PAEDIATRIC NURSING PRACTICE MANUAL
SECTION 8

CARE OF THE CHILD WITH A SURGICAL CONDITION

8.3 POSTOPERATIVE CARE

8.3.1 POSTOPERATIVE/PROCEDURAL CARE

Aims

1. To negotiate the safe transfer of a patient to the ward with all stakeholders involved in the clinical decision to discharge a patient from the Post Anaesthetic Care Unit (PACU).
2. To maximise confidence of parent/carers in the standard of care provided by staff in the PACU.

Key point

The decision to accept a patient for transfer will in the first instance rest with the ward nurse.

Transfer from Theatre

The mode of transfer from theatre will be determined by theatre staff who will inform the ward if the patient's bed is required.

- weight and/or height
- mobility restrictions
- presence of severe pain
- type of procedure undertaken

Criteria for Transfer [1]

Before transfer from PACU, the ward nurse will receive a comprehensive handover [2] which includes but is not limited to the following information:

- name of the child;
- procedure performed;
- course of anaesthetic, including drugs;
- condition since procedure/anaesthetic;
- presence of wounds, dressings, drains and catheters;
- completion of the Recovery Room record;
- drugs administered;
- orders for analgesia;
- written orders for both the IV fluids in progress and ongoing IV fluids;
- confirmation IV bung/3 way tap has been flushed;
- specific postoperative/procedural care.

1. Only when the handover has been completed and the ward nurse considers the patient has met the discharge criteria will the PACU Record Sheet be signed by both nurses.
2. In the event that the ward nurse does not consider the patient has met the PACU Discharge Criteria and is at risk for developing complications on the ward, they will request an Anaesthetic Review.
   - The anaesthetist will provide an expert assessment of the patients discharge status.
   - The ward nurse will remain with the patient during the Anaesthetic review.
   - Only on the Anaesthetist's recommendation should the patient be considered safe for discharge.
   - If transfer is recommended and the ward nurse has further concerns, the PACU coordinator will negotiate directly with the ward coordinator to achieve an outcome.
3. Upon exit from PACU, the ward nurse will collect an appropriate size resuscitator bag (in case of an emergency during the journey to the ward).
4. Transport Safety Compliance;
   Two side safety rails must be fitted and used on all trolleys/beds
   Detachable bed head
   Facility to raise and lower level of the bed/trolley
   Functional tilt facility
   Where fitted safety belts must be used
5. During transport to the ward, the nurse will continuously observe the child and will maintain close contact with the patient.

On Return to Ward

6. The following equipment will be available on return to the ward/unit:
   protective linen as required;
   oxygen and suction equipment; as per PNPM 1.4
   either safety belt or rails;
6. The time of the child's return to the ward will be noted on the observation chart.

Observations [3]

Following any procedure requiring anaesthetic, the child will be assessed and relevant observations documented at least half hourly for the first two hours. After this time, assessments will be made as frequently as the child's condition indicates.

Note: Same day patients are exempt from this requirement if they meet the discharge criteria specified in PNPM 8.3.5 Post Anaesthetic / Sedation Discharge.

Post operative/procedure assessment includes:

- level of consciousness **NB:** Children who are difficult to rouse will need more frequent observations
- temperature
- pulse
- respirations
- comfort
- level of pain using a validated pain assessment tool
- wound, neurovascular status
- IV site, line and rate (PNPM 2.3.5 PIVAS Scale)
- pressure areas (PNPM 3.2.2.1 Braden Q Score)
- drains and catheters
- Depending on the patient's condition, pulse oximetry and/or blood pressure monitoring may also be necessary.

Managing Complications

1. Immediate post anaesthetic complications will be reported to the Anaesthetist concerned or the Duty Anaesthetist and the frequency of observations increased.
2. Other complications or problems can be reported to the Resident Medical Officer or the Registrar on duty. (refer to PNPM 8.3.2 Post Anaesthetic Complications).
3. Subsequent to each assessment, nursing care will be planned to meet the individual needs of the child.

References:

1. Australian College of Operating Room Nurses. Postanaesthesia Recovery Nurse In: ACORN Standards for perioperative nursing; Including nursing roles, guidelines and position statements NR6 p.1-13 Adelaide SA: ACORN; 2008.
2. Australian Commission on Safety and Quality In Heath Care. The OSSIE Guide to Clinical Handover Improvement. Sydney: ACSQHC; 2009.
3. Joanna Briggs Institute. Vital signs. Best Practice Information Sheet 1999. Available from: http://www.joannabriggs.edu.au.pklibresources.health.wa.gov.au/pdf/BPISEng_3_3.pdf. Accessed: 13 November 2009.