POSİTİON DESCRIPTION / PERFORMANCE EVALUATİON

Job Title: PACU Registered Nurse
Prepared by: ____________________________

Supervised by: PACU Nurse Manager
Approved by: ____________________________

Date: _________________________________

Job Summary: Provides direct patient care to neonate through geriatric patient populations. Addresses the psychosocial, physical and general aspects of care related to the surgical environment. Assists with the maintenance of PACU equipment and inventory. Participates in performance improvement activities. Responsible for monitoring patient’s physiological status in the immediate postoperative environment. Communicates with surgeon and anesthesiologist continuously, and as needed, about patient conditions; receives direction for patient management. Intercedes to maintain optimum homeostasis.

DUTIES AND RESPONSIBILITIES:

3 = Exceeds Performance  2 = Expected Performance  1 = Needs Improvement

Demonstrates Competency in the Following Areas:

Approaches patient in a kind, gentle and friendly manner. 3 2 1
Gives patient explanations and verbal reassurances consistently. 3 2 1
Responds to patient’s inappropriate behavior in a therapeutic manner. 3 2 1
Demonstrates knowledge of perioperative factors that alter immediate postoperative phase. 3 2 1
Utilizes nursing procedures as a media for communication and interaction with patient. 3 2 1
Identifies physical symptoms and changes and takes appropriate action in a timely manner. 3 2 1
Completes treatments as ordered or within one (1) hour, if appropriate. 3 2 1
Demonstrates knowledge of airway management and procedures and the ability to use the equipment. 3 2 1
Demonstrates ability to assess cardio-respiratory systems for changes and provides appropriate treatment. 3 2 1
Observes behavioral and physiologic changes due to medications, takes appropriate actions and documents. 3 2 1
Adjusts and acts upon expectations of patient’s behavior, according to the effect medication has on patient. 3 2 1
Demonstrates ability to provide specific care to postoperative neonate, pediatric, adolescent, adult and geriatric patients. 3 2 1
Carries out medical/surgical asepsis during treatments and special procedures. 3 2 1
Carries out established techniques for safe administration of medications and parenteral fluids, according to hospital policies and procedures. 3 2 1
Follows the seven (7) medication rights and reduces the potential for medication errors. 3 2 1
Carries out safety measures to prevent patient from harming him/herself or others. 3 2 1
Coordinates patient care; gives explanations and teaching to patient/family, as necessary. 3 2 1
Protects patient’s sensitivities and right to privacy. 3 2 1
PURPOSE:

To outline the nurse staffing patterns for the PACU.

POLICY:

- The PACU is a division of the Nursing Services Department and is under the direct supervision of the Surgical Services Nurse Manager. Daily coordination of PACU activities shall be the responsibility of the PACU Nurse Manager.

- The PACU shall be staffed by a registered nurse competent in all phases of recovery at all times.

- The normal work day shall be _____ hours, Monday through Friday.

- The PACU Nurse Manager shall prepare the monthly on-call schedule. Each employee must check the master schedule.

- A registered nurse shall be available on-call within 30 minutes, after hours, weekends and holidays.

- Staff “on-call” shall remain for late scheduled cases. Additional staffing may be necessary when more than one (1) operating room is in operation.

- Staffing shall be based on patient acuity, census and number of operating rooms running. The licensed nurses, one (1) of whom is an RN, shall be present whenever a patient is recovering in Phase I and Phase II. Procedures done after hours require that the OR Circulating Nurse remain with the PACU nurse until the patient is stable for discharge.

- Staffing During Phase I of Recovery Shall Be as Follows:
  - Two (2) registered nurses shall be in the PACU when a patient(s) is receiving Phase I level of care. One of the RNs must be competent in Phase I post anesthesia nursing care.
  - Nurse/patient ratio of 1:2:
    - One (1) patient is unconscious, stable without artificial airway and greater than eight (8) years old; and one (1) patient is conscious, stable and complication free, or
DEFINITIONS:

- **Capnography** is the continuous analysis and recording of the CO₂ concentration in respiratory gas.
  - Capnography indicates how much CO₂ is being eliminated from the lungs by measuring exhaled CO₂.
  - Capnographic waveforms may be time-based or volume-based.
- **Capnometry** is the measurement of CO₂ in respiratory gas (i.e., analysis alone), without a continuous written record or waveform.
- For ventilated patients, the CO₂ measurement should take place within the endotracheal tube, and for nonintubated patients, the measurement should take place near the mouth or nares.
- Capnograph uses one of two types of analyzers:
  - Mainstream units are used only on intubated patients and have an analyzer connected to an endotracheal tube for “real-time” monitoring of CO₂ concentrations.
  - Sidestream units may be used on nonintubated patients and intubated patients using a sampling pump with a line connecting from the patient to the monitor.
- PETCO₂ 35-45 mm Hg is the normal value for capnography. However, some experts say 30 mm HG - 43 mm Hg can be considered normal.
- Abnormal Values:
  - End Tidal CO₂ (ETCO₂ or PETCO₂) less than 35 mmHg = "Hyperventilation/Hypocapnia"
  - ETCO₂ greater than 45 mmHg = "Hypoventilation/Hypercapnia"

EQUIPMENT:
Capnograph and accessories, i.e., airway adapter, sampling tube, nasal cannula
RISK FACTORS FOR POSTOPERATIVE NAUSEA AND VOMITING: (not all inclusive)

- Children, with higher risk between ages of 11 - 14
- Females
- Obesity
- Gastroparesis
- Full stomach
- Anxiety
- History of motion sickness
- History of nausea and vomiting after previous surgeries
- Type of surgery: Laparoscopic, major intra-abdominal surgery, ENT procedures, eye procedures, gynecological procedures, lithotripsy
- Length of surgery
- Post operative hypertension
- Nonsmokers
- Postoperative use of opioids
- Use of volatile anesthetics
- Use of nitrous oxide

POLICY:

- The PACU RN shall assess the patient at the time of admission to the PACU, as needed, and at the time of discharge for nausea and vomiting.
DEFINITIONS:

- Venous thromboembolism (VTE) refers to the blockage of a vein by a blood clot (i.e., thrombus) that has dislodged from its site of formation and traveled through the bloodstream to another location. VTE may manifest as deep vein thrombosis (DVT) or pulmonary embolism (PE), both of which are significant causes of morbidity and mortality.

- DVT is also associated with residual venous obstruction and chronic pain and swelling.

- Venous thromboembolism (VTE) includes DVT, PE and postthrombotic syndrome (PTS).

RISK FACTORS:

- Active malignancy (especially pancreatic, liver, kidney, stomach, and ovarian)
- Active rheumatic disease
- Acute or chronic lung disease
- Age greater than 50 years
- Central venous catheter
- Co-morbidities
- Congestive heart failure
- Dehydration
- Estrogen-based contraceptives
- Family history
- Hormonal replacement
- Immobility associated with general anesthesia
- Impaired mobility
- Inflammatory bowel disease
- Known thrombophilic state
- Myeloproliferative disorder
- Myocardial infarction
- Nephrotic syndrome
- Obesity
- Prior history of VTE
- Recent major surgery
- Recent postpartum with immobility
- Sickle cell disease
- Smoker
- Stage multiple procedures
- Trauma
- Varicose veins/chronic stasis