

POST ANESTHESIA CARE UNIT

RESPONSIBILITIES TO POST ANESTHESIA CARE UNIT (PACU) – REGISTERED NURSES (RN) DELEGATION OF 02/2014

Patient Care Policy

POLICY:

Registered nurses who have been trained in the techniques and procedures of post anesthesia care at Saint Francis Memorial Hospital, have been given authority by the Department of Surgery, the Department of Anesthesia, Nursing Administration, and Hospital Administration to perform procedures of airway maintenance, monitoring, caring of intubated patients with ventilator, Extubation, Intravenous Therapy, administering narcotics to anesthetized patient, radial or brachial arterial punctures for blood gases, blood transfusion and the use of blood pump, treatment of pending questionable shock, and soft restraints.

PURPOSE:

To provide guidelines for nursing care in the post-operative/post-procedure patient recovering from general, epidural, spinal, or local anesthesia; regional block; monitored anesthesia care; or pain management procedures.

PROCESS:

1. Airway Maintenance
 - A. Start oxygen per mask to 10 liters or cannula at 2-4 liters on patients under general anesthesia.
 - B. Start and maintain resuscitation and/or emergency oxygen therapy.
 - C. Insert oral and/or nasal airway as warranted.
2. Monitoring
 - A. Attach the EKG electrodes and maintain constant monitoring.
 - B. Take and interpret EKG rhythm strips.
 - C. Perform closed chest cardiopulmonary resuscitation.
 - D. Perform defibrillation in an emergency situation when a physician is not present (see SFMH cardiopulmonary resuscitation Code Blue policy).
 - E. Attach and maintain constant monitoring of the oxygen saturation with the pulse oximeter monitor.

Saint Francis Memorial Hospital Patient Care Policy

Post Anesthesia Care Unit

RESPONSIBILITY TO POST ANESTHESIA CARE UNIT – REGISTERED NURSES

DELEGATION OF

Page 2

- F. Attach arterial line to monitoring and maintain constant monitoring.
- G. Attach pulmonary artery line to the monitor and maintain constant monitoring.

3. Intubation

If the patient is intubated and the muscle relaxant has not worn off or been reversed completely, anesthesiologist will give specific settings for ventilator. In a respiratory emergency:

A. Ventilate the patient with a Volume Ventilator:

- 1) Oxygen setting of 40% oxygen
- 2) Tidal volume of 6ml/Kg
- 3) Rate no lower than 6 per minute
- 4) Patient may be tried off the ventilator when the patient is able to raise their head off the gurney. Check tidal volume and vital capacity, strength of hand grasp adequate for age. Maintain the patient on the T-Piece with oxygen flow at 40%. Oxygen is to be attached to a nebulizer.

4. Extubation

Extubate the patient after the following criteria are met:

A. Return of muscle function after muscle relaxants manifested by:

- 1) Movement of the intercostals.
- 2) Ability of the patient to raise their head off of a flat gurney and hold in position without pulling up on the side rails. If due to pain or age, and the patient is unable to lift their head off the gurney, check for strong hand grasps and ability to touch their nose with a finger.
- 3) An adequate tidal volume, and vital capacity (if ordered) for the individual patient, e.g., tidal volume 6ml per Kg. depending on age, sex, and height. Vital capacity three times normal tidal volume depending on age, sex, and height.

B. Stable vital signs, O2 Saturation >92%, and no respiratory distress.

5. Intravenous Therapy (see SFMH IV Policy)

Perform venipuncture for the purpose of:

- A. Initiating IV therapy using a scalp vein needle, angiocath, or angioset.
- B. Introduce medication directly into IV solutions or tubing as ordered.
- C. If physician has not ordered IV fluids, keep IV open with LR until order given.

6. Administering Narcotics to Anesthetized Patients

Narcotics will be given in divided doses either IV or IM per order of the anesthesiologist.

Saint Francis Memorial Hospital Patient Care Policy

Post Anesthesia Care Unit

RESPONSIBILITY TO POST ANESTHESIA CARE UNIT – REGISTERED NURSES

DELEGATION OF

Page 3

- A. If the IM route is used, repeated dose will not be given before 30 minutes unless otherwise indicated by anesthesiologist.
 - B. If the IV route is used, repeated doses will not be given before 10 minutes, unless otherwise indicated by anesthesiologist.
7. Perform Radial or Brachial Arterial Puncture for Blood Gases.
8. Blood and Use of IV Pump
- A. SFMH transfusion and transfusion reaction procedure will be followed.
 - B. Use of IV pump to give rapid bolus of IV fluids or blood when indicated.
9. Treatment of Pending Questionable Shock
- A. Patient placed in position where legs are elevated higher than heart level.
 - B. Start or continue oxygen per mask at 10 liters.
 - C. Increase IV rate to double original order.
 - D. Notify anesthesiologist and attending physician immediately.
10. Soft Restraints
- Follow SFMH policy and procedure on use of soft restraints.

Bibliography:

American Society of Perianesthesia Nurses. (2012). *2012-2014 Perianesthesia Nursing, Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, New Jersey: American Society of Perianesthesia Nurses.

Schick, L. , & Windle P. E. (Eds). (2010). *Perianesthesia Nursing Core Curriculum: Preprocedure, Phase I and Phase II PACU Nursing* (2nd ed.). St. Louis, Missouri: Saunders.

Sponsoring Department or Committee	Approval Date
Department of Surgery Operations	02/13/14
Other Approvals	Approval Date
Director of Perioperative Services	02/14/14
MEC	09/2010
Board of Trustees	10/2010
Past Approval	Approval Date
Surgical Management Committee	01/2002 Reviewed: 09/1981, 12/1986, 12/1989, 01/1993, 02/1999, 05/1999 Revised: 01/1996, 02/1996, 01/2002, 03/2007, 052008, 07/2010