

Section: Division of Nursing  
Approval: \_\_\_\_\_

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\* **GUIDELINE** \*  
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## HACKETTSTOWN REGIONAL MEDICAL CENTER

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**PACU/OB**  
(Scope)

### **TITLE: POST ANESTHESIA CARE UNIT NURSING RECORD GUIDELINE**

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**PURPOSE:** To document the physical assessment and progress of the patient in the PACU from admission to time of discharge from PACU.

**NATURE OF FORM:** Permanent X Temporary \_\_\_\_\_

#### **CONTENT: PROCEDURE**

1. Stamp addressograph in site
2. Record patient allergies or NKDA
3. Record operative procedure
4. Record date of surgery
5. Record arrival time into PACU
6. Record level of consciousness of patient on arrival to PACU (AWAKE, ASLEEP OR REACTIVE)
7. Record time patient reacted
8. Record type of anesthesia used/OR time
9. Record amount of oxygen used, method of O2 delivery, time of its discontinuation in the PACU
10. Record quality of patients' breath sounds
11. Record type of airway on arrival into PACU and time of its discontinuation
12. Record sensory level on admission and discharge from PACU
13. Record dressing site and quality
14. Record temperature of patient on arrival into PACU
15. Record temperature of patient upon discharge from PACU
16. Place check in box if intervention is used in the PACU
17. Record time and results of vital signs including amount and type of oxygen utilized
18. Record Aldrete score on arrival and discharge from PACU
19. Document all medications given to patient in the PACU including time, dose, site, route, reason, pain level, nurse giving medication initials, time of response, pain scale response level, nurse's initials
20. Record patient controlled analgesia orders including time initiated and nurses initials (when applicable)
21. Record IV solution on arrival into PACU including any additional IV solution and/or blood products given. Record intake totals
22. Check appropriate box with output amounts
23. Record all documenting RN initials and their signatures
24. Record time of discharge and from Phase I and destination
25. Record date and time of all documented focus notes with implementation and outcomes
26. Affix six-second record of patient's cardiac rhythm
27. Check appropriate box if used including time, test performed and nurses initials
28. Record name of physician visiting the patient in the PACU
29. Check appropriate box and circle patient response to education
30. Complete discharge summary upon arrival to floor or SDS
31. Check appropriate box upon transfer out of PACU if equipment used during transfer
32. Document patient's vital signs upon arrival to floor or SDS. Have receiving RN sign their name

Allergies:						Procedure:													
Date		Arrived PACU		LOC:		Reacted		<div style="display: flex; justify-content: space-between;"> <div> ANESTHESIA:    <input type="checkbox"/> General    <input type="checkbox"/> Spinal    <input type="checkbox"/> Regional  OR TIME:       <input type="checkbox"/> MAC       <input type="checkbox"/> Epidural    <input type="checkbox"/> Local </div> <div> O<sub>2</sub> Maintained Via  Dc'd @ _____   NC _____  Mask Type _____  Face Tent _____  T-Piece _____ </div> <div> BREATH SOUNDS    Temp IN _____  Temp OUT _____  <input type="checkbox"/> Bair Hugger </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> Airway:       Dc'd @ _____ Dc'd @ _____  <input type="checkbox"/> Natural       <input type="checkbox"/> LMA _____  <input type="checkbox"/> Oral           <input type="checkbox"/> Nasal _____  <input type="checkbox"/> Trach         <input type="checkbox"/> ETT _____ </div> <div>Vent Settings  _____  _____  _____ </div> <div> DRESSING    <input type="checkbox"/> TEDS    <input type="checkbox"/> Venodyne/SCDS    <input type="checkbox"/> Polar Care </div> </div>											
Epidual/Spinal Sensory level at Admission _____ ASSESSMENT :                      Discharge _____						Time	BP							HR	Resp	SAO <sub>2</sub>	O <sub>2</sub> L / Min	Pain Level	
<b>POST ANESTHESIA ALDREDE SCORE</b>						IN	OUT												
ABLE TO MOVE 4 EXTREMITIES VOLUNTARILY = 2 ABLE TO MOVE 2 EXTREMITIES VOLUNTARILY = 1 ABLE TO MOVE 0 EXTREMITIES VOLUNTARILY = 0						ACTIVITY													
ABLE TO BREATH AND COUGH FREELY = 2 DYSAPNEA OR LIMITED BREATHING = 1 APNEIC = 0							RESPIRATION												
BP = ± 20 OF PRE-ANESTHETIC = 2 BP = ± 20 - 50 = 1 BP = ± 50 = 0 PRE OP BP								CIRCULATION											
FULLY AWAKE = 2 AROUSABLE ON CALLING = 1 NOT RESPONDING = 0						CONSCIOUS													
PINK = 2 PALE, DUSKY, BLOTCHY, JAUNDICE = 1 CYANOTIC = 0							COLOR												
<b>TOTAL</b>																			
<b>POST OPERATIVE MEDS</b>																			
TIME	MEDICATION & DOSE	SITE	ROUTE	LOCATION/REASON	LEVEL	INT'L	TIME	RESPONSE	INT'L	<div style="display: flex; justify-content: space-between;"> <div> <b>SEDATION</b>  A - Uncomfortable  B - Comfortable  C - Drowsy  D - Dozing  Intermittently  E - Mostly Sleeping  F - Only Arousable </div> <div> <b>PAIN INTENSITY</b>  <div style="display: flex; justify-content: space-between;"> <span>No</span> <span>Worst</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Pain</span> <span>Pain</span> </div> <div style="display: flex; justify-content: space-between;"> <span>1</span><span>2</span><span>3</span><span>4</span><span>5</span><span>6</span><span>7</span><span>8</span><span>9</span><span>10</span> </div> </div> </div>									
PCA MEDS & ORDER		PCA DOSE (mg)		LOCK OUT (min)		CONTINUOUS Rate (mg.hr)		4-Hour Limit		<b>DRAINAGE OUTPUT</b>									
TIME	IV SOLUTION/BLOOD	MEDS if added	RATE	Amt. Absorbed	Amt. LIB @ Discharge	SITE	SITE STATUS	TIME					TOTAL						
								<input type="checkbox"/> EBL											
								<input type="checkbox"/> EMESIS											
								<input type="checkbox"/> FOLEY/VOID											
								<input type="checkbox"/> CHEST TUBE											
								<input type="checkbox"/> NG/SALEM											
								<input type="checkbox"/> HEMOVAC/JP											
								<input type="checkbox"/> OTHER											
INTAKE TOTALS		ORAL	IV		BLOOD		OTHER												
IVF OR																			

**DISCHARGED FROM PHASE I RECOVERY BY DR \_\_\_\_\_**  
**AT \_\_\_\_\_ TO ROOM \_\_\_\_\_**

[illegible]

## EKG STRIP

TESTS/TREATMENTS TIME _____ <input type="checkbox"/> EKG _____ <input type="checkbox"/> XR _____ <input type="checkbox"/> LABS _____ <input type="checkbox"/> OTHER _____		PHYSICIAN'S VISITS _____ VISITOR AT BEDSIDE		<b>DISCHARGE SUMMARY:</b>					
PATIENT EDUCATION (circle if applicable) <input type="checkbox"/> PACU Procedures      1   2   3 <input type="checkbox"/> Coughing/Splinting      1   2   3 <input type="checkbox"/> Deep Breathing      1   2   3 <input type="checkbox"/> ROM of _____      1   2   3 <input type="checkbox"/> PCA Use      1   2   3 <input type="checkbox"/> Other _____      1   2   3  Patient Response 1. Demonstrated    2. Understanding Verbalized 3. See Nurses' Notes				OUT TIME _____ REPORT TO _____ @ _____					
				SURG SITE _____					
				<input type="checkbox"/> DRSG. IS DRY & INTACT <input type="checkbox"/> OTHER _____					
				COMFORT LEVEL/PAIN LEVEL _____					
				IV SITE _____ OTHER _____					
TRANSPORTED WITH O <sub>2</sub> <input type="checkbox"/> yes <input type="checkbox"/> no                      cardiac monitor <input type="checkbox"/> yes <input type="checkbox"/> no				RECEIVED BY: @		POST OP TRANSFER VITALS TEMP: BP              P              R              SAO <sub>2</sub>			
PACU RN Signature:				Initials		PACU RN Signature:		Initials	
_____				_____		_____		_____	