

Department of Anesthesia

Title:

Post Anesthetic Care

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Attachment:

Anesthesia PACU Orders

POLICY

The attending anesthesiologist(s) assigned to the case has the ultimate authority in deciding the course and type of post anesthetic care that a particular patient requires and the actual care rendered in the PACU.

PROCEDURES

A patient shall be admitted to any of the surgical PACUs (GOR or SDS) upon the request of the attending anesthesiologist. Admission is not dependent of the type of anesthesia, surgical procedure or length of the anesthetic, but rather on the judgment of the attending anesthesiologist. All patients receiving regional, monitored or general anesthesia care automatically are admitted to the PACU, except where the attending anesthesiologist determines:

1. The patient will be admitted directly to an ICU
2. A satellite recovery facility offering equivalent post anesthetic care is available (ie GI, Labor and Delivery, 7 West).
3. Patient will be recovered in the operating room, such as with airborne infections.
4. The patient's condition is such that PACU observation is not necessary and PACU discharge criteria have been met, ie MAC with essentially little or no sedation. In such cases the anesthesia record will include documentation that the patient was brought to Phase II PACU or other appropriate location. A note should also be placed in the ANESTHESIA RECORD or in the PROGRESS NOTE section of the chart briefly indicating why phase I PACU care is not indicated.

Anesthesia orders for PACU will be written electronically.

1. PACU orders do NOT continue in effect once a patient is discharged from PACU (MD order or criteria-based discharge) (refer to page 2).
2. Orders should be dated and timed.
3. Medication orders do not contain dose ranges. Amounts and frequency are specified.
4. Narcotic orders have a ceiling dose at which time a member of the Anesthesia Care Team is to be contacted about the clinical efficacy and safety of additional narcotics.
5. Patients who will need oxygen after discharge from PACU should have:
 - a. Written order for oxygen on the PHYSICIAN'S ORDER SHEET
 - b. A pulse oximeter for monitoring on the floor

6. Those patients who are identified as being at risk for sleep apnea on the PREANESTHETIC ASSESSMENT FORM should have an order for a monitored bed (pulse oximeter) upon discharge to floor (See policy #9111 “Sleep Apnea Syndrome”).
7. An order may be placed on the PACU order sheet by any of the following members of the anesthesia care team:
 - a. Attending Anesthesiologist
 - b. CRNA
 - c. Resident
 - d. SRNA (Countersignature of CRNA/MD necessary)
8. For all open colon-rectal surgical procedures:
 - a. Place an order for use of Bair Warmers.
 - b. Do not discharge from PACU until core temperature is equal to or greater than 36 degrees Celsius.

Discharge criteria are developed by the Department of Anesthesia in concert with the PACU nurses and utilizing guidelines created by the American Society of Post Anesthesia Nurses. Patients are discharged from the PACU on the basis of approved criteria. Criteria will **NOT** be used for discharge if the notation is made in the PACU ORDERS (POST ANESTHESIA CARE UNIT form) to “Call MD for Discharge” by a member of the Anesthesia Care Team.

Russell T. Wall, MD
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