utmb Health

Institutional Handbook of Operating Procedures Policy 09.01.29	
Section: Admission, Discharge, and Transfer	Responsible Vice President: EVP & CEO Health System
Subject: Admission, Discharge, and Transfer	Responsible Entity: Nursing

I. Title

Admission, Discharge, and Transfer Criteria - PACU Patients

II. Policy

Audience: Perioperative personnel

Outcomes of interest: Admission, discharge, transfer, and care of Post Anesthesia Care Unit (PACU) patients are provided in a safe, efficient, and coordinated manner.

Patients admitted to PACU are appropriate for the assigned PACU nurse's competency. High risk, low volume patients are assigned to the appropriate ICU.

Clinical Alert: The service that admits the patient is responsible for determining a plan of care and writing orders while the patient is in the PACU.

III. Admission Criteria

Patients eligible for admission to the PACU may include but are not limited to:

1. Patients recovering from Monitored Anesthesia Care (MAC), general, or regional anesthetic.

2. Patients requiring mechanical ventilation and/ or airway protection.

3. Patients requiring invasive hemodynamic monitoring including pulmonary artery catheters and arterial catheters.

4. Patients receiving medication and/ or treatments requiring continuous hemodynamic monitoring (eg. elective cardioversion, central line placement, epidural placement, etc.).

5. Patients with a documented etiology for potential instability.

6. High risk, low volume patients may be considered for John Sealy PACU admission, with the competencies of the staff being addressed at that time. Priority should be given to these patients for transfer into the appropriate ICU.

7. Patients with an Intra Aortic Balloon Pump.

8. Patients requiring continuous venovenous hemo diafiltration (CVVHD).

9. Immediate postoperative patients s/p open heart surgery.

10. Immediate postoperative patients s/p lung transplant.

11. Immediate postoperative patients s/p kidney AND pancreas transplant.

12. Immediate postoperative patients s/p Ventricular Assist Device placement.

13. Patients actively involved in the organ donor process (excluding living kidney donors).

14. Patients with extensive burns.

IV. Discharge/Transfer Criteria from PACU

1. Protective reflexes are intact; airway is patent; respiratory function and oxygen saturation are stable.

2. Vital signs are stable, including temperature.

3. Level of consciousness and muscular strength is appropriate for patient and procedure.

4. Mobility is within the patient's normal limits. Exceptions will be made with anesthesia provider's approval for those patients who received regional anesthesia.

5. Urine output appropriate for the patient, unless approved by the treating physician.

6. Tubes, catheters, drains and intravenous lines are patent. Exceptions may be made with the approval of the surgical team.

7. Skin color and condition is appropriate for patient and procedure.

8. Condition of the dressing and/ or surgical wound is appropriate for procedure.

9. Pain and anxiety is adequately controlled, using an age appropriate pain scale and comfort goal.

10. For obstetrical PACU patients: the fundus is firm, lochia is small to moderate and, incision site is intact.

If criteria are not met, exceptions may be made by the anesthesiologists.[1]

V. Admission Procedure

A. Patient Transport: The post-anesthesia patient is transported to the PACU accompanied by an anesthesiologist/ CRNA and surgeon/ designee.

B. Vital Signs Monitoring: Vital signs are taken on admission and initially given to the anesthesiologist/ CRNA. Reassessment of vital signs is performed every 15 minutes in the first

[1]American Society of PeriAnesthesia Nurses Position Statement on ICU Overflow (ASPAN 2010 - 12)

hour. For the next two hours, VS are recorded every 30 minutes, and every hour thereafter for the duration of the PACU stay.

C. Temperature Regulation: Temperature is taken on arrival, then every two (2) hours and PRN afterward unless otherwise ordered. A warming device is used when temperature is less than 35 degrees core or axillary. Temperature is reassessed PRN and prior to discharge when a warming device has been used.

D. Oxygenation: Six to eight (6-8) liters of oxygen is administered to all adult patients recovering from general anesthesia unless otherwise indicated by the physician. Oxygenation is continued until the patient is easily aroused, with an O2 sat of >93% or until the patient returns to preoperative orientation and saturation and is hemodynamically stable. The amount of oxygen delivered to pediatric patients is determined by the anesthesia care provider. The anesthesia care provider or the surgical team provides ventilator orders for mechanically ventilated patients.

E. Drainage: Drainage tubes are connected to the appropriate receptacle and output is documented as per physician order.

VI. Assessment and Care Procedure

A. Assessment: A complete assessment is documented on the PACU record on admission and reassessment is done as the patient's condition warrants. The ICU flow sheet is initiated after one hour for ICU patients that are staying for an extended period of time.

B. Vital Signs: When the patient's condition warrants, vital signs are taken every five (5) minutes or more frequently if significant changes have been observed at any time. Variances in vital signs are reported to the anesthesia care provider and surgical team.

C. Medications:

1. The first doses of IV antibiotic medications are initiated if available unless contraindicated.
2. Analgesics and antiemetics may be administered IV/IM as prescribed by an anesthesia care provider. Analgesics may be administered PO for extended stay patients.
3. Patients are observed for at least 15 minutes following the intravenous administration of a narcotic, barbiturate, tranquilizer, or antiemetic drug.
4. Patients are observed for at least 30 minutes following the IM route of medication administration.
5. Patients who receive IV or IM administration of drugs that affect edema, bronchiolar tone or other respiratory functions should be observed for respiratory distress, obstruction or restriction.

D. Arterial lines, Swan-Ganz catheters, CVP lines: These are monitored with readings at least every hour unless otherwise indicated by written physician's order. Cardiac Output is monitored as ordered. All arterial lines and pulmonary artery catheters must be transduced at all times or removed.

E. Fluids and Electrolytes: The RN ensures that the correct IV fluid is infusing according to the physician's order as soon as the IV fluid is available. Infusion pumps are used on all pediatric inpatients for fluid delivery. Fluid regulators or infusion pumps are used on all adult inpatients. Infusion pumps are used with all central venous catheters. Intake and output is recorded every hour. All IV site dressing changes, new tubing or new IV sites are labeled in PACU according to UTMB policy.

F. Positioning: Patients are turned side to side every two hours unless otherwise contraindicated by surgeon (e.g. nature of surgery, traction, etc.) in order to prevent skin breakdown.

G. Extended Stay Patient Needs: Overnight patients receive baths, chest x- rays, and A.M. lab work (as applicable) is drawn during the night shift.

H. The service that admits the patient is responsible for determining a plan of care and writing orders while the patient is in the PACU.

VII. **Discharge/Transfer Procedure**

A. Transfer determination: Timing of transfer for patients with general, regional, and MAC is determined by the anesthesia care provider in conjunction with the RN.

B. Orders: Transfer orders must be written by the surgeon.

C. Transport Needs: The PACU RN determines the mode and competency level of accompanying personnel to transport patients based on the patient's needs. The PACU notifies the appropriate unit that the patient is ready for transfer and advises the receiving unit of special equipment needs.

1. If oxygen therapy is to be continued, the patient is transferred to the receiving unit with oxygen.
2. The patient is transported with the same level of monitoring that is expected to be provided on the receiving unit.

D. Nursing Report: A nursing report is communicated to the monitored units prior to transporting the patient. If the patient is being transferred to a non-telemetry unit, report is communicated ahead or given at the bedside by the PACU RN. Patients are transferred during change of shift report when necessary.

E. Special Transport Needs: Stable patients discharged from PACU that require special procedure(s) before returning to a regular unit may be transported directly to the procedural area. Report is given to the person performing the procedure and a report will be called to the RN on the patient's home unit.

F. ICU patients in the PACU who require special procedure(s) must be accompanied by an RN until they are returned to either the PACU or ICU. The ICU transport checklist will be completed for

all ICU patients required to travel for a special procedure. This tool aids in determination of other personnel needs for transport.

G. Final Documentation: A blood pressure measurement from the receiving unit is charted on the PACU record for inpatient admissions.

VIII. References

ASPAN Standards and Guidelines Committee. (2010-12). *Standards of PeriAnesthesia Nursing Practice.* Cherry Hill, N.J.: American Society of PeriAnesthesia Nurses.

IX. Dates Approved or Amended

Originated: 03/19/2015	
Reviewed with Substantive Changes	*Reviewed without Substantive Changes*
	02/12/2019

X. Contact Information

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