

Pediatric PACU: Post-operative Guidelines for Holding Room (HR)

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BACKGROUND

- Challenging PACU throughput leads to OR holds, delayed surgeries, increased overtime, and decreased patient, family, and staff satisfaction
- Formal guidelines do not exist causing unclear practice standards and variation among nursing staff
- Room for improvement in communication patterns and “one team” mentality between HR/PACU

PURPOSE

- Maximize utilization of beds in HR for post-op patients
- Develop clear post-operative guidelines for HR
- Enhance HR and PACU team cohesion
- Encourage improvement in communication and SBAR handoff
- Improve patient safety and patient/family satisfaction
- Desire to improve “culture of safety” - Per ASPAN, characteristics include:
 - respectful, effective communication
 - culture of accountability
 - delivery of compassionate, patient-centered care
 - critical thinking
 - clinical reasoning and judgement
 - efficiency and timeliness
 - mutual respect and trust
 - collaborative teamwork



METHODS

- Rounded on HR/PACU leadership team and relief staff leaders to highlight current barriers to patient throughput
- Reviewed literature for frequency of assessment and charting recommendations
- Completed multidisciplinary assessment with surgeons, anesthesia and nurse practitioners to gather feedback specific per service
 - Pediatric cardiology, orthopedics, urology, ENT, interventional radiology, and general surgery services included
 - Feedback obtained through face-to-face conversation and email correspondence

RESULTS

- Research and rounding feedback supported the need for more specific guidelines around vital sign frequency, surgical incision assessment, and charting requirements to standardize practice
- Post-operative guidelines developed including:
 - Appropriate patients to transfer to HR for extended recovery
 - Minimum observation times after narcotic administration
 - Assessment and charting requirements after transfer to HR
 - Discharge criteria checklist
 - Surgical checklists for discharge by service
- Education provided to staff and guidelines shared with physicians, anesthesiologists, and nurse practitioners
- Resource document developed and available in each HR/PACU patient assignment

GUIDELINES



Which patients are appropriate for a post op holding room? → See PACU charge nurse for questions!

1. Vital signs within baseline range
2. Arousable but sleepy patients (Aldrete score ≥ 8)
3. Maintaining oxygen saturation on room air or at baseline
4. Refusing PO
5. Waiting for a script or ride home from hospital (consider discharge lounge for short wait times)
6. Pain addressed in PACU (wait 15 minutes prior to transfer to holding room after narcotic administration; pain score < 7)
7. Nausea addressed in PACU (antiemetic medication given if patient complains of PONV)
8. Discharge teaching appreciated but not expected prior to transfer

Keep in mind! Minimum observation times before discharge to home:

- ♦ PO Opioids- observe for 30-45 minutes on a pulse ox
- ♦ IV Opioids- observe for 30 minutes on a pulse ox
- ♦ Racemic Epi- observe for minimum of 2 hours on a pulse ox. Anesthesia to re-evaluate before discharge.
- ♦ Narcan- observe for 2 hours in PACU before discharge to home. Anesthesia to re-evaluate before discharge.

Charting requirements in holding room: Patients in Phase II → every 30 to 60 minutes.

- ♦ Vital signs, assessment of pain, and assessment of surgical site/dressing upon arrival, every hour, and within 30 minutes of discharge, unless otherwise specified by MD
- ♦ If you give a pain medication, chart pain score before you give medication and within 15 minutes after administration
- ♦ Before discharge, chart any intake and output

Is your patient ready to discharge home? Verify all items are complete before discharge to home.

___ 1. Vital signs within baseline range	___ 7. Aldrete Score ≥ 8
___ 2. Neurological function has returned to expected status	___ 8. Patient able to take adequate enteral nutrition
___ 3. Oxygen saturation within normal or preoperative range	___ 9. Radiological study performed, finalized, and reviewed by MD (if applicable)
___ 4. If foley is present, urine output normal	___ 10. Prescription given to family or sent electronically
___ 5. If labs ordered, post op labs normal or appropriate	___ 11. Anesthesia and surgical discharge instructions given to family
___ 6. Temperature within normal or pre-op level	

Surgical checklists: Verify all items are complete before discharge to home.

<p>ENT</p> <ol style="list-style-type: none"> 1. Encourage PO intake to meet hourly requirement (equal to hourly IVF rate) 2. Follow up appointment confirmed 3. Verify family has correct dosing for Tylenol and Motrin and know when next dose can be given 4. Ensure that surgeon has cleared patient to discharge 5. After one hour, if patient not meeting discharge criteria, page ENT NP (6 am-2:30 pm) or resident (after 2:30 pm) to notify (ENT NP: Erika- 835-0781 or Nicki- 831-8882) 	<ul style="list-style-type: none"> ♦ Ear tubes: ensure family has ofloxacin ear drops AND ciprodex prescription → may fill RX if ears drain in the future; ensure audiogram is scheduled ♦ Trach: Verify blue trach bag is fully stocked with primary and back up trach + other supplies ♦ Cochlear implant: Verify glasscock dressing in place ♦ Sinus surgery: Verify family has home equipment from MD (sinus rinse bottle or 60 ml syringe, 1 L NS 0.9%); gauze dressing placed under nose
<p>Liver/Kidney Biopsy</p> <ol style="list-style-type: none"> 1. Frequent Vitals and site checks: q 15 min x 4 completed in PACU; q 30 min x 2; q 1 hour x2 2. Verify total observation time with proceduralist (IR: 4 hours, GI: 6 hours, verify with order) 3. Final check by MD prior to discharge 	<p>Ortho</p> <ol style="list-style-type: none"> 1. Elevation of operative extremity 2. Cast care instructions given 3. Follow up appointment confirmed 4. Ensure crutches/walker/wheelchair arranged 5. Ortho team to assess before discharge
<p>Cardiac Cath</p> <ol style="list-style-type: none"> 1. Verify patient is appropriate for a holding room with MD 2. See orders and pink cardiac SBAR sheet for lay flat time 3. Final check by MD and cardiac anesthesia prior to discharge 	<p>Urology</p> <ol style="list-style-type: none"> 1. Follow up appointment confirmed 2. If stent present, ensure urine output from stent

CONCLUSIONS

- Guidelines assist in daily HR/PACU workflow
- Helpful to unify HR/PACU team with standardization of care
- Positive feedback from patients and families who felt as though they needed “a little more time” prior to discharge
- Next steps: data collection needed to assess implication on operating room hold time, quantitative patient and family satisfaction scores, and cost savings for the hospital

REFERENCES

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