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STRUCTURE

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Section: Division of Nursing

Approval: _____

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HACKETTSTOWN REGIONAL MEDICAL CENTER

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PACU
Scope

I. DESCRIPTION

The Post Anesthesia Care Unit (PACU) is located on the second floor South wing of the Hospital. It is comprised of one large room with capability of caring for nine (9) patients.

II. PURPOSE

To provide intensive observation and highest quality nursing care to pediatric and adult patients following surgical or special procedures for which anesthetic agents or conscious sedation medication has been used.

III. PHILOSOPHY

We value our clients as individuals who deserve the best that our department has to offer. To this end, we make these commitments.

Patients:
We will provide the best possible PACU nursing care by maintaining our highly skilled and technical competencies. We will function as patient advocates during their most vulnerable moments and ensure their privacy and safety.

Coworkers:
As co-workers with a shared goal of providing excellent service to our patients, we commit to accepting responsibility for establishing and maintaining healthy interpersonal relationships with every member of the team.

Physicians:
The PACU staff will seek to provide a team oriented approach to caring for our mutual clients – the patient and their families. We will strive for a collaborative practice that will enhance the performance of both the nursing and medical disciplines.

Families:
We will encourage caregivers to participate in their family member's surgical experience by providing education and psychological support.

Other Departments:
We will interact in a professional and respectful manner to ensure mutual cooperation and optimum productivity.

IV. GOALS & OBJECTIVES

A. To provide a clean, safe environment for the immediate post-operative patient.

B. To prevent post-operative complications by providing close observation and monitoring of patient.

C. Maintain an ongoing assessment of unit function through systematic monitoring and evaluation of the quality and appropriateness of patient care.

D. To provide emergency care and manage complications, which may arise such as airway obstruction, vomiting and aspiration, hypothermia, hypovolemia, shock, cardiac arrhythmia, respiratory and/or cardiac arrest.

E. To provide comfort and pain relief with medication and to observe for adverse reactions by accurate monitoring of vital signs.

F. To provide the surgeon and anesthesiologist with pertinent information concerning changes in patient's condition whenever necessary.

G. To stabilize the patient before returning him/her to a post-operative unit.

H. To provide receiving nurse on post-op unit with adequate, pertinent and complete information concerning patient's surgical procedure and current status.

V. ADMINISTRATION/ORGANIZATION OF UNIT

A. Organization

The PACU is a specialty-nursing unit, which is organized under the Surgical Services Department of the hospital. The clinical management of this unit, 24 hours, 7 days a week, is the responsibility of the PACU Unit Coordinator. Executive management is provided to the PACU Unit Coordinator through direction and collaboration from the Surgical Services Manager

B. Nursing Direction

The PACU Unit Coordinator is a clinically competent, registered, professional nurse who delegates and coordinates post-operative patient care. She/he assumes responsibility for the management of clinical and support activities and allocation of human resources on a 24-hour basis. She/he effectively interacts with patient / families, other departments, and other health team members while maintaining standards of professional nursing. The Unit Coordinator ensures that competent and appropriate care is delivered pertinent to patient population, level of technology required, complexity of care needs, and age of patients.

C. Medical Direction

Medical supervision of PACU is the responsibility of the Department of Anesthesiology. As per the Department of Surgery Rules and Regulations, the Operating Room Committee regulates rules and policies

a. Responsibilities of Anesthesiologist:

1) Transport patient to PACU.

2) Report intra-op vital signs and level of consciousness when leaving O.R.

3) Give complete patient report to PACU nurse including:
   a) General health status including:
      i) Relevant preoperative status
      ii) Allergies
      iii) Relevant pre-op medications
      iv) Physical and mental impairments
      v) Relevant pre-op physical and lab findings
      vi) Anesthesia techniques including:
         (a) Medications given
         (b) Antagonists used
      vii) Surgical procedure
      viii) Estimated fluid and blood loss
      ix) Blood and fluid replacement
      x) Anesthetic complications
      xi) Relevant surgical complications
      xii) Special PACU plans

4) Remain at bedside until report is verbally accepted, vital signs are recorded, and PACU nurse accepts patient.

5) Remain available for consultation at all times

6) Provide orders for immediate post-op management of pain and nausea/vomiting.

7) Sign PACU discharge order patient.

c. Responsibilities of Surgeon:

1) Accompany patient to PACU.

2) Verify dressing and/or op site with the PACU nurse.

3) Verify patency of drainage tubes, catheters, etc.

4) Order appropriate post-op pain medication, beyond PACU admission

5) Be available during PACU phase for questions/communication regarding patient's condition.

6) Write complete and legible physician orders.

7) Communicate with family members concerning patient's surgery and prognosis.

8) Be available to nursing staff for support in patient care.

VI. HOURS OF OPERATION

A. The PACU is open five days/week from 0700 until 1900 Monday through Friday excluding HRMC holidays.

B. Emergency surgery is accommodated whenever necessary.

VII. ADMISSION, DURATION OF STAY, TRANSFER/DISCHARGE

A. Admission Mechanism

1. The anesthesiologist and OR nurse bring patients that received an anesthetic agent during surgery to PACU.

   a. The anesthesiologist is stationed at the patient's head.

   b. The patient's chart, operative and anesthesia record must accompany the patient upon admission.

   c. Identification and bands must be in place.

2. A qualified PACU professional RN completes an admission physical assessment. Findings are documented on the PACU record.

3. PACU admissions are limited to the following:

   a. Patients receiving general anesthesia.

   b. Patients receiving spinal, epidural, or regional anesthesia.

   c. Patients receiving local anesthesia who have also received other sedation

   d. Patients receiving conscious sedation.
   Exceptions to the above are maternity patients, those who are already patients of the ICU, and Minor Procedure patients. MP patients are recovered in the MP unit.

4. Limitations of the Area

   a. Physical: PACU has capacity for nine patients.
   b. Isolation: PACU has one negative-flow room

B. Duration of Stay

A PACU nurse will discharge patient in accordance with written policies set forth by the Department of Anesthesia and in accordance with criteria and data collected through use of the nursing process. Patients who have had major surgery or have complex medical problems may be transferred to a specialty unit such as ICU or PCU.

C. Discharge from PACU

1. A patient is discharged from PACU by the anesthesiologist. The anesthesiologist must sign the discharge order prior to discharge.

2. No specific time requirement for PACU stay can be stated since patient condition varies with surgical procedures, anesthesia used, use of analgesics and patient response. Professional judgement is required to determine patient's readiness for discharge.

3. Post-op units are notified via telephone about one-half hour prior to patient's impending arrival. Units are alerted to equipment needed in patient's room at time of arrival.

D. Transfer

1. The PACU RN determines the mode, number, and competency level of accompanying personnel based on patient needs. The hospital transport service may be utilized to transport the patient from the PACU to the nursing unit with the following exceptions: a PACU RN should accompany patients who require continuous cardiac monitoring (including telemetry), and/or require evaluation and/or treatment during transport (i.e. vasopressor infusion, pulse oximetry, advanced airway management.)

2. The receiving nurse is given a thorough report. It includes but is not limited to:

   a. Procedure performed
   b. Vital signs
   c. Tubes, drains, drainage
   d. Condition of dressing
   e. Blood products given and estimated blood loss
   f. I & O's
   g. Medications given with outcome
   h. Treatments given
   i. Lab work and/or tests performed.

3. PACU nurse and receiving nurse review post-op orders via telephone or in person.

E. Specialty Units

1. ICU: Generally, all ICU patients are recovered in the PACU and then transferred to ICU where the above transfer procedures are followed. Occasionally, upon request of the anesthesiologist, the PACU RN will recover the ICU patient in ICU. Under those circumstances, the PACU nurse is responsible for recovery Phase I of the patient and the ICU RN will work with him/her to insure that the surgical/medical orders are started as per the ICU protocols.

2. OB: OB patients have C-sections performed in the fourth floor OB OR Suite. The OB nurses have completed competencies for epidural/spinal anesthesia recoveries. If an OB patient receives general anesthesia, a PACU nurse will recover the patient on the fourth floor. There are times, due to staffing, that PACU will need to assist the OB staff with epidural/spinal recoveries also.

VIII. GOVERNING RULES

A. General Safety

1. Traffic Control/Visitor Control

   a. Visitors to PACU are limited to the following circumstances:

      1) Immediate family members (or significant other) may visit when the patient is

in extremis and death is imminent.

2) Immediate family members (or significant other) may visit when the patient must return to surgery.

3) A family member or significant other may visit when the patient's well-being depends on that person's presence (as with a child or mentally impaired person).

4) Police guard may be present with a patient from a correctional institution or if a patient is under arrest and constant supervision is required.

b. Visitors to PACU are admitted at the discretion of the nurse, the surgeon, and/or the anesthesiologist. Factors that must be considered are:

1) The patient's condition.

2) The privacy of other patients present in PACU.

2. Smoking Regulations

Smoking is prohibited anywhere on hospital premises.

3. Safety Alarms

a. Alarms for "Code Blue" to summon hospital-wide assistance are located in each patient bay on the headwall. "Code Blue" alarms are tested at switchboard as per hospital policy and recorded on safety checklist.

b. Alarms to summon assistance from OR staff are located in each patient bay on the headwall.

1) The alarms are visual and audible.

2) There is intercom is located in the OR/PACU staff lounge and PACU.

4. Patient I.D.

a. Each patient is identified by a hospital name band.

b. Blood bands (red) are also worn if applicable.

c. Pink bands are applied to wrist when applicable to prevent affected side from being used for B/Ps, IVs, and lab tests due to prior mastectomy, shunts, PIC lines, etc.

5. Body Mechanics

a. Back safety is a yearly mandatory inservice.

b. Refer to Department of Nursing Standards Manual for procedure.

6. Locked Areas

a. Pyxis medication system is locked at all times.

b. Syringe drawers are locked when not in use.

c. Code cart and emergency respiratory boxes are locked at all times.

d. The PACU unit is a locked area when surgery is not in progress.

7. Side Rails/ Restraints

a. Side rails are up at all times.

b. Safety belts are put in place as needed.

c. Stretcher pads are used for pediatric patients and for other patients as necessary to prevent injuries.

d. Restraint Policy(8620.011a-c) in Nursing Standards Manual must be followed.

B. Electrical Safety/Maintenance

1. The Maintenance Department and the Bio-Medical department perform regularly scheduled maintenance on all electrical equipment in PACU, including daily checks of the Chemetron (oxygen and air) system.

2. All equipment will have three pronged plugs.

3. Maintenance records are kept and stickers are placed on the equipment by the Bio-Medical department to designate inspection has taken place.

4. At the beginning of the shift and/or daily, a checklist is completed by the nurse to determine working order of equipment

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5. Electrical Failure: Red outlets are connected to the emergency power system in case of an electrical failure.

6. Air Conditioning/Heating

a. Adequate heating, cooling, and humidification are essential for patient welfare, safety equipment functioning, and staff comfort.

b. Air should be fresh with complete exchange at least 12-15 times/hour.

c. Humidity should be 50% +/- 10 percent and is monitored daily by Maintenance.

d. Controls are located in the unit so specific changes can be made by the Maintenance Department as necessary.

7. Plumbing

a. A staff toilet is located within the working area for staff availability.

b. Hand sinks with foot or elbow controls are available to staff.

c. A flush sink is available in dirty utility room adjacent to unit.

C. Equipment and Supplies

1. All supplies are provided through Materials Management or Central Supply.

2. Needles and syringes are supplied by Central Supply as needed.

3. Daily, a PACU nurse, checks that all equipment is in good working order. He/she completes a checklist to document the condition of the equipment (See Addendum #8).

4. Pharmacy replaces stock drugs in Pyxis. Non-stock drugs are obtained by STAT faxing patient orders to pharmacy or are obtained from the Nursing Supervisor after pharmacy has closed.

5. Pharmacy provides blank hospital prescriptions for physicians to write appropriate medications for their patient's impending discharges. PACU RN must be aware of current hospital policy to safeguard blank prescriptions and follow that policy along with the medical staff.

6. Sterile supplies are checked monthly by staff members to assure package integrity and date of expiration.

7. Sterile supplies are replenished by CSR as they are sent from PACU after having been used or expired dates appear.

8. Care of Equipment

   a. Nasal, endotracheal, and oral airways are for single use and are disposed of after each patient use.

   b. Stethoscopes are cleaned daily with hospital-approved disinfectant/germicide.

   c. Blood pressure cuffs are wiped daily and as needed with hospital-approved disinfectant/germicide.

   d. Suction setups are disposable and disposed of after each patient use.

   e. Oxygen setups - Cannulas are disposed of after each patient use.

   f. Thermal warming blankets are disposed of after each patient use.

   g. All disposable equipment is for single use only. It is either disposed of properly or sent with the patient to their room.

9. Emergency Equipment

   a. Emergency equipment includes:

      1. Crash cart with defibrillator (adult & pediatric paddles)

         i. Endotracheal tray (adult and pediatric)
         ii. Dosage by weight chart for emergency drugs, ACLS Algorithms
         iii. Equipment and drugs for malignant hyperthermia crisis
         iv. Equipment for blood drawing (venous and arterial)
         v. Emergency drugs

2. Pulse oximeter

3. EKG monitor

4. Blood pressure monitor

5. Arterial pressure monitor for invasive lines

6. Constant and intermittent suction

7. CO2 Sensor

8. Peripheral nerve stimulator

9. Bair Hugger warming unit

10. Ventilator on standby in PACU when available otherwise obtains from Respiratory Department.

11. Tracheostomy tray

12. Post-tonsillectomy tray

13. Cutdown tray

14. Ice machine

15. Blanket warmer

16. Fluid warmer

17. Suction

b. PACU has the capability of immediate resuscitation including: ventilation with laryngoscope, endotracheal tube, bag and mask, oxygen administration, IV therapy, temperature control, infusion equipment, pulse oximeters, cardiac monitors, defibrillator, and ventilator.

c. The nurse on duty is responsible to restock the crash cart is used. Pharmacy restocks medications as needed. The crash cart is checked as per hospital policy.

10. Equipment Failure

a. Any broken equipment is reported to Central supply or Bio-Med prn.

b. The broken equipment is removed from service and is tagged with information indicating what is broken.

c. The staff will be notified by GroupWise and the communication book when an item goes out for repair.

D. Infection Control

1. Standard precautions are followed for each patient admitted to the PACU Unit. Specific isolation techniques are listed in the Infection Control Manual on the unit.

2. All patients are recovered in PACU. Refer to Isolation Manual for specific guidelines. Patients on airborne precautions will be recovered in the negative pressure isolation room.

3. The Infection Control Nurse and safety officer makes periodic rounds of PACU. Any infection control issue or safety issue can be brought to him/her attention at any time. He/she is available as a consultant and for education relevant to infection control.

4. The PACU has its own mobile isolation cart stocked with gloves, gowns, masks, etc.

5. The nurse caring for a patient in isolation will change scrubs and follow universal precautions before caring for other patients.

E. Medication Policies

1. Medications are administered by the RN per anesthesiologist's or per physician's verbal or written order. Orders are recorded as per hospital policy.

2. Stat drugs (if not available in Pyxis) are available directly from Pharmacy after STAT faxing order to the pharmacy, or are available from the nursing supervisor after hours.

3. Refer to Pharmacy Manual for generic procedures and guidelines.

4. All sterile product preparation (all injections drawn from vial/amp/etc., any mixtures, large volumes with additives, etc) must be prepared in the dedicated area on the counter to the right of the Pyxis in the medication room. This area is labeled and is kept clean and free from clutter and debris.

F. Emergency Care of Patients in PACU

1. Code Blue/Code White/Code Pink

a. Initiate "code" by depressing "code" button or dialing 6000.

b. Follow hospital-wide guidelines and procedures.

c. Anesthesiologist directs code. In his absence, any responding physician directs code.

d. Defibrillation is directed by physician directing code.

e. Refer to Nursing Standards Manual 8620.205a and Administrative Policy AD55

2. Laryngospasm

a. Refer to protocol: 7030.004b.

3. Malignant Hyperthermia

a. Refer to procedure: 7030.001a

4. For any emergency, activate OR Help call button if needed and appropriate.

G. Death

1. The anesthesiologist and attending physician is notified if a death occurs.

2. The attending physician must inform family of death. He should discuss postmortem examination with them.

3. All OR deaths are considered coroner's cases.

4. Family must be given the opportunity to see body before it is taken to morgue.

5. All deaths must be referred to The New Jersey Organ and Tissue Sharing Network (Refer to Administrative Policy AD 72)

6. The Administrative Coordinator will take the body to the morgue on off shifts. During regular hours of operation, a PACU/OR staff member will transport body to morgue and medical examiner is contacted according to protocol.

H. Patient Support Services

1. PACU has ready access to emergency and routine lab, diagnostic radiology, and blood bank services on a 24-hour basis.

2. Radiology

   a. Personnel will be protected from unnecessary radiation by wearing lead apron when assisting with procedures. Radiology badges are provided to all staff for monitoring radiation levels at work.

   b. When patients are x-rayed in PACU, they will be removed as far as possible from other patients or lead aprons will be provided.

3. Respiratory service is available 24 hours/day.

4. Other services utilized include EKG Department and Clergy as needed.

I. Required Bedside Equipment for PACU

1. Two vacuum sources are provided at each bedside.

   a. Continuous suction for nasotracheal suctioning.

   b. Intermittent for gastrointestinal suctioning, etc.

2. An oxygen outlet is located at each patient area.

3. One outlet is available at each area for compressed air.

4. Suspended tracks with movable hooks are above each area for IV solutions, etc.

5. Wall mounted baskets are above each area for storage of bedside supplies and equipment.

6. A bold-faced wall mounted clock with military time is provided.

J. Confidentiality

1. All patient information is highly confidential and is protected by Patient Bill of Rights.

2. Discussion of patient information in areas of public traffic is a violation of policy.

3. Patients records are to be maintained in hands of appropriate personnel at all times.

4. No information regarding any patient may be given out by phone. (See Hospital policy in Department of Nursing Standards Manual).

5. No patient record may be copied except for transfer purposes or educational activity. (See Hospital Policy in Department of Nursing Standards Manual).

6. Nursing staff may act as witness to consent forms, etc., while on duty as defined in department and hospital policy.

K. Fire/Disaster Plan

1. In case of fire, "Code Red" (the code for fire alert), is called by the nurse finding the fire.

2. "Code Red" code phone number is posted on each phone.

3. "Code Red" requires that door to PACU be shut.

4. In the event an evacuation of the area is needed, please refer to Fire Plan Manual and evacuation plan for proper direction.

5. Hospital fire drills are held at regular intervals.

6. Personnel are responsible to know the location of all fire alarm boxes and fire extinguishers in the area.

7. Nursing staff is oriented to fire/disaster procedures during general hospital orientation. This is reviewed and updated yearly through in-service packets.

8. Disaster Plan book is located on shelf at PACU nurses' station.

   a. Depending on PACU staffing, the Unit-coordinator or designee may assign a nurse to report to the triage area in the ER with available stretchers.

   b. Evacuation is executed according to Disaster Manual.

L. Quality Assessment & Performance Improvement

1. A unit representative conducts the QA activities of the unit.

2. All activities are presented on a monthly basis at Nursing Quality Council.

3. PACU staff review, revise, and update the indicators within the plan on a yearly basis or sooner if necessary.

4. The staff is informed of QA activities at staff meetings and on a one-to-one basis if needed

M. Shared Governance Structure

1. As defined by the HRMC Department of Nursing Shared Governance By-laws

2. PACU will have a representative on each of the following: Nursing Practice, Quality Improvement, and Education Councils. Surgical Services will have a representative selected from one of the units to serve on the Management Council.

3. PACU will have a representative on the department- based Surgical Services Council.

4. All PACU staff is members of the PACU unit–based Council. This council will hold a minimum of six meetings (formerly known as staff meetings) per year.

N. Nursing Personnel Dress Code

1. Only hospital scrubs and warm-up jackets may be worn in PACU. Individuals who are permitted limited access may wear cover gowns as substitutes.

2. Minimal jewelry may be worn.

3. Fingernail policy as per AD#49

4. Nurses are not to wear scrubs away from hospital grounds.

IX. STAFFING

A. Quantity

1. It is required that two licensed health care personnel, one of whom is a qualified PACU RN, be present whenever a patient is recovering from Phase I level of care.

1. Nursing staff will vary according to patient acuity. ASPAN guidelines are used to determine Nurse/patient ratios as follows:

1:1

a) At time of admission for any patient requiring mechanical life support and/or artificial airway.
b) Any unconscious patient 8 years of age or under
c) A second nurse may be available to assist as necessary.

1:2

a) Patient who has undergone major procedure and is stable.
b) Any stable unconscious patient.
c) Any uncomplicated pediatric patient with family or support staff present.

2:1

Patients who are critically ill, unstable, and complicated.

B. Level of Staff

1. The clinical staff of PACU is comprised of RNs who provided direct patient care utilizing nursing process and evidence-based nursing practice.

a. Staff Nurse

1. The staff nurse must be currently licensed RN and is required to complete a formal orientation program that is specific to PACU. He/she must be able to function in emergencies and utilize the nursing process in delivery of care.

2. He/she must complete required annual competencies. Current certifications including ACLS and PALS are also required.

b. Per Diem Nurse

1. Per Diem nurses must maintain the same level of competency as the above requirements of the staff nurse.

2. Per Diem nurses trained to work in PACU may be used as staff after they have been adequately oriented to area. A list of qualified personnel is kept in the Nursing Office and PACU.

c. Licensed Vocational Nurses/Private Duty Nurses/Student Nurses

1. Licensed Vocational Nurses may be utilized under direction of the professional nurse.

2. Private duty nurses do not work in PACU.

3. Student nurses serve primarily as observers. Any care provided by a student should be only under direct supervision of permanent staff.

2. Non-professional staff

a. Aides perform delegated technical functions and are under the direct supervision of the registered nurse while transporting patients or assisting clinical staff.

b. The PACU secretary is directly responsible to the PACU Unit Coordinator or designee.

C. Delivery of Care Methodology

1. Nursing care in PACU is provided by RNs who provide direct patient care (primary nursing). The delivery of care is consistent with the philosophy and goals of the Nursing Department of HRMC, ASPAN, and the Surgical and OB/GYN departments.

2. Nursing Process - Adult/Pediatric

Assessment - Upon admission to PACU, each patient is assessed. He/she is reassessed at 15-minute intervals, unless a significant change in condition or diagnosis occurs, or when determining response to treatment or medication. Patient will be reassessed more frequently as needed. Patients remaining in PACU for more than one hour and have been stable for that hour, are assessed q 30 minutes until discharged from unit. PACU assessment is dependent on patient's surgical procedure and medical history and may include the following:

a. Vital signs

1) Blood pressure - cuff or arterial line
2) Pulse - apical-peripheral - cardiac monitor pattern
3) Temperature - tympanic sensors
4) Respirations - observation, cardiac monitor

b. Airway patency

1) Type of mechanical airways in use
i.) Endotracheal, LMA,
ii) Oral
iii) Nasal

2) Ventilator and settings

3) 0_2 delivery method and amount needed; Pulse oximetry

c. Pressure readings when indicated (CVP - A Line - PAWP)

d. ND-Tidal C 0_2 readings when indicated

e. Position of patient - body alignment

f Skin color and condition

g. Circulation - peripheral pulses and sensation of extremities where applicable

h Condition of dressings or suture line if dressing not applied

i. Type and patency of tubes, drains, and catheters

j. Amount and type drainage

k. Muscular strength and response

l. Type and amount fluids infusing (including blood)

m. Level of consciousness

n. Level of comfort (utilizing pain scales); Refer to Pain Protocol

Communication is maintained throughout PACU admission. Changes in patient's condition, lab results, x-ray results, etc. are reviewed with anesthesiologist or surgeon; consultations with other MD's are done via order from anesthesiologist or surgeon.

Plan of Care – After the initial nursing assessment, a plan of care is develop based on nursing diagnosis. In order to assist the patient to return to a safe physiological status after anesthesia, the plan of care should:

a) Set priorities for appropriate nursing actions based on current evidence based practice.

b) Communicate with other involved health care personnel.

c) Includes, but not limited to the following nursing actions:

1) Identification of patient
2) Monitor, maintain, and/or improve respiratory function
3) Monitor, maintain, and/or improve circulatory function
4) Promote and maintain physical and emotional comfort

i) Document and administer all medications as ordered by anesthesiologist or surgeon safely and accurately. **During recovery phase, medication orders received from anesthesiologist takes precedent over surgeon's orders.

ii) Observe patient and document response of any drug given, report any adverse reactions to anesthesiologist and surgeon.

5) Monitor surgical site.

6) Interpret and document data received during assessment.

7) Document all nursing actions and interventions with outcomes.

8) Respect patient's right to privacy and provide the same.

9) Notify post-op unit of equipment needed for patient's return.

10) Notify post-op unit of approximate time of patient's return.

d) Restraints and Protective Devices

Restraints will be applied in strict accordance with Hospital policy.

e) Isolation Precautions as necessary

Documentation

a) Documentation of physical assessment and progress notes will be on the PACU record. These records become part of the permanent record.

b) Documentation is based on nursing diagnosis formulated from data collected during assessment. It should include:
1) Altered LOC
2) Alteration in comfort
3) Anxiety
4) Alternation in cardiac status

5) Alteration in fluid volume (excess and deficit)
6) Impairment of mobility (including < in muscle strength)
7) Alteration in respiratory status
8) Impairment of skin integrity
9) Abnormal tissue perfusion
10) Alteration in urinary function
11) Alteration in thermoregulation (hypo or hyper)

Evaluation

An assessment of readiness for discharge must be clearly documented in PACU notes. Any variances from the criteria should be noted in PACU record. The Anesthesiologist's awareness of variances and/or evaluation of patient should also be noted. Criteria for discharge should include:

a) Airway patency and respiratory function
b) Stability of vital signs
c) Temperature greater or equal to 36C (96.8F)
d) LOC and muscular strength
e) Mobility
f) Patency of tubes, drains, catheters, and intravenous lines
g) Intake and output; patients with catheters must have greater or equal than 30 cc per hour of urine output
h) Comfort
i) Aldrete score greater or equal to 8

Care of Pediatric Patient

a) Pediatric patients will be evaluated using current growth and development research (see Lippincott Manual of Nursing Practice in PACU).

b) Protective padding will be used on stretchers to ensure patient safety.

c) If necessary, nurse may hold child while sitting in chair until patient returns to SDS.

d) A child in PACU will be reunited with parents/caregivers as soon as possible. Occasionally, to insure all patients' privacy in the unit, the child's nurse may need to delay parents from entering the PACU. PACU will notify SDS of the delay.

D. Preparation of Staff

1. Educational preparation will include but is not limited to:

a. Airway and ventilator management.

b. Management of a patient during altered states of consciousness.

c. Management of monitoring and respiratory equipment.

d. Management of fluid lines.

e. Management of tubes, drains, and catheters.

f. CPR, ACLS, PALS, and IV certification.

g. Administration of drugs and identification of side effects.

h. Knowledge of anesthetic agents, techniques, actions, and interactions.

i. Arrhythmia recognition and treatment of same.

j. Pain management

k. Cardioversions/TEE

l. Malignant hyperthermia

2. Orientation

a. After attending hospital orientation and general nursing orientation, the nurse begins orientation to PACU.

b. The length of orientation varies with the experience of the orientee. The nurse is expected to be familiar with all PACU standards before functioning independently in PACU.

c. During orientation, all nursing personnel will be required to complete a competency checklist as per preceptor (See Addendum #3).

3. Continuing Education

a. Staff development on the unit is primarily that given to a new orientee.

b. In-services and unit council meetings are held according to hospital policy. The Unit-Coordinator or designee arranges these in-services.

c. Staff members are expected to attend as many in-services as possible: minimum level of participation is attendance at one-half of all meetings. The Unit Coordinator keeps records of attendance at all PACU staff meetings.

d. In-services are scheduled considering the needs of staff reported from monitoring studies performed.

e. In-services are held to familiarize staff with new equipment.

f. Staff members are required to complete self-learning packets annually as presented by Staff Development.

g. In-services held by Staff Development are open to all PACU personnel.

h. A sign-in sheet is used at each in-service, and a copy of this is sent to the Staff Development Office.

i. In order to maintain a NJ license, a RN must have 30 CEU's/2 years. Each nurse is expected to maintain a record of his/her own CEU's.

4. Evaluation

a. Ongoing appraisal and feedback of staff performance

b Nurses must sign off on new equipment or procedures to verify their understanding, use and care of same.

c All employees are evaluated annually to validate their competency. (See Addendum #3)

5. Credentialing/Certification

a. All nurses will complete ACLS and PALS biannually.
b. All nurses are IV certified.

X. NURSING RESPONSIBILITIES

A. The professional staff (RN) in PACU has these responsibilities:

1. General:

a. All those responsibilities listed in generic Department of Nursing policies including the use of the nursing process when giving patient care.

b. Safe performance of all general medical/surgical procedures approved by the Department of Nursing.

c. Timely and accurate reporting to anesthesiologist or surgeon of abnormal diagnostic radiology and laboratory tests including pulmonary functions, blood and urine tests, x-rays, and EKG.

d. Timely and accurate reporting of significant changes in a patient's condition.

e. Timely and accurate recording of physician's verbal/telephone orders.

2. Psychomotor Skills:

a. Administer IV push and continuous drip medications according to Pharmacy Manual.

b. Start peripheral IV lines with physician's orders. Routine flushing of IV line prn

c. Assist with insertion of subclavian lines, cutdown catheters, and chest tubes.

d. Change chest tube drainage containers.

e. Perform routine irrigations of nasogastric tubes, gastrostomy tubes, and Foley catheters.

f. Manage portacaths according to procedure.

g. Manage central lines according to procedure including drawing blood for laboratory tests and site care.

h. Assist Cardiologist with cardioversion and TEE.

i. Maintaining a TPN line

j. Assist anesthesiologist with nerve blocks

k. Manage patient with wound vac

3. Emergency Measures:

a. Perform CPR.

b. Implement emergency protocol as specified in the unit's standards manual.

c. Insert an IV line and initiate fluid resuscitation.

d. Replace an established tracheostomy tube (in place at least 72 hours) when it becomes dislodged.

e. Insert nasal oropharyngeal and nasopharyngeal airways.