

## ICU 3<sup>rd</sup> stage lec. 3 anaesthesia technique Dep.

### **Standard in PACU**

These standards apply to post anesthesia care in all locations. These standards may be exceeded based on the judgment of the responsible

Anesthesiologist.

### **STANDARD I**

ALL PATIENTS WHO HAVE RECEIVED GENERAL ANESTHESIA, REGIONAL ANESTHESIA OR MONITORED ANESTHESIA CARE SHALL RECEIVE APPROPRIATE POSTANESTHESIA MANAGEMENT

1. A Post Anesthesia Care Unit (PACU) or an area which provides equivalent post anesthesia care (for example, a Surgical Intensive Care Unit) shall be available to receive patients after anesthesia care. All patients who receive anesthesia care shall be admitted to the PACU or its equivalent except by specific order of the anesthesiologist responsible for the patient's care.
2. The medical aspects of care in the PACU (or equivalent area) shall be governed by policies and procedures which have been reviewed and approved by the Department of Anesthesiology.
3. The design, equipment and staffing of the PACU shall meet requirements of the facility's accrediting and licensing bodies

### **STANDARD II**

A PATIENT TRANSPORTED TO THE PACU SHALL BE ACCOMPANIED BY A MEMBER OF THE ANESTHESIA CARE TEAM WHO IS KNOWLEDGEABLE ABOUT THE PATIENT'S CONDITION,

THE PATIENT SHALL BE CONTINUALLY EVALUATED AND TREATED DURING TRANSPORT WITH MONITORING AND SUPPORT APPROPRIATE TO THE PATIENT'S CONDITION

#### **STANDARD I**

UPON ARRIVAL IN THE PACU, THE PATIENT SHALL BE RE-EVALUATED AND A VERBAL REPORT PROVIDED TO THE RESPONSIBLE PACU NURSE BY THE MEMBER OF THE ANESTHESIA CARE TEAM WHO ACCOMPANIES THE PATIENT.

1. The patient's status on arrival in the PACU shall be documented.
2. Information concerning the preoperative condition and the surgical/anesthetic course shall be transmitted to the PACU nurse.
3. The member of the Anesthesia Care Team shall remain in the PACU until the PACU nurse accepts responsibility for the nursing care of the patient.

#### **STANDARD IV**

THE PATIENT'S CONDITION SHALL BE EVALUATED CONTINUALLY IN THE PACU.

1. The patient shall be observed and monitored by methods appropriate to the patient's medical condition. Particular attention should be given to monitoring oxygenation, ventilation, circulation, level of consciousness and temperature. During recovery from all anesthetics, a quantitative method of assessing oxygenation such as pulse oximetry shall be employed in the initial phase of recovery. This is not intended for application during the recovery of the obstetrical patient in whom regional anesthesia was used for labor and vaginal delivery.
2. An accurate written report of the PACU period shall be maintained. Use of an appropriate PACU scoring system is encouraged for each patient on

Admission, at appropriate intervals prior to discharge and at the time of discharge.

3. General medical supervision and coordination of patient care in the PACU should be the responsibility of an anesthesiologist.
4. There shall be a policy to assure the availability in the facility of a physician capable of managing complications and providing cardiopulmonary resuscitation for patients in the PACU

## **STANDARD V**

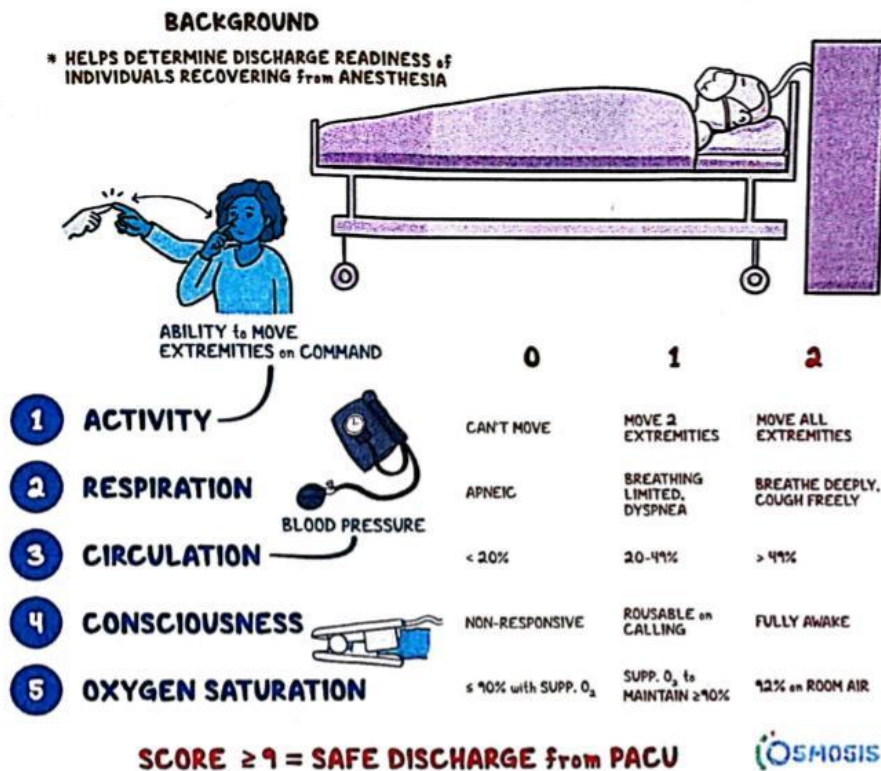
### **A PHYSICIAN IS RESPONSIBLE FOR THE DISCHARGE OF THE PATIENT FROM THE POSTANESTHESIA CARE UNIT**

1. When discharge criteria are used, they must be approved by the Department of Anesthesiology and the medical staff. They may vary depending upon whether the patient is discharged to a hospital room, to the Intensive Care Unit, to a short stay unit or home
2. In the absence of the physician responsible for the discharge, the PACU nurse shall determine that the patient meets the discharge criteria. The name of the physician accepting responsibility for discharge shall be noted on the record.

### **Post anaesthesia recovery score (Aldrete score).**

#### **Importance:**

1. The recovery room is the most important room in the hospital, for it is here that a patient is at most risk from inadvertent harm.
2. Patients are in an unstable physiological state where critical events can develop rapidly.
3. Most of these events are preventable, but detecting and treating them relies on skilled and vigilant nursing staff who can give constant and total care.



Post anaesthesia discharge scoring system.

Vital sign	Within 20% of pre-operative baseline	2
	With in20_40% of pre-operative baseline	1
	>40%of pre-operative baseline	0
Activity level	Steady gait, no dizziness at pre-operative level	2
	Requires assistance	1

	Unable to ambulate	0
Nausea and vomiting	Minimal, treated with oral medication	2
	Moderate treated with parenteral medication	1
	Continuous after repeated medication	0
Pine	Minimal, or none, acceptable to patient, controlled with oral medication	2
	Yes	1
	No	0
	Sever	
Surgical bleeding	Minimal no dressing change required	2

	Moderate up to two dressing changes	1
	Sever, three or more dressing changes	0

## Recovery room step down

### Stage 1 recovery

Patients who need Stage 1 recovery are those who are physiologically unstable, or who potentially may become so.

### Stage 2 recovery

At this stage the patients are conscious and fully able to care for their own airways. They are within the physiological limits defined by their preoperative evaluation.

### Stage 3 recovery

Following day procedures patients can be discharged into the care of a competent and informed adult who can intervene should untoward events occur

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