

SUBJECT: PACU SAFETY	REFERENCE #1002
DEPARTMENT: POST ANESTHESIA CARE UNIT	PAGE: 1 OF: 6
APPROVED BY:	EFFECTIVE: REVISED:

PURPOSE:

- The PACU shall maintain a safe, comfortable and therapeutic environment for patients, employees and visitors.
- Due to the significant impact on the motor and sensory functions of post anesthesia patients, it is the responsibility of the PACU nursing staff to supply a safe and supportive environment. In addition, persons undergoing surgery and anesthesia may be exposed to infectious organisms, hazardous materials and other environmental risk factors.

PROCEDURE:

- There are written policies and procedures to control the environment such as safety, fire, emergency management, infection control and CPR. Staff shall follow all established policies and procedures to maintain a safe, comfortable and therapeutic environment in the PACU area. The following shall be maintained to ensure patients are not exposed to infectious organisms and unsafe conditions:
 - The dress code is determined and strictly enforced, according to the proximity of staff and visitors to the operating rooms.
 - Waste gas levels shall be monitored in areas that are in close proximity to where anesthesia is administered, as per OSHA requirements that have been established for operating rooms, including waste anesthetic gases that are exhaled by postoperative patients who have received anesthetic gases.
 - Any patient that requires isolation shall be provided with a private room. All patients are guaranteed the same standards of practice, wherever the care is provided in the hospital.
 - All personnel shall have their BCLS, ACLS and/or PALS certification, as applicable, renewed per policy and procedure.
- Emergency drugs, equipment and supplies are present in the PACU Department and are readily available in the event of an emergency. All drugs, equipment and supplies shall be checked and rotated at least _____ to ensure they are current and an adequate supply is on hand to service the patient population. All reviews shall be documented.
- Space shall be evaluated to identify and obtain the appropriate utilization of space, supplies and equipment to meet the needs of the staff and patients served in the PACU Department.

POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: PACU Head Nurse
 Prepared by: _____
 Date: _____

Supervised by: Surgical Services Nurse Manager
 Approved by: _____
 Date: _____

Job Summary: Provides direct patient care to pediatric through geriatric patient populations. Addresses the psychosocial, physical and general aspects of care related to the surgical environment. Assists with the maintenance of PACU equipment and inventory. Participates in performance improvement activities. Responsible for monitoring patient's physiological status in the immediate postoperative environment. Communicates with surgeon and anesthesiologist, continuously and as needed, about patient conditions; receives direction for patient management. Intercedes to maintain optimum homeostasis. Supervises PACU nursing staff. Schedules staff.

DUTIES AND RESPONSIBILITIES:

3 = Exceeds Performance 2 = Expected Performance 1 = Needs Improvement

Demonstrates Competency in the Following Areas:

Directs actions toward supervision of nursing care given to neonate, pediatric, adolescent, adult and geriatric patients within the PACU, according to nursing principles.	3	2	1
Assesses and reassesses pain adequately. Utilizes appropriate pain management techniques. Educates the patient and family regarding pain management.	3	2	1
Performs all aspects of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors.	3	2	1
Ability to perform waived testing (point-of-care testing) per Clinical Laboratory's and the patient care unit's policies and procedures.	3	2	1
Ability to interpret results of waived tests; take appropriate action on waived tests results.	3	2	1
Provides for safe transportation of all patients to and from Surgical Services Department.	3	2	1
Verifies availability of all supplies required. Obtains supplies, per PAR levels.	3	2	1
Supervises care of PACU equipment to ensure cleanliness, sterility and operational ability of all items.	3	2	1
Directs all safety measures to prevent accidents, harm or injury in any way to patient, staff or equipment.	3	2	1
Controls traffic to avoid infection.	3	2	1
Verifies that proper temperature, ventilation and lighting are maintained, to provide a comfortable work environment.	3	2	1
Provides qualified staff; formulates schedule which provides adequate staff for patient mix.	3	2	1
Assigns personnel; delegates specific duties and tasks.	3	2	1
Follows the six (6) medication rights and reduces the potential for medication errors.	3	2	1
Verifies that narcotics and controlled substances are counted and locked, per hospital policy.	3	2	1
Supervises care and cleanliness of equipment and supplies to ensure good working conditions.	3	2	1

SUBJECT: ARTERIAL LINE PRESSURE MONITORING	REFERENCE #8115
DEPARTMENT: POST ANESTHESIA CARE UNIT	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- Monitoring equipment must be calibrated upon arrival of the patient to the PACU.
- Arterial catheter blood pressure reading is to be checked against a cuff pressure upon admission to the PACU and as needed.
- Arterial line site checks must be documented every two (2) hours on the PACU record. The anesthesiologist shall be notified of abnormal findings.
- The arterial catheter alarm system will remain activated at all times. Alarm parameters should be set at 20 above and 10 below the patient's normal arterial pressure.
- Keep pressure bag at 200-300 mmHg to maintain catheter patency.

PROCEDURE:

- Calibration of Monitoring Equipment:
 - Attach transducer cable to pressure tubing
 - Level transducer air reference port at the same level as the patient's right atrium
 - Open stopcock of transducer to air
 - Push "zero" button on monitor module to calibrate
 - Close stopcock off to air and open to patient
 - Place 10 mL sterile syringe on stopcock
 - The distal stopcock must be covered with an injection cap
 - Ensure that the alarm is on

SUBJECT: CAPNOGRAPHY	REFERENCE #8118
	PAGE: 1 OF: 4
DEPARTMENT: POST ANESTHESIA CARE UNIT	EFFECTIVE:
APPROVED BY:	REVISED:

DEFINITION:

- Capnography indicates how much CO₂ is being eliminated from the lungs by measuring exhaled CO₂.
- For ventilated patients the CO₂ measurement should take place within the endotracheal tube, and for non-intubated patients the measurement should take place near the mouth or nares.
- Capnograph uses one of two types of analyzers:
 - Mainstream units are used only on intubated patients and have an analyzer connected to a endotracheal tube for “real-time” monitoring of CO₂ concentrations.
 - Sidestream units may be used on nonintubated patients and intubated patients using a sampling pump with a line connecting from the patient to the monitor.
- PetCO₂ 35-45 mm Hg is the normal value for capnography. However, some experts say 30 mm HG - 43 mm Hg can be considered normal.
- Abnormal Values:
 - End Tidal CO₂ (ET CO₂ or Pet CO₂) less than 35 mmHg = "Hyperventilation/ Hypocapnia"
 - ETCO₂ greater than 45 mmHg = "Hypoventilation/Hypercapnia"
- Indications for Capnography:
 - Confirming endotracheal tube placement
 - Evaluation of the exhaled [CO₂], especially end-tidal CO₂ (designated PetCO₂)
 - Monitoring severity of pulmonary disease and evaluating response to therapy
 - Continued monitoring of the integrity of the ventilatory circuit including the artificial airway; alarm sounds with ventilator disconnects
 - Evaluation of the efficiency of mechanical ventilatory support by the determination of the difference between the arterial partial pressure for CO₂ (PaCO₂) and the PetCO₂

SUBJECT: PATIENT TRANSFER FROM PACU TO THE PATIENT CARE UNIT	REFERENCE #8304
	PAGE: 1 OF: 2
DEPARTMENT: POST ANESTHESIA CARE UNIT	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

To safely and comfortably transfer a patient to a patient care unit when ready for discharge from PACU.

POLICY:

- The surgeon and anesthesiologist must write orders for the patient's care postoperatively.
- PACU personnel are responsible for completion of all orders and the safe transfer of the patient when stable.

PROCEDURE:

- Patients will be discharged from the PACU when the medical staff-approved discharge criteria is met or by a licensed independent practitioner.
- Empty all drainage bags and record output on the Intake and Output sheet.
- Total intake and record on the Intake and Output sheet.
- Postoperative orders must be written by the anesthesiologist and surgeon, prior to discharge from PACU.
- Orders specific to the PACU must be completed before discharge.
- The PACU record must be completed and signed by the RN transferring the patient to the patient care unit.
- Secure safety belt over patient.
- Check that all siderails are raised and secured on the gurney.
- Call the patient care unit to notify the primary nurse that the patient is being transferred back to the patient care unit.