

Greater New Orleans Surgery Center

DUTIES OF PACU NURSE

Page 1 of 2

Reviewed: August 1, 2001
8/01/03, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003

- SUBJECT:** Duties of post-anesthesia care unit (PACU) nurse.
- PURPOSE:** To have standards of practice which provide quality patient care.
- SCOPE:** All post-anesthesia care personnel.
- POLICY:** PACU personnel will become familiar with and follow the duties expected of PACU nurses, thereby ensuring quality of care for the patients while in the PACU area at the Greater New Orleans Surgery Center.

PROCEDURE:

A. Admission

1. Take a verbal report of patient's condition and chart time of post-op admission. This includes type of anesthetic used.
2. Take patient's blood pressure, pulse, respirations, O₂ saturation and record. Notify anesthesia of any changes in patient's condition (i.e., B/P, heart rate, respirations).
3. Check post-op orders and follow accordingly.
4. Note operative site and check for bleeding or drainage and report to surgeon if excessive. Also note amount of IV solution remaining in IV and check condition of IV site.
5. Pre-discharge area: According to doctor's orders and condition of patient:
 - a. Assist patient to walk to bathroom.
 - b. Assist patient into recliner, take vitals and record.
 - c. Offer patient something to drink.
6. Chart patient's progress as to nausea and vomiting, ambulation and take vital signs at least once prior to discharge. Also chart when IV is discontinued, amount remaining in IV, condition of IV site and dressing applied.

B. Discharge

1. When patient has met the discharge criteria and transportation has arrived, check for discharge order per surgeon and/or anesthesiologist if general anesthesia is involved.

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2. Assist patient or have family assist patient to change into regular clothes. Give instructions and chart discharge order.

3. Local cases must have a discharge order written by the surgeon.

4. Give patient prescriptions, discharge instructions, satisfaction survey and check to see if he/she has all his/her personal items, such as clothing and jewelry.

5. Assist patient out of facility either ambulatory or via wheelchair.

6. Chart time of discharge to the car, complications during stay, if any, and condition of patient on discharge.

C. Other

1. Clean up cubicle, wash stretcher with disinfectant solution and make up with clean sheets, pillow, blanket and gown.
2. Set up cubicle for next day's cases.
3. Return anesthesia drugs to narcotics cupboard.
4. Place completed charts in business office.
5. Lock up narcotic and PACU keys in safe.
6. Be sure post-op phone calls are completed.
7. Turn off all O₂, suction and lights.
8. Stock blanket warmer and linen.
9. Place biohazard materials in appropriate container and place in designated outside storage.
10. Stock refreshments.
11. Order supplies per par level weekly and give to purchase agent.
12. Order refreshments as needed.

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GENERAL PACU POLICIES

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Reviewed: August 1, 2001
8/01/03, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003

- SUBJECT:** General post-anesthetic care unit (PACU) policies.
- PURPOSE:** To have standards of practice which provide quality patient care.
- SCOPE:** All anesthesia and PACU personnel.
- POLICY:** The general PACU policies will be followed during the patient's recovery phase at the facility.

PROCEDURE:

A. RESPONSIBILITY:

1. The anesthesiologists are responsible for the care of the patients in the PACU. Patients are admitted and discharged in coordination with the surgeons by the order of the anesthesiologists.
2. The PACU nurse works under the direction of the anesthesiologist and surgeon. Administrative management is by the Clinical Manager and facility manager.
3. The anesthesiologist shall be responsible for direct PACU orders and may modify the surgeon's orders applicable to the PACU. The surgeon's postoperative orders shall be carried out as far as applicable in conjunction with the PACU policies.
4. Patients are discharged from the PACU by the PACU nurse according to the criteria for discharge found in our procedure book. A registered nurse will be in attendance in the PACU at all times when patients are recovering.
5. Visitors are allowed in the PACU as patient's status permits. Patients in final recovery are allowed visitors if space is available.
6. PACU personnel will wear scrub attire.
7. Patients under the care of the anesthesiologist will have a minimum stay of 30 minutes in the PACU before being discharged.
8. In order to observe for possible adverse/allergic reactions, any patient receiving an antibiotic or narcotic medication will be observed in the PACU for thirty (30) minutes.

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B. OVERNIGHT OBSERVATION:

The Center will not provide accommodations for over-night observation. A patient requiring prolonged or overnight observation (due to unforeseen complications) must be transferred to a hospital by the admitting physician.

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GENERAL PACU POLICIES

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C. OXYGEN ADMINISTRATION:

1. Patients receiving general anesthesia are to receive O₂ at 3-4 liters via nasal cannula at the discretion of the anesthesiologist or PACU R.N. Oxygen may be administered via face mask at 10 liters per minute at the discretion of the anesthesiologist or PACU RN.
2. Oxygen equipment, except for the flow meter, is disposable.

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D. SUCTION:

Continuous suction equipment is available at every bedside.

E. CARDIAC MONITORS:

The PACU nurse monitors all patients while in the recovery stage of anesthesia.

F. PROTECTION FROM INJURY:

1. Side rails will remain up on stretchers in the PACU while patients occupy them.
2. The nurse will remain with the patient and guide the patient's movements so that he/she does not hurt him/herself.
3. The patient should be turned frequently and placed in good body alignment to prevent nerve damage from pressure due to lying in one position for a long period of time.
4. Safety belts will be used on the patients as needed.
5. Restraints will be used as needed per doctor's order.
6. A nurse will be in attendance to assist patients up off a stretcher and during ambulation to rest-room and/or phase II area.
7. Patients are to be escorted to vehicle upon discharge.

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G. PAIN MANAGEMENT:

1. Evaluate the patient's level of pain with initial complaint. Pain scale 0-10 (10 being greatest) to be used before administration of pain medication. To evaluate level of pain, patient is asked before administration of medication. Record this level under effect of medication.
2. Check order for medication. Check patient's allergies.

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3. Re-evaluate pain level using the same scale to be used after administration of medication to evaluate effect of pain medication. Approximately 15 minutes after the administration of IV pain medication, the patient is to be asked to evaluate the effect of the medication. Document under effect of medication (pre/post) or in nurses' notes.
4. If pain unrelieved, notify anesthesia or surgeon for further orders.

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PHYSICIAN AVAILABILITY AFTER LEAVING THE FACILITY

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Reviewed: August 1, 2001

8/01/03, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003

SUBJECT: Physician availability after leaving the facility.

SCOPE: All perioperative personnel.

POLICY: To establish good communication between our physicians and the facility, physicians will keep us aware of their availability.

PROCEDURE:

- A. Physicians leaving the facility must convey to the nursing staff of PACU:
 - 1. Where they can be reached.
 - 2. How they can be reached, i.e., beeper or through office.
- B. It is the responsibility of the nurse to obtain this information. This will facilitate contacting the physician in the event of an emergency.

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POST-ANESTHETIC RECOVERY SCORE

Page 1 of 2

Reviewed: August 1, 2001
8/01/03, 05/01/2009

Implemented: August 1, 2001
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SUBJECT: Post-anesthetic recovery score.

PURPOSE: To have standards of practice which provide quality patient care.

SCOPE: All PACU personnel.

POLICY: The post-anesthesia recovery score shall be used on all patient's to render them safe for discharge from the facility.

PROCEDURE:

A. CIRCULATION:

This is the most difficult sign to evaluate by a simple method. Changes in the arterial blood pressure from the pre-anesthetic level were chosen because it is reliable. It is monitored throughout the anesthetic period and it is one of the first signs taken on arrival to the PACU.

1. Systolic arterial blood pressure 20% above or below the pre-anesthetic level - Score 2.
2. Systolic arterial blood pressure 20% to 50% above or below the pre-anesthetic level - Score 1.
3. Systolic arterial blood pressure 50% above or below the pre-anesthetic level - Score 0.

B. RESPIRATION:

1. Ability to deep breathe and cough on command - Score 2.
2. Respiratory effort limited (i.e., splinting, need for stimulation, need for oral airway) or dyspnea is apparent - Score 1.
3. No spontaneous respiratory effort - Score 0.

C. CONSCIOUSNESS:

Ability of patients to answer simple questions and follow verbal commands. Only verbal stimuli is to be used.

1. Full alertness with ability to answer questions - Score 2.
2. Patient able to be aroused by verbal and/or tactile stimuli - Score 1.
3. Patient unable to be aroused by verbal or tactile stimuli - Score 0.

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POST-ANESTHETIC RECOVERY SCORE

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4. COLOR:
 - a. Pink, normal - Score 2.
 - b. Pale, dusky, blotchy, jaundiced, other - Score 1.
 - c. Cyanotic - Score 0.

5. ACTIVITY:
 - a. Able to move 4 extremities - Score 2.
 - b. Able to move 2 extremities - Score 1.
 - c. Able to move 0 extremities - Score 0.

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POSTOPERATIVE DISCHARGE PROCEDURES

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Reviewed: August 1, 2001

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8/01/03, 05/01/2009

Implemented: August 1, 2001

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SUBJECT: Postoperative discharge procedures.

PURPOSE: To provide guidelines for postoperative evaluation, as discharge from the Center is based on the patient's ability to leave the facility safely when accompanied by a responsible adult.

SCOPE: All nursing personnel.

POLICY: It is the policy of the facility that all patients must have a discharge order by the anesthesiologist and/or surgeon prior to the patient leaving the Center. This order may be written, verbal or by telephone. Verbal or telephone orders must be obtained by an RN.

PROCEDURE:

A. PACU nurse will assess patient's readiness to progress to discharge.

1. Patients are to be gradually elevated on stretcher to high Fowler position, sat on edge of stretcher with legs dangling and then transferred to reclining chairs or wheelchair if vital signs are stable.
2. Certain MAC or local patients, at the discretion of the PACU nurse or the anesthesiologist, may be directly transferred to a reclining chair with routine monitoring.
3. After patients have tolerated oral fluids and are progressing, I.V. may be discontinued. Document in nurses' notes that I.V. catheter has been inspected and is intact. Any question of catheter status is to be brought to the anesthesiologist's attention at once or prior to discarding catheter.
4. The patient's post surgical condition must be assessed and documented in the medical record by a physician, other qualified practitioner or a registered nurse with at a minimum, post op care experience.

B. The patient will be escorted to the pre-discharge area by a nurse who will:

1. Note patient's tolerance to activity.
2. Note operative site for dressings, if indicated.
3. After the patient appears to be situated comfortably, the patient may be offered liquids, if not received previously. Record if liquids are tolerated.

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4. Assess for compliance with discharge criteria. Each patient's needs are to be considered individually, thus recognizing some patients' needs to remain at the facility for a longer period of time.

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- C. A discharge order is to be obtained from the surgeon and/or anesthesiologist and written on the chart. The center will ensure that each patient has a discharge order, signed by the physician who performed the surgery or procedure.

- D. Local anesthesia cases will be the surgeon's responsibility to evaluate before release.

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- E. The following are to be done prior to the patient leaving the Center:

1. Chart completed.
 - a. Orders signed, dated and timed.
 - b. Notes completed.
2. At least one blood pressure to be recorded on patients in the postop phase II area.
3. In order to observe for possible adverse/allergic reactions, any patient receiving an antibiotic or narcotic medication will be observed in the PACU for thirty (30) minutes following administration.
4. The nurse will go over all postoperative instructions with the patient and his/her family or significant other. Each patient will be provided with written discharge instructions and overnight supplies (if applicable). When appropriate a follow-up appointment with the patients physician will be made and ensure that all patients are informed either in advance of their surgical procedure or prior to leaving the ASC of their prescriptions, post op instructions and physician contact information for follow-up care.
5. If the patient's family or responsible adult is to be notified of patient's readiness to leave, the nurse will contact the appropriate person.
6. Ask the person responsible for home care if he/she feels comfortable taking the patient home at time of discharge. Is the patient ready/nurse's discretion.
7. It is the responsibility of the RN to assess the patient's condition and check chart for completeness prior to the patient's discharge.
8. The patient's family or responsible adult may be advised to bring the car to the patient discharge door.

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POSTOPERATIVE DISCHARGE PROCEDURES

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9. The patient is escorted to the car by a nurse or designee. The mode of transportation is determined by the condition of the patient at the time of discharge. Normal mode is ambulatory with assistance.
10. The time of discharge must be noted on the chart.
11. The PACU RN is responsible for a final check of the chart for completeness prior to charts being placed in the business office.
12. Patient to have a ride home - unless no sedation has been used.

G. Discharge criteria:

1. Before returning home after anesthesia and surgery, the patient shall (commensurate with pre-admission status):
 - a. Meet PAR score of 9-10. Unless pre-op conditions exists.
 - b. Have stable vital signs for at least 1/2 hour prior to discharge.
 - c. Ability to swallow and cough.
 - d. Have no respiratory distress.
 - e. Have minimal nausea, vomiting or dizziness.
 - f. Discharge to preoperative mental status.
 - g. Ability to ambulate consistent with age and surgical procedure.
 - h. Have no significant bleeding or drainage from the surgical site.
 - i. Have been given both verbal and written discharge instructions. (Exception: Those patients who are discharged to the hospital, nursing home, or physician's office for continued nursing care.) Report will be called to other area and documented in nurses' notes.
 - j. The patient and/or responsible adult verbalize understanding of discharge instructions.
2. After a spinal or epidural anesthetic, the patient shall:
 - a. Meet the above criteria.
 - b. Have return of strength and proprioception in lower extremities.
 - c. Ability to void spontaneously.
3. After urinary/gynecological/hernia procedures, the patient shall:
 - a. Meet the general discharge criteria.
 - b. Ability to void spontaneously unless otherwise indicated by attending surgeon.

4. Patients in the facility under the care of the anesthesiologist will have a minimum stay of 30 minutes in PACU before being discharged.

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POSTOPERATIVE DISCHARGE PROCEDURES

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5. Patients in the facility will have two people present in the PACU area from time of admission to discharge. One person will be an RN.
6. Above criteria commensurate with pre-admission status of patient.
7. Someone should stay with the patient for the first 24 hours postoperatively. If the patient has no family or friend, a nurse or aide from a home health care agency will be recommended to provide home care for the patient (per physician).
8. It is recommended that patients receiving any form of anesthesia (I.V. sedation, MAC, general) should be accompanied home by a responsible adult. (Exception: After local anesthesia with no sedation, the patient may be discharged in his/her own care.)

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POSTOPERATIVE TELEPHONE CALLS

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Reviewed: August 1, 2001
8/01/03, 05/01/2009

Implemented: August 1, 2001

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SUBJECT: Postoperative telephone calls.

PURPOSE: Postoperative telephone calls will be made to patients who have had surgical or GI procedures performed at the facility. The telephone calls have a three-fold purpose:

- A. To provide follow-up data including the presence or absence of a postoperative infection used to evaluate the quality of care at the Center;
- B. To demonstrate an attitude of caring and concern to the patient; and
- C. To provide an avenue for medical intervention in the home recovery care problems of the outpatient surgery patient.

SCOPE: All PACU personnel.

POLICY: Postoperative phone calls will be made to all patients having a surgical procedure at the facility. A follow-up letter will be sent to those patients who were not reached by phone.

PROCEDURE:

A. Postoperative telephone calls will be made within 3 days following the patient's surgery/procedure.

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Patients having surgery/procedure on Friday will not be called until Monday unless the patient exhibits a special need for immediate follow-up calls and care.

B. Questions asked of patients during callbacks:

- 1. Pain.
- 2. Problems or concerns; did patient call physician.
- 3. Any admission to hospital.
- 4. Any unusual pain.

C. Three attempts will be made to contact patients, each attempt will be logged on the post op call form. If they cannot be reached after the third attempt, the patient will be mailed a post op questionnaire.

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POSTOPERATIVE TELEPHONE CALLS

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D. Information concerning unresolved problems will be noted in the comments section of the postoperative telephone call form. When unresolved problems are reported to the facility personnel, documentation of the problem will be placed on post op questionnaire and the Clinical Manager will be notified.

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E. When patient load and staffing preclude calling all patients the following day after surgery, the following order in priority will be observed:

1. Patients who experienced postop bleeding, prolonged nausea and vomiting or had problems while still in the observation/recovery area.
2. Patients who have had tonsillectomies or ACL procedures.
3. Patients who had a pelvic procedure and were unable to void before discharge.
4. Patients who demonstrated limited understanding of home care instructions.
5. All other patients.

Deleted: F. Patients should not be called at their place of employment, business or school.¶

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PROCEDURE FOR ADMISSION TO THE PACU

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Reviewed: August 1, 2001
8/01/03, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003

SUBJECT: Procedure for admission to the PACU.

PURPOSE: To assist the patient in recovering from operation and from effects of anesthetic agents as quickly, safely and comfortably as possible.

SCOPE: All PACU personnel, O/R personnel, and anesthesia.

RESPONSIBILITY: It is the responsibility of the attending anesthesiologist and/or surgeon along with the operating room nurse to accompany the patient to the PACU. The PACU nurse receiving the patient is then responsible for the patient. The circulator and/or anesthesiologist gives the PACU nurse a report on the patient's condition, complications that occurred during surgery, drugs used and pertinent medical history.

EQUIPMENT:

- A. Stretcher with IV pole and side rails up.
- B. Safety strap.
- C. Oxygen.
- D. BP monitor.
- E. EKG monitor.
- F. Pulse oximeter.
- G. Suction.
- H. Thermometer.

PROCEDURE: Nursing management:

- A. Assess airway and administer oxygen via cannula, face tent or ETT, if general anesthesia or as needed.
- B. Connect patient to BP machine, EKG monitor and oximeter. Note patient's level of consciousness, respiratory rate and quality and skin color. Report findings to anesthesiologist.
- C. Assess patient's overall condition, keeping in mind patient's preoperative BP and preoperative status of orientation for comparison.
- D. Check the IV fluid rate, note amount and check IV site for infiltration and patency.
- E. Check the condition of the dressing.
- F. Secure and check drainage tubes to appropriate gravity or suction apparatus. Note patency and appearance.

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PROCEDURE FOR ADMISSION TO THE PACU

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- G. Begin PACU record. Check to see that the surgeon has written adequate postop orders. Postoperative standing orders are permitted. The standing orders are to be incorporated into the record and signed by the attending physician for each case.
- H. After the initial assessment, each patient will be assessed by the nurse at least every 15 minutes and findings documented unless otherwise indicated.
- I. Nursing documentation shall be clear, concise, accurate and legible.
- J. Physician's orders are carried out and recorded on PACU record. RN verified (date, time and initials) on physician's order sheet.

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TRANSFER OF PATIENTS TO HOSPITAL

Page 1 of 2

Reviewed: August 1, 2001
8/01/03, 05/01/2009

Implemented: August 1, 2001

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SUBJECT: Transfer of patients to hospital.

PURPOSE: To establish a protocol to effect a smooth and safe transfer of emergency cases requiring additional definitive care to nearby hospitals.

SCOPE: Perioperative nurses, administrator, Clinical Manager.

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POLICY: Any emergency case requiring additional definitive care as determined by the Surgeon or Anesthesiologist will be expeditiously transferred.

PROCEDURE: When the surgeon or anesthesiologist determines that a patient requires additional definitive care required at a nearby hospital or other health-care facility, he/she will notify the Clinical Manager, administrator, physician and patient's significant other.

Deleted: nurse manager

The nurse in charge or physician will:

- A. Telephone emergency room at designated receiving facility and provide the appropriate demographic, financial and medical data including:
 - 1. Patient's name, age, sex, admitting physician.
 - 2. Current diagnosis.
 - 3. Patient's condition/vital signs.
 - 4. Arrival time/mode of transport.
- B. Prepare patient for transport. Return all of patient's personal belongings to accompanying responsible adult, or to patient.
- C. Complete medical record and have medical records copied for transport to facility.
- D. Arrange for transport:
 - 1. EMS - 911
 - 2. Non-emergency transport.

When transport arrives for patient, review physician's orders and appropriate data with transport agency.

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TRANSFER OF PATIENTS TO HOSPITAL

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E. Notify the administrator or Clinical Manager.

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F. Complete transfer sheet.

G. Document discharge vital signs on PACU record.

In order to monitor the patient's progress following a hospital transfer, a copy of the patient's Discharge Summary and Operative Report (if applicable) will be obtained from the hospital treating the patient.

In order to obtain these documents, Release of Information form must be signed by the patient and forwarded to the Medical Records Department of the hospital.

Quarterly, the Medical Advisory Board\ Governing Body will review Information pertaining to the hospital transfer and the patient's outcome.

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Greater New Orleans Surgery Center

Transfer of Patient to Hospital Check Sheet

DATE: _____

911 CALLED ___ AMBULANCE CALLED ___ N/A

TRANSFERRED TO: _____

VIA: _____

TIME: _____ PT'S CONDITION: _____

CHART COPIED?: YES / NO

INCLUDING ___ FACE SHEET

___ PREOP QUESTIONNAIRE

___ PREOP RECORD

___ OR RECORD

___ PACU RECORD

___ PRE-OP TESTING (LAB WORK, EGD, CHEST)

___ H&P

___ DISCHARGE INSTRUCTIONS

___ OTHER:

REPORT CALLED TO: _____

PHYSICIAN NOTIFIED _____ TIME: _____

ANESTHESIA NOTIFIED _____ TIME: _____ N/A

FAMILY NOTIFIED _____ TIME: _____

TRANSFERRED WITH I.V. ___ YES ___ NO

I.V.: TYPE _____ SITE _____ GA

DRESSING: _____

ADVANCE DIRECTIVE: ___ YES ___ N/A

NOTIFY FRONT DESK: ___ YES

NURSE'S SIGNATURE: _____, R.N.

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Greater New Orleans Surgery Center

TRANSPORTATION OF PATIENTS

Page 1 of 1

Reviewed: August 1, 2001
8/01/03, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003¶

SUBJECT: Transportation of patients.

PURPOSE: To ensure safe transport of patients.

SCOPE: All patients admitted to the facility.

POLICY: Patients will be brought via stretcher by O/R personnel to and from the operating room. Side rails must be up when transporting patients by stretcher.

PROCEDURE: Anyone bringing patient to and from surgery should use the following procedure:

A. The patient's arm ID band must be checked and correspond with patient's verbal statement of his/her name and date of birth.

B. Patient allergies must be checked and verified.

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C. Obtain the patient's chart. Check to see if the name on the chart corresponds with patient's name, date of birth and use patient ID bracelet for check.

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D. Check patient's Consent for Operation including correct side, physician and signature. Verify procedure and site with patient verbally.

E. Always stand at the head of the patient to guide the stretcher.

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F. Use caution when taking patient through doorways. Make sure patient's arms are inside side rails so as not to cause injury.

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G. Never leave patient unattended. The patient will be transported from the O/R to PACU by the O/R staff.

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Deleted: H

H. When taking patient from O/R to PACU, never leave the patient alone. Wait for PACU nurse to relieve you of your responsibility after you have given PACU nurse report.

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I. Exceptions to patients not needing stretchers include local anesthetic procedures.

Deleted: J

Deleted: YAG or argon laser and radial and astigmatic keratotomies.

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Greater New Orleans Surgery Center

VITAL SIGN MONITORING IN THE PACU

Page 1 of 1

Reviewed: August 1, 2001
8/01/03, 05/01/2009

Implemented: August 1, 2001

Deleted: August 1, 2003

- SUBJECT:** Vital sign monitoring in the PACU.
- PURPOSE:** To ensure that all patients of the facility are monitored.
- SCOPE:** RNs and LPNs.
- POLICY:** Patients' vital signs will be monitored while in the PACU area.
- PROCEDURE:** Patients' vital signs will be monitored as listed below:

- A. Vital signs will be obtained utilizing standard nursing techniques.
- B. Vital signs are to be obtained as follows: All patients are to have pulse, respirations, BP and O₂ saturation checked and recorded on admission to PACU. Report to anesthesiologist, if applicable.
1. GENERAL ANESTHESIA - Temperature on admission x 1 and prn. Pulse, respirations, O₂ saturation and BP every 15 minutes x 4, then every 30 minutes (if needed or at the discretion of the nurse) until progressing. Pulse, respirations, temperature and BP on discharge.
 2. MONITORED ANESTHESIA - Pulse, respirations, BP and O₂ saturation every 15 minutes x 4, then again in 30 minutes (if needed or at the discretion of the nurse). Pulse, respirations, temperature, and BP on discharge.
 3. LOCAL ANESTHESIA - Pulse, respirations, BP and O₂ saturation on admission, then again in 15 minutes (if needed or at the discretion of the nurse). Pulse, respirations, temperature, and BP on discharge.
- Temperature to be checked on all patients.
- C. Vital signs are to be recorded on the PACU record.