

Guidelines

Immediate post-anaesthesia recovery 2013

Association of Anaesthetists of Great Britain and Ireland

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指南

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1 The PACU facility

- open-plan but with the provision of curtains
- mechanically ventilated
- storage areas for equipment
- a dirty utility room
- a secure supply of drugs
- sinks and space for information technology equipment
- clerical activities



1 The PACU facility



- 12 electrical socket outlets
- one oxygen pipeline outlet
- one medical air outlet
- two vacuum outlets
- an adjustable examination light
- a push-but-ton emergency call system
- physiological monitors with a display screen
- recording system for patient data

1 The PACU facility

NO.	NOTICE
1	Lighting should not be harsh
2	Noise levels should be kept as low as possible
3	the ceiling should be sound absorbent
4	An effective emergency call system
5	it should be tested at least weekly
6	At least two separate landline telephones are recommended

2 Monitoring, equipment and drugs

- pulse oximetry
- non-invasive blood pressure
- ECG
- Continuous capnography
- Difficult airway equipment
- nerve stimulator
- thermometer and patient warming devices

An appropriate standard of monitoring should be maintained until the patient is fully recovered from anaesthesia.

3 PACU staff

No fewer than **two staff** should be present when there is a patient in the PACU who does not fulfil the criteria for discharge to the ward.

- one-to-one observation of every patient until they have regained airway control.
- Maintenance of standards requires continuous updating.

3 PACU staff

- attain and maintain at least one such life support qualification.
- PACUs should consider rotation of duties with ICUs, an audit programme, educational posters, journal clubs and tutorials.

4 Transfer and handover of care to the PACU team

- **Before transfer**

1. anaesthetist should be satisfied that the PACU staff are competent and able to take responsibility for the patient.

2. anaesthetist must decide on the extent of monitoring during transfer.

3. Supplemental oxygen should be administered to all patients during transfer.

4. Details of any difficulties experienced during intubation or other relevant procedures should be included .

5 Management of patients in the PACU

**information to
be recorded**

- Level of consciousness
- Patency of the airway
- Respiratory rate and adequacy
- Oxygen saturation
- Oxygen administration
- Blood pressure
- Heart rate and rhythm
- Pain intensity on an agreed scale
- Nausea and vomiting
- Intravenous infusions
- Drugs administered
- Core temperature
- Other parameters depending on circumstances, e.g. urinary output, central venous pressure, expired CO₂, surgical drainage volume.

5 Management of patients in the PACU



The removal of tracheal tubes from patients in the PACU is the responsibility of the anaesthetist, who may delegate the removal to an appropriately trained member of the PACU team who is prepared to accept this responsibility.

6 Discharge from the PACU

Minimum criteria for discharge of patients from the post-anaesthesia care unit.

- The patient is fully conscious, able to maintain a clear airway and has protective airway reflexes
- Breathing and oxygenation are satisfactory
- The cardiovascular system is stable, with no unexplained cardiac irregularity or persistent bleeding. The specific values of pulse and blood pressure should approximate to normal pre-operative values or be at an acceptable level, ideally within parameters set by the anaesthetist, and peripheral perfusion should be adequate
- Pain and postoperative nausea and vomiting should be adequately controlled, and suitable analgesic and anti-emetic regimens prescribed
- Temperature should be within acceptable limits [15]. Patients should not be returned to the ward if significantly hypothermic
- Oxygen therapy should be prescribed if appropriate
- Intravenous cannulae should be patent, flushed if necessary to ensure removal of any residual anaesthetic drugs and intravenous fluids should be prescribed if appropriate
- All surgical drains and catheters should be checked
- All health records should be complete and medical notes present.

6 Discharge from the PACU

- Patients who have potential airway problems or complications should be reassessed by the **responsible anaesthetist** before discharge from the PACU.



the anaesthetist who gave the anaesthetic (or another anaesthetist with special duties in the PACU) must assess the patient.

6 Discharge from the PACU

- **Patients should be transferred to the ward accompanied by two members of staff, at least one of whom should be suitably trained.**

- **The anaesthetic record, the recovery and prescription charts must accompany the patient and clearly indicate to the ward staff the details of relevant drugs administered in PACU.**

- **The PACU nurse must ensure that full clinical details are relayed to the ward nurse**

7 Audit and quality control in the PACU

dataset to be recorded

- Last name, first name, date of birth and NHS number
- Gender
- ASA physical status
- Surgical procedure performed
- Names of anaesthetist and surgeon
- Type of anaesthesia
- Time of admission
- Core temperature on admission to the PACU
- Incidence and severity of postoperative nausea and vomiting
- Severity of pain experienced in the PACU
- Analgesia given in the PACU
- Time of fitness for discharge from the PACU
- Time of discharge from the PACU
- Complications.

7 Audit and quality control in the PACU

dataset to be recorded

- Cardiopulmonary arrest
- Major airway complications
- Death
- Severe pain that is difficult to treat
- Prolonged stay (> 2 h)
- Significant hypothermia (< 35 °C)
- Need to call an anaesthetist to review a patient
- Need for ventilatory support (CPAP, tracheal intubation, lung ventilation)
- Need for cardiovascular support (inotropes, vasoconstrictors, anti-arrhythmics)
- Return to the operating theatre before discharge from PACU
- Inadequate reversal of neuromuscular blocking drugs.