

POST ANESTHESIA CARE UNIT PHYSICAL INSPECTION

During the JCAHO surveyor's visit to the Post Anesthesia Care Unit, he/she will tour and physically inspect the department. To properly prepare for your survey, it is recommended that you and your staff perform your own departmental inspection of the following areas:

- Sterile area demarcation line is clearly visible (i.e., all staff observe sterile area demarcation)
- Assessment of the crash cart(s)
 - Crash cart check - per your policy, has the check sheet been completed and initialed
 - Does the check include integrity of the lock and documentation of lock number
 - Does the check include charging defibrillator to specified jules, both on and off battery pack, per manufacturer's recommendations
 - Assure all medications and sterile supplies do not exceed expiration dates
 - Assure that all necessary equipment is available (pediatric scope and paddles, oxygen tank is full, suction machine available, etc.)
- The medication refrigerator is clean and:
 - Is refrigerated at the appropriate temperature
 - Contains a daily temperature assessment log
 - Contains only medications (i.e., no patient or staff food)
- Medication supplies are locked, secured from patient or visitor access
- Expiration dates on all medications and supplies are not exceeded, this includes medications kept in the medication refrigerator

Note: Special emphasis on appropriate dating of medication vials – pursuant to hospital policy and procedure)

- Narcotics control sheet is complete and accurate for usage and wastage
- If anesthesia trays or "boxes" are present in the PACU, they do not contain unlabeled or expired medications

POST ANESTHESIA CARE UNIT

FOCUS ISSUES

Discuss with your staff how your Post Anesthesia Care Unit would handle the following situations. Document your collective conclusions below:

- Management of patients with severe adverse drug reactions:

- Are tests performed by PACU staff that fall under the “waived” or “point of care” testing guidelines (i.e., blood glucose via finger stick)? If so, has there been evidence of staff competency to perform these tests? Has there been an approved definition on what type of care will be based on the results of these tests? If specific equipment is used, such as a glucometer, are calibration checks routinely performed per policy and procedure?

- How does the PACU staff assess and manage patient pain postoperatively?

- Do members of the PACU nursing staff mix or prepare IV solutions? If so, what type of education, training and competency evaluation has each member received?

1. How do you manage pediatric medication dosing in the PACU if you only occasionally treat pediatric patients?

2. Does the PACU ever utilize registry personnel? How do you know the registry personnel are competent to provide care at the same level as the PACU staff employed in your facility?

3. How does the PACU manager determine if staff is competent to perform assigned duties, and when appropriate, provide care for the special needs and behaviors of specific age groups?

4. How does the organization provide for security of patients and personnel in the PACU?

5. What training has the PACU staff on PCA pump management? Has the PACU staff ever experienced a pump malfunction?
