1. STANDARD 1- SAFETY: The patient can expect that a safe environment will be provided free from untoward events.

1.1 Each patient’s identification name band will be verified on admission to PACU and documented.

1.2 Department policy #01.PAT.18 will be followed for verifying patients identification, procedure, site/side.

1.2.1 If the patient’s ID band has to be removed in the OR if it is on the operative extremity or in the way of vascular access. The ID band must be reapplied to another extremity upon transfer to the Post Anesthesia Care Unit (PACU).

1.3 The patient will be protected from infection and cross contamination according to Infection control policies including but not limited to: 113.155 Post Anesthesia Care Unit; 113.125 Traffic Patterns; 00.IFC.16 Decontamination and Sterilized Items, 00.IFC.42 Standard and Transmission Based Precautions.

1.3.1 Standards will be specifically followed to protect the patient from infection/Cross contamination per SMH infection control policies.
1.3.2 Dressings will be handled and reapplied if necessary maintaining sterility.

1.4 Stretcher siderails will be raised and wheels will be locked as appropriate. The Bed may be kept in the high position with the wheels locked and siderails in the up position while in PACU and transport.

1.4.1 Children will be placed in a stretcher or crib with padded rails specific to developmental age.
1.4.2 Safety precautions for pediatric patients undergoing diagnostic procedures or treatments.
1.4.3 Age appropriate safety precautions are to be exercised during all diagnostic Procedures and treatments taking place throughout the hospital. (Refer to Age Specific Competencies/Job Descriptions).
1.4.4 Anyone attending an infant or small child in crib, stretcher or bed with the
Siderails down should never turn away from the infant/child without assuring that the infant/child can be kept safely from falling, rolling, crawling, or jumping from the open bed/crib. Safety efforts may include, but not be limited to, maintaining hand contact with the child, that is, one hand should be kept on the child’s back or abdomen and/or obtaining the assistance of other personnel to assist with the procedure.

1.5 The patient will experience no injury occurrence from confusion or disorientation by:

1.5.1 Frequently orienting patient to surroundings and to the fact that his or her Surgery is over.
1.5.2 Noting verbal responses, checking sensory and motor response.
1.5.3 Securing side rails in up position.
1.5.4 Securing parenteral lines when indicated.
1.5.5 Checking IV sites, tubes and drains for patency.
1.5.6 Securing endotracheal tube when indicated.

1.6 The patient will experience no injury occurring from failure to use safety measures by:

1.6.1 Securing side rails in up position.
1.6.2 Padding side rails for combative pediatric or restless patients as necessary.
1.6.3 Using electrical and monitoring equipment according to policies and procedures.
1.6.4 During transport of patients, secure IV bags, poles, and oxygen tank.

1.7 The nursing staff will provide for the patient’s safety while using electrical equipment.

1.8 An allergy label will be placed on the front of each patient’s chart with “Allergies” Or “No Known Allergies” listed as appropriate. The patient shall have a corresponding allergy bracelet placed. Allergies will be verified during preoperative assessment and documented on the PACU record. Latex allergies will be handled according to SMHCS policy 00.PAT.68

1.9 Restraints may routinely be applied to patients during emergence from anesthesia to ensure safety.

1.10 Defibrillators, crash carts, respiratory cart, Braslow cart and emergency Equipment will be checked daily according to department policies #139.0902 Crash Cart Inspection and Replacement, and 139.0307 Perioperative Safety: Basic Standards.

1.10.1 Stations will have at least two suction canisters and connecting tubing available.
1.10.2 PACU will have resuscitation bag mask, 02 tubing, and an airway readily available.
1.10.3 Appropriate size equipment will be available when pediatric patients are admitted to the unit.

1.11 Safety measures will be utilized by all personnel during transport according to Hospital policy 01.PAT.23 and department policy 139.0211

1.11.1 Patients receiving anesthesia will be transferred from the operating room by The anesthesia care team and the circulating nurse.
1.11.2 The staff will follow emergency plans and department policies 139.0404 Evacuation plan for perioperative services, and 139.0403 fire plan from perioperative services, concerning evacuation of patients from an internal disaster and/or fire.

1.12 Accucheck meters will be tested daily for quality control according to nursing and laboratory procedure.

1.13 Medications will be administered per hospital and departmental policies and procedures, 00.PAT.13 Administration of Medications, 139.1614 IV Therapy for post anesthesia patients, 139.0105 Warming Parenteral and Irrigation Fluids.

1.14 Patients will be immediately connected to cardiac and oxygen saturation monitors upon admission to the PACU.

1.14.1 Patients will receive oxygen as indicated by condition.
1.14.2 Monitor alarms will be on with parameter set appropriately for each patient.

2. **Standard 2-Nursing Care:** The patient will receive nursing care based on an assessment of the patient’s needs by the Registered Nurse.

2.1 Admission assessment and reassessments will be completed as stated in Corporate policy (00.PAT.66) Patient assessment/reassessment.

2.1.1 Patients will be admitted according to department policy 139.1603, Admission/discharge Criteria: PACU
2.1.2 The patient will receive nursing care based on the surgical procedure, patient acuity, developmental needs and an assessment of the patient’s needs by a registered nurse.
2.1.3 The patient will be reoriented to their surroundings upon regaining consciousness.

2.2 The assessment will be documented and will include:
2.2.1 Vital Signs:

2.2.1.1 Respiratory rate and competency, airway patency, breath sounds, type of artificial airway, mechanical ventilator/settings.
2.2.1.2 Blood pressure via cuff or arterial line.
2.2.1.3 Pulse rate, cardiac monitor pattern.
2.2.1.4 Temperature (for general anesthesia).

2.2.2 Oxygen saturation
2.2.3 Pressure readings depending on lines present (e.g. central venous, arterial blood, PAWP, ICP) if applicable.
2.2.4 Color of skin
2.2.5 Circulation: assess peripheral pulses and sensation as indicated
2.2.6 Location and condition of dressings
2.2.7 Location and condition of suture line if no dressing.
2.2.8 Type, location and patency of drainage tubes and catheters
2.2.9 Amounts and types of drainage.
2.2.10 Muscular response. Muscular strength documented as indicated
2.2.11 Pupillary response as indicated for surgery or condition
2.2.12 Fluid therapy- location of lines, type and amount of solution infusing (including blood products).
2.2.13 Level of consciousness
2.2.14 Patient will be assessed for pain.

2.3 The charge nurse selected for the day will make patient assignments as outlined in the department plan. Each patient will be provided nursing care by a Registered Nurse.

2.4 The physician orders treatments, medications, and IV will be instituted according to SMHCS policies: 00.PAT.13 Administration of Medications; 00.PAT.00; administration of blood and blood products; 01.PAT.11 Drug Distribution System.
2.4.1 For administration of IV therapy, the PACU staff will follow departmental Policies 139.1614 and 139.0105.
2.4.2 For patients receiving moderate sedation, SMHCS policies will be followed: 00.PAT.38.
2.4.3 The anesthesiologist will be the primary physician.
2.4.4 Surgeon’s orders will be initiated for IV medications and treatments.

2.5 Vital signs will be completed and documented every 5 minutes until stable and Then every 15 minutes, if patient is placed on extended stay or becomes a “floor patient” they will have vital signs taken hourly while in PACU.

2.6 Identified patient needs and subsequent nursing interventions will be evaluated and documented.

2.7 Patients who are 8 years old or younger will be monitored with 02 saturation only unless anesthesiologist requests additional monitoring as indicated by surgery or condition.

3. STANDARD 3-PLAN of CARE: The patient and/or significant other will be given the opportunity to participate in the planning of their care.
3.1 An interdisciplinary plan of care will be initiated on admission and coordinated by The RN that identifies nursing interventions needed to achieve expected outcomes.

3.2 The interdisciplinary plan is individualized to the patient’s acuity, surgical procedures, pre-existing conditions, limitations, and developmental needs.

3.2.1 The pediatric patient will receive nursing care based specifically on developmental stage and special needs of pediatric patient and family.

3.3 The following standards will be utilized for each patient based on individual needs identified:

3.3.1 The patient’s airway will remain clear and adequate ventilation will occur by:

3.3.1.1 Determining patency of airway.
3.3.1.2 Suctioning patient as necessary (ET, NT, or oral).
3.3.1.3 Encouraging patient to take deep breaths and cough frequently following extubation if not contraindicated. Determining quality of respiration continuously and document rate and depth every 5 minutes until stable, then every 15 minutes along with oxygen saturation.
3.3.1.4 Noting chest movements if abnormal
3.3.1.5 Auscultating lung sounds.
3.3.1.6 Monitoring O2 connections and flow rate frequently
3.3.1.7 Referring to departmental policy 139.1616 for extubating the patient.
3.3.1.8 Intubated patients will be restrained with upper extremity soft-restraints to prevent accidental extubation during emergence from anesthesia if necessary.

3.3.2 The patients pulmonary function in the presence of closed chest drainage will be maintained by:

3.3.2.1 Keeping drainage system below the level of patient’s chest at all times.
3.3.2.2 Keeping tubing free of kinks and tension.
3.3.2.3 Protecting drainage system from accidental breakage.
3.3.2.4 Insuring that all connections are airtight by taping them.
3.3.2.5 Noting characteristics of drainage (amount, color, etc.)
3.3.2.6 Clamping chest tubes near the chest if a break in the system occurs.

3.3.3 The patient’s homeostasis and circulation will be maintained by:

3.3.3.1 Determining the heart rate and rhythm every 5 minutes until stable, then every 15 minutes.
3.3.3.2 Continuously monitoring cardiac rhythm on all patients
3.3.3.3 Pediatric patients that are agitated by the EKG patches and leads will be monitored with the pulse oximeter or manually.
3.3.3.4 Determining BP every 5 minutes until stable.
3.3.3.5 Monitoring CVP, Swan-Ganz and arterial lines on patients who have these devices.
3.3.3.6 Measuring urine output on discharge report if less than 30ml/hr.
3.3.3.7 Noting color of urine.
3.3.3.8 Checking peripheral pulses as indicated by procedure performed.
3.3.3.9 Report deviations in heart rate, rhythm and pressure baselines to physician.
3.3.3.10 Reporting cyanosis, excessive diaphoresis, excessive bleeding or unexplained restlessness.
3.3.3.11 Maintaining IV administration rate as ordered.
3.3.3.12 Observing dressings for bleeding or drainage, often marking boundaries of drainage for future reference.
3.3.3.13 Insuring patency of all drains and/or tubes. Note the amount and characteristics of drainage on admission, discharge, and PRN.
3.3.3.14 Reinforcing dressings as needed and change as ordered.
3.3.3.15 Securing protective IV dressings. Assess IV site and secure as needed to maintain patency.

3.3.4 The patient can expect that his/her fluid and electrolyte balance is restored/maintained without overload or hypervolemia by:

3.3.4.1 Measuring and recording output: urine, emesis, NG, ostomy, rectal, Chest tube drainage, and bleeding.
3.3.4.2 checking anesthesia record for fluid loss and replacement.
3.3.4.3 Observing and recording amount, rate, solution and additive of parenteral infusions.
3.3.4.4 Noting patency of urinary drainage system.
3.3.4.5 Keeping patient NPO. Unless otherwise ordered.
3.3.4.6 Monitoring and reporting results of STAT lab work.
3.3.4.7 Applying stabilizing devices to maintain IV sites (e.g. armboards, restraints), especially in the pediatric patient.
3.3.4.8 Observing for bladder distention and/or retention, if no catheter present.

3.4 The following standards of care will be followed when a patient has completed the Anesthesia recovery phase and remains in PACU until a unit bed is available:

3.4.1 Assessments will be completed at the beginning of each shift.
3.4.2 When the patient’s status is changed to extended care, vital signs will be recorded.
3.4.3 Thereafter, pulse, respiration and BP will be recorded every 15 mintues x 4, every 30 minutes x 2, every hour until stable and then every 2 hours unless otherwise ordered. If the patient is receiving a continuous drip infusion of vasoactive medications, the vital signs will be recorded every 15 mintues
according to policy 126.155 Administration and Nursing Care of Adult Patients receiving Cardiovascular and/or Vasoactive Medications.

3.4.4 Urine output will be recorded every 2 hours unless otherwise ordered.
3.4.5 The patient’s position will be changed and documented every 2 hours if able to safely turn self.
3.4.6 Passive range of motion exercises will be done every 6 hours if patient unable to move.
3.4.7 The patient will be encouraged to deep breath and cough every 2 hours unless contraindicated. Incentive spirometer will be done as indicated.
3.4.8 Back care and oral hygiene will be done every 6 hours. Other hygiene care will be given as needed.
3.4.9 Patients awaiting ICU beds will be weighed daily.
3.4.10 All monitor alarms will be in the on position and high/low parameters set appropriately for each individual patient.
3.4.11 Family will be notified of delay and updated PRN. Visitation will be allowed at the discretion of RN.

3.5 The plan is developed in collaboration with other health care providers and the Patient/significant others as appropriate.

3.6 The plan will be reviewed to reassess patient needs and achieved outcomes.

3.7 The PACU nurse will discharge the patient in accordance with the approved Discharge criteria policies set forth by the department of anesthesia and policy 139.1603 Admission/Discharge Criteria: PACU. A final nursing assessment and evaluation of the patient’s condition will be performed and documented. The patient will be discharged by the attending anesthesiologist or surgeon and/or the written discharge criteria or by a written/verbal order.

3.8 Available resources will be utilized as needs are identified.

4. STANDARD 4-EDUCATION: The patient and/or significant other will receive education that will enhance their knowledge, skills, and behaviors related to their healthcare needs.

4.1 Patients/significant other teaching will begin during the postoperative period as appropriate to patient’s condition. Departmental policy 139.0226 will be followed for maintaining communications with patient’s family and/or support persons.

4.1.1 Documentation will include the teaching and patient/significant other response as per corporate policy 00.PAT.05.
4.1.2 Patient’s education will be reinforced in PACU.
4.1.3 The pediatric patient’s family will be involved in this process.
4.1.4 The PACU nurse will reinforce how the patient will communicate pain, and how to use Patient Controlled Analgesic (PCA) pumps.
5. **STANDARD 5-CONTINUUM OF CARE:** The patient will receive care based on the Collaborative efforts of nursing and other health professionals to achieve a continuum of patient care across all settings.

5.1 Nursing staff will seek input from patient and/or significant other and other health care professionals to plan and implement care.

5.2 Nursing staff will communicate pertinent information needed to provide continuity of patient care throughout the perioperative experience.

5.2.1 Department policies 139.1603 Admission/Discharge Criteria: PACU, 139.1610 Admission Report: PACU, 139.0230 Collaborative Care of the Surgical Pregnant patient, will be followed in communicating with the post anesthesia department nurse. The ANESTHESIA CARE TRACK will be used to communicate information.

5.2.2 The PACU nurse will give a verbal/taped report to the nurse receiving the patient where appropriate. This report will include the surgical procedure; type of anesthesia and any additional pertinent information; any surgical or anesthetic complication; replacement of fluids and blood during recovery; urinary output; status of dressings and amount and type of drainage; output from chest tubes, NG tubes, etc. Respiratory status, vital signs, neurological status; oxygen equipment, suction devices, etc.; and review of postoperative orders, orders initiated, pain medication given, and presence of emotional/family supports.

5.3 The nurse will utilize available resources to facilitate an optimal transition between health care settings.

6. **STANDARD 6- SATISFACTION:** The patient and/or significant other will receive the opportunity to communicate their responses to the hospital, illness, or care provided.

6.1 The nursing staff will encourage input from the patient/significant other regarding their care.

6.2 The patient and/or significant other will be encouraged to complete the patient satisfaction questionnaire.

6.3 The nurse will serve as the patient’s advocate when problems and/or complaints arise.

6.3.1 Families/significant others will be informed of the patient’s status while in PACU.

6.3.2 Families waiting in the surgery waiting room are informed of the patient’s arrival to PACU by the electronic board or hospital volunteer or surgeon.
6.3.3 PACU personnel will keep OR liaison informed of patient’s progress during the PACU stay (policy 139.0226).
6.3.4 Telephone calls regarding the patient’s condition will be referred to the surgical information/waiting room desk.
6.3.5 Families will be notified of transfer to nursing unit.

7. **STANDARD 7-COMFORT/PAIN MANAGEMENT:** The patient will have his/her comfort and pain needs assessed and effectively managed.

7.1 All patients will be provided with an environment conducive to rest and recovery.
7.2 The staff will follow hospital and departmental policies concerning family members accompanying patients in perioperative areas (139.1613 Parental Visitation in PACU, 113.125 Traffic Patterns in the Main OR and Vertical OR).
7.3 The patient will have his or her personal hygiene needs met appropriate to condition while in the PACU.
7.4 Patient’s pain level will be assessed and comfort measures and pain management will be provided to meet patient’s needs. Environment will be maintained to promote quiet, restful recovery with privacy maintained.

7.4.1 The patient can expect that his/her pain will be minimized with medication according to physiologic parameters.
7.4.2 Patients will be assessed for pain at least every 15 minutes with vital signs. patients will be encouraged to use the verbal/visual analogue 0-10 scale or the Wong-Baker faces.
7.4.3 Assessing causes of possible discomfort, other than operative procedures.
7.4.4 Repositioning as surgical procedure allows.
7.4.5 Assessing restlessness which may be related to pain.
7.4.6 Dealing with anxiety about environment, procedure, and condition. Use relaxation-breathing techniques.
7.4.7 Assuring patient that pain will probably be transitory.
7.4.8 Assess for increased BP, pulse, respiration, nausea, muscle tension, moaning, restlessness, or pulling at dressing for patient unable to communicate.
7.4.9 Check anesthetic record for opioids given intraoperatively.
7.4.10 Assess patient’s response to pain medication and continue to titrate medication.
7.4.11 Observing patient for at least 20 minutes after last administration of IV narcotic before transfer to room.
7.4.12 Observing patient for at least 60 minutes after a dose of narcan is given
7.4.13 Start patient controlled analgesia when ordered to provide continuity of care on transfer to room.
7.4.14 Patients will be covered with warmed blankets, if indicated, and will be reapplied when necessary.
8. STANDARD 8-PATIENT RIGHTS/INFORMED CARE: The patient will be provided with the information necessary to participate in decisions about his/her nursing care.

8.1 The nurse will assess the patient’s level of understanding and explain nursing treatments/procedures, allowing time for questions.

8.2 Perioperative staff will follow hospital and departmental policies 00.RKS.00 General Consent for Treatment, 00.RSK.14 Informed Consent for Surgery and Other Special Procedures.

8.3 Informed consent for procedure will be documented, and patient understanding will be verified prior to implementation. If further explanation is required, appropriate resources will be utilized.

8.4 Family members and significant others will be informed according to departmental policy 139.0226 patient/family communication protocol.

8.5 The nurse will respect the patient’s right to refuse treatment or procedure and will notify physician. Hospital policy 00.PAT.19 Patients’/client Rights and responsibilities will be observed.

8.5.1 Additional information regarding advanced directives will be provided as requested by patient/significant other.

8.5.2 DNR requests will be reviewed/observed by the perioperative team.

9. STANDARD 9-CONFIDENTIALITY: The patient can expect that confidentiality of Information regarding his/her care will be maintained.

9.1 The patient can expect the nursing staff will maintain confidentiality of information regarding his/her care according to hospital policy 00.PER.14 Confidentiality/Privileged Information, 00.ADM.46 Release of Patient Information.

9.2 Only authorized personnel caring for the patient will have access to the medical record.

9.3 Standards set by the Customer Service Program will be maintained.

10. STANDARD 10-CULTURAL/SPRITUAL VALUES: The patient will receive Consideration respectful care as demonstrated through our Customer Service Program consistent with his/her cultural and spiritual values.

10.1 Patient’s spiritual and cultural beliefs will be considered when planning and implementing care.

10.1.1 Clergy will be permitted upon approval of the PACU director or PACU nurse.

10.2 Patient and family interactions will be conducted in a caring, courteous, professional, and empathetic manner.
10.2.1 Generally, public visitation in the PACU is not permitted. Exceptions may be made at the discretion of the PACU nurse.
10.2.2 Developmental needs may require the need for support person.

10.3 Parenteral visitation will be encouraged to reduce separation anxiety.

10.4 Available resources will be utilized to maximize patient/significant other support as needs are identified.

REVIEWING
AUTHOR(S): Christina Henry, PeriAnesthesia Manager
Tricia O’Donnell, PACU Educator
**APPROVALS:**

Signatures indicate approval of the new or reviewed/revised policy

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