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

GUIDELINES
Which patients are appropriate for a post op holding room? - See PACU charge nurse for questions!
1. Vital signs within baseline range
2. Arasusitble but sleepy patients (Abled rate score ≥ 8)
3. Maintaining oxygen saturation on room air or at baseline
4. Refusing IV 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 PO)
8. Discharge teaching appreciated or not expected prior to transfer

Charting requirements in holding rooms: Patients in Phase II – every 30 to 60 minutes.
1. Vital sign within baseline range
2. Neurological function has returned to expected status
3. Oxygen saturation within normal or preoperative range
4. If Foley is present, urine output normal
5. Labs ordered, post op labs normal or appropriate
6. Temperature within normal or pre-op level

ENT
1. Encourage PO intake to meet hourly requirement (equal to hourly IV rate)
2. Follow up appointment confirmed
3. Verify total observation time with proceduralist (HR: 4 hours; GI: 6 hours, verify with order)
4. Final check by MD prior to discharge

Lever/Kidney Biopsy
1. Freqent Vitalis and site checks: q 15 min or 4 completed in PACU, q 30 min x 2, q 1 hour x 2
2. Verify total observation time with proceduralist: (HR: 4 hours; GI: 6 hours, verify with order)
3. Final check by MD prior to discharge

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

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

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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