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Owner: Tracy Hasty: Mgr Unit
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Post Op Patient Flow and Services, 25.40.00

DESCRIPTION

This document describes the Post Operative system that establishes the methods and standard work to provide patient care in the PACU area.

PURPOSE

The purpose of this standard work is to assure that a reliable process is in operation that is designed to progress the patient to the next level of care from emergence to exit from Phase II status.

SCOPE

The scope of this document covers the activities and standard work from the patient's departure from the operating room (wheels out) to the departure of the patient from the PACU.

DEFINITIONS

- Phase I begins when:
 - Last dressing on.
- Phase I Criteria – Aldrete

| Consciousness | Score |
|---|-------|
| Fully awake | 2 |
| Arousable on calling | 1 |
| Not responding | 0 |
| Activity | |
| Able to move four extremities voluntarily or on command | 2 |
| Able to move two extremities voluntarily or on command | 1 |
| Unable to move extremities voluntarily or on command | 0 |
| Circulation | |
| Blood pressure within 20% of preanesthesia level | 2 |
| Blood pressure +20-50% of preanesthesia level | 1 |

| | |
|---|----|
| Blood pressure 50% of preanesthesia level | 0 |
| Respiration | |
| Able to breathe and cough freely | 2 |
| Dyspnea or limited breathing | 1 |
| Apnea | 0 |
| Color | 2 |
| Pink | 1 |
| Pale, Dusky, Blotchy, Jaundice, other | 0 |
| Cyanotic | 0 |
| Total Score | 10 |

MAP = mean arterial pressure

- Phase I ends and Phase II begins when:
 - Vital signs are stable
 - Core temperature 98.0 or greater
 - Aldrete score appropriate with final Aldrete score of 8 or greater. Patients transferred to the Intensive Care Unit may have a score less than 8 (of pre-procedure status). Patients will not be transferred to Phase II recovery if a score of 0 in any of the assessment areas.
 - Descending sensory levels for minimum of 15 minutes. Sensory level below T12 and/or able to move toes.
 - Adequate pain control or descending pain scale rating.
 - All lines (intravenous, drains, catheters) patent.
 - Minimum observation of 15 minutes after receiving IV pain medication. For pediatric patients – as directed by anesthesiologist.
 - Patient has a non-assisted stable/secure airway.
 - Patient is hemodynamically stable.
 - Patient is free from agitation, restlessness, combative behaviors
- Phase II Level of Care ends when the Discharge Criteria is met.
Final discharge criteria assessment is 12 or greater to include:
 - Vital signs stable and consistent with the patient's age and pre-procedure status
 - Temperature of 98.0
 - No signs of respiratory distress
 - Alert and oriented or returned to pre-procedure condition
 - Minimal nausea/vomiting
 - Minimal dizziness
 - Able to ambulate, consistent with pre-procedure ability and/or limitations as a result of surgical/ invasive procedure
 - Able to swallow, consistent with pre-procedure ability
 - Adequate pain control (level 5 or less)
 - No excessive bleeding from surgical site
 - Adequate neurovascular status of the operative extremity (color, temp, peripheral pulses, sensation)
 - Ability to void as indicated by physician preference or type of procedure
 - Patients who received a spinal or epidural anesthetic will resume pre-procedure sensation and movement in lower extremities with ability to support when standing.
- Extended Care Level of Care begins when:
 1. Patients meet transfer criteria for Phase I, but is being held for an inpatient bed to become available.

2. Patients meet discharge criteria for Phase II, but are awaiting transportation home.
3. Extended Care ends when the patient is transferred from Phase I to the appropriate in hospital unit or is discharged from Phase II to prior living arrangements.

INPUTS

The input to the process is the patient entering the PACU area in a Phase I and/or Phase II status.

OUTPUTS

The output of the process is the patient leaving the PACU to their next level of care.

GENERAL

- Pre-Op and PACU departments are combined into a single department (32074270).
- Staff Hours of Operation
 - Monday thru Friday – 6am to 12:30am
 - Saturday and Sunday – 6am to 6:30pm
- Staff On Call Hours
 - Monday thru Thursday 2030-0730 Friday 2000-0800
 - Saturday – 1800-0800 Sunday- 0800-1800
 - Sunday 1800-0730
 - Sunday – 1800 - 0700 Monday
 - Holidays - 0600 - 1830 and on call 1830 to 0800 the next morning.
- Phase II patients will be held in PACU or the PACU overflow area on 2VP until Phase II is complete. When Phase II is complete, the patient is discharged. The maximum time for a Phase II patient in PACU is four hours. Patients who are expected to be in observation for greater than four hours should be transferred to CDU.
- Family Member Rules
 - The area is maintained as a semi-closed unit giving access to the patient and care provider. The Pre-Op PAU RN will contact the OR waiting room receptionist, if there is time, for limited family members or friends to visit in the presurgical holding area.
 - The signal to bring the Care Partner to the patient in Phase II PACU is when the RN is ready to provide discharge instructions. The bedside RN will telephone the receptionist in the OR Family lounge who will escort the patient's Care Partner back to the patient's bedside.
 - After hours, the nurse aide or tech will contact the patient's Care Partner and escort them back to the patient's bedside..
- The blood pressure cuff is in place when the patient leaves the Pre-Op with pig tails up.
- When there are no Preop Patients in Pre-Op, the RNs will be available for Post Op Patients.
- The patient monitor trams are stationary and reside within PACU, they do not travel with the patient.
- Report call communication from the operating room will be received by the PACU desk. The incoming call from the OR will be transferred to the next available Phase I Bay.
- Phase II Fast Track Patient Guidelines (Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements, 2019-2020).
 - Fast tracking is defined as having a patient bypass Phase I level of care and go directly to Phase II level of care.
 - Phase II and extended care are levels of care, not a physical place.
 - The patient must meet Phase I discharge criteria prior to leaving the operating room. ASA I and II

- patient classifications are generally appropriate candidates for fast tracking.
- Appropriate anesthetic agents must be used in order to ensure that the patient meets Phase I discharge criteria when the patient leaves the OR.
 - Discharge criteria from the operating room should include the following:
 - Awake and easily arousable
 - Hemodynamic stability
 - Patient on room air and maintaining appropriate oxygen saturations
 - Minimal pain
 - Minimal nausea
 - Stability of surgical site (e.g. no active bleeding)
 - Patients will be transported by the OR team from the OR to Phase II or extended level of care.
 - Report and handoff of care will occur between the anesthesia provider or the circulating nurse and the Phase II nurse.
 - Vital signs, including temperature are assessed on admission and discharge at a minimum.
 - The OR Circulator will call PACU Desk and communicate the movement of a Phase II Fast Track patient to the PACU.

PROCESS PROCEDURES ARE DETAILED IN THE STANDARD WORK INSTRUCTIONS

Attachments

No Attachments

Approval Signatures

| Approver | Date |
|--------------------------------------|---------|
| Kirk Harper: VP, Nursing & CNO | 06/2019 |
| Heather Shipman: Executive Assistant | 05/2019 |
| Tracy Hasty: Manager, Unit | 05/2019 |

Applicability

WA - Kadlec Regional Medical Center