
PACU TIPS

Logistics:

- There are two Post Anesthesia Care Units. The one on the second floor of the Surgery Pavilion is for same day and less complex surgery.
- Most of the patients you see right after surgery will be in the main PACU that is on the second floor of the main hospital building, adjacent to the main ORs.
- In the “fish bowl” at the center of the main PACU you will find the elongated clipboard that has all the day’s cases listed along with an estimated time of coming out of the OR and the operating room where they are having surgery.
 - Phone numbers for each OR are on a list at the left hand side of the desk in case you want to call in and see how the patient is doing.
 - If the name on the clipboard is highlighted in yellow, it means that the patient is out of the OR.
 - If the patient is still in the PACU, the name will be posted on the wall in front of the main desk in the “slot” where the patient is located.
 - The person running the desk is very busy, so please don’t call down and ask when a patient is coming out of the OR. Swing by and check for yourself. You can also track when a patient is coming out by checking ORCA. When the patient is in the PACU the location on ORCA will be “PAC”.

Assessment:

- Vital signs:
 1. Check the temperature. Postop patients are often hypothermic which increases their risk of complications. The nurses are usually attuned to this and will put a warming blanket (Bair Hugger) on the patient.
 2. Patients may have transient hypertension due to pain. Make sure the pain is acceptably controlled before aggressive BP management. Shivering can also lead to a spuriously elevated BP reading on the automatic BP cuff. When in doubt, check it manually.
- Chart review: Check the estimated blood loss (EBL). This can be found on the anesthesia record (and often on the PACU nurse’s “cheat sheet”).
- History and exam: Ask patients about chest pain, shortness of breath, nausea, and level of pain. Remember that they are still coming out of anesthesia so that a negative response does not necessarily mean there is no problem. Don’t let a lack of chest pain steer you away from ordering an ECG and cardiac enzymes on a patient at substantial risk for postop MI.

Check the surgeon’s orders to make sure the medications are correct and that your preop recommendations are being followed. Common errors are proper insulin orders, not holding metformin for 48 hours in patients with diabetes, and correct hold parameters for blood pressure meds and beta blockers. (See separate sections for more details on these items). If you write orders (after discussion with the primary team), make sure to let the patient’s nurse know- often the admission orders have already been sent to the floor, and new orders may be missed in the loose stacks of papers.

If the patient’s condition warrants a change in post PACU care (ICU or telemetry), make those recommendations and call the primary team.