

Section: Division of Nursing
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PROTOCOL

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HACKETTSTOWN REGIONAL MEDICAL CENTER

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PACU
(Scope)

TITLE: MANAGEMENT AND CARE OF PEDIATRIC PATIENT IN PACU

PURPOSE: To provide a safe adequate environment to give optimum care to the pediatric patient.

SUPPORTING A well-informed family will know what to expect post-operatively and have overall decreased anxiety. A PACU nurse will attempt to meet pediatric patient in SDS prior to surgery. A SDS nurse is also able to educate the family about the PACU process.

CONTENT:

PROCEDURE STEPS:

KEY POINTS:

ASSESSMENT:

1. Obtain vital signs including core temperature and O₂ saturation immediately on arrival to PACU.
2. Administer humidified air/oxygen mixture (high flow) for ENT, otherwise may use NC if tolerates it.
3. Place in lateral position and maintain airway. (Intra-oral surgery place in prone position)
4. Receive report from anesthesiologist.
5. Check dressing for drainage.
6. Check intravenous infusion line for:
 - a. Patency
 - b. Adequate security
7. Check teeth routinely especially if loose teeth are present.
8. Have safety pads present and use as needed.
9. Provide 1:1 nursing until awake.

The anesthesiologist may defer EKG

Lateral position will facilitate adequate drainage of secretions and prevent aspiration.

Loose teeth in some children are a good normal phase of growth and development especially between ages 5-12 years.

Safety pads will prevent self-injury during emergence phase of recovery.

It is common for children to exhibit hyperactive behavior while emerging from anesthesia. It is important for a nurse to remain with a child during this phase of recovery. This hyperactivity may be a result also of hypoxemia, pain, or strange surroundings; therefore, careful assessment is important.

- INTERVENTION:
1. Place safety pads appropriately on side rails.
 2. Provide subdued quiet atmosphere.
 3. Reassure patient giving comfort and relaxation.

4. Administer analgesics as ordered by anesthesiologist. Follow protocol for managing pain in post-operative patient.
5. Parents or other caregiver can be summoned to bedside following the emergence phase.

Young children may be held and rocked; as such, actions are very comforting to a youngster. Small toys such as dolls or teddy bears brought from home provide familiar atmosphere and should remain with the child during emergence.

Dose guidelines:
Will be based on weight(mg/kg)

Allowing a visitor in PACU is based on what else is going on in unit at that time. **There may be times that the child's caregiver is unable to join him/her in PACU due the other patient's confidentiality rights.**

- DOCUMENTATION:
1. Follow PACU Record.
 2. Include pain assessment as per Pain Assessment Procedure (8620.034a)
 3. Condition of dressing arrival and discharge.
 4. Any entity peculiar to each patient and age appropriate behavior observed.
 5. Condition of teeth, as needed.
 6. Condition and patency of IV infusion and site.
 7. Readiness for discharge from PACU.
 8. Signature of nurse/nurses assigned to patient.

Reference: Peri Anesthesia Nursing Core Curriculum Preoperative, Phase I and Phase II PACU Nursing: (Saunders) 2004. Quinn, Donna & Schick, Lois p 138-194.
Lippincott Manual of Nursing Practice. 8th Edition. (Lippincott, Williams, and Wilkins) 2006. Chapter 40.