
UNIVERSITY OF ILLINOIS MEDICAL CENTER AT CHICAGO
CLINICAL CARE GUIDELINES

SUBJECT: Assessment of patients in the Post Anesthesia Care Unit (PACU) following minor surgical procedures.

OBJECTIVE

To provide for safe patient care outcomes in the Post Anesthesia Care Unit

DEFINITIONS

Minor surgical procedure: A minimally invasive surgery of short duration (e.g. tubal sterilization, dilation & curettage, dilation & evacuation)

POSITION STATEMENTS

1. We at the University of Illinois at Chicago Medical Center believe that safe patient care is integral to the mission of the Medical Center.
2. We are committed to optimizing patient care outcomes through individualized, exceptional care based on evidence and congruent with standards developed by nationally recognized healthcare organizations (e.g. ASPAN).

PROCEDURE

I. Assessment during postoperative care

A. Assessment factors:

1. Relevant preoperative status including:
Electrocardiogram (if indicated), vital signs, radiology findings, laboratory values, oxygen saturation, allergies, disabilities, substance abuse, physical or mental impairments mobility limitations, and prosthesis (including hearing aids).
2. Anesthesia technique (general, regional, local) effect preoperative medication.

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PROCEDURE

- I. Assessment during postoperative care
 - A. Assessment factors (continued):
 3. Anesthesia agents, muscle relaxant, narcotics and reversal agents given.
 4. Length of time anesthesia administered, time reversal agents used.
 5. Type of surgical procedure.
 6. Estimated fluid/blood loss and replacement.
 7. Complications occurring during anesthesia course, treatment initiated response and emotional status on arrival to the operating or procedure room.
 - B. Initial assessment to include documentation of:
 1. Vital signs
 - a. Respiratory rate
 - b. Oxygen saturation
 - c. Blood pressure
 - d. Pulse
 - e. Electrocardiograph (Anesthesia to interpret)
 - f. Temperature
 2. Assess level of consciousness.
 3. Position of patient
 4. Patient safety needs.
 5. Condition and color of skin.
 6. Neurovascular assessment as applicable.
 7. Condition of dressings, drains and tube as applicable.
 8. Muscular response and strength of extremities.
 9. Fluid therapy, location of lines, condition of IV sites, type and amount of fluid infusing.
 10. Level of physical and emotional comfort
 11. Aldrete numerical score.

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- I. Assessment during postoperative care:
 - C. Ongoing patient care and assessment should include but not limited to the following:
 1. Identification of patient and name family normally uses.
 2. Monitor, maintain and/or improve respiratory & circulatory function by taking vitals q 30 min. the first hour and q hour thereafter.
 3. Promote and maintain physical and emotional comfort.
 4. Monitor surgical site.
 5. Interpret and document data obtained during assessment.
 6. Administer analgesics as necessary, record results.
 7. Administer other medication as ordered, record results.
 8. Provide maximum degree of privacy.
 9. Provide for safety.
 10. Provide for confidentiality of information and records.
 11. Encourage fluids by mouth.
 12. Ambulate with assistance.
 13. Position patient gradually from supine to fowler's position.
 14. Ask patient to urinate prior to discharge.
 - D. Current assessment data is collected and recorded to evaluate the patient's status for discharge to inpatient unit or home:
 1. Respiratory functions.
 2. Vitals signs to include temperature.
 3. Level of consciousness and muscular strength.
 4. Ability to cough or demonstrate gag reflex.
 5. Ability to swallow and retain oral fluids.
 6. Ability to ambulate at level consistent with preoperative level.
 7. Skin color and condition.
 8. Description of pain using pain scale.

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PROCEDURE

- I. Assessment during postoperative care (continued):
 - D. Current assessment data is collected and recorded to evaluate the patient's status for discharge to inpatient unit or home (continued):
 9. Patient and provider of home care understands all home instructions (if discharged to home from PACU).
 10. Written discharge instructions given to patient/family (if discharged to home from PACU).
 11. Concur with prearrangement for safe transportation home (if discharged to home from PACU).
 12. Provide additional resource to contact if any problems occur.

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