

- The PACU nurse gives verbal/telephone report to the unit nurse using the SBAR report tool before transfer.
- The PACU nurse notifies the unit of special equipment and/or patient considerations, and provides an estimated time of arrival.
- The unit nurse reviews PACU documentation in PowerChart. The anesthesia record can be viewed under Perioperative handoff in PowerChart.
- The PACU nurse completes the discharge summary before transfer to the inpatient unit. If a patient's transfer is delayed due to a lack of a bed availability and/or a nurse, the nurse documents the discharge readiness time and reason for delay in PowerChart. Upon transfer from the PACU, a discharge assessment, pain score, IVFs infused are documented in PowerChart and discharge time is documented in PowerChart. The PACU will document the name of the receiving nurse.
- Upon arrival to the floor, the nurse-to-nurse report includes identifying the patient as described in Patient Care Manual: ***Patient Identification***, assessing the patient, checking the PCA or epidural/regional catheter settings, assessing the IV site, and viewing the operative site. The receiving nurse then follows the Patient Care Manual: ***Admission*** policy.

Discharge to Home

- Before the patient's discharge from the PACU, the PACU nurse provides postoperative teaching and care information to the patient/family.
  - The patient may be discharged from the PACU to home once they meet discharge guidelines as per ***Discharge guidelines for ambulatory surgery patients*** and they are back to baseline and/or meet Modified Aldrete Score criteria as above. This is documented in the Post-Anesthesia Recovery Score section in the flowsheet of PowerChart.

- Patients who are classified as ASA I or II and meet criteria may be discharged by nursing per ***Discharge guidelines for ambulatory surgery patients***. Or, an attending anesthesiologist or anesthesia fellow assesses/authorizes each patient discharge as appropriate. The anesthesiologist enters the Anesthesia Sign-Out order with an accompanying note in PowerChart.

Related Content

- PCM>Perioperative Manual> ***Discharge Guidelines: Special Perioperative Procedures/Cases***
- ***Family Education Information Sheets***

Document Attributes

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