Guideline for Managing Patients in the OR while on Extended PACU Hold.

Goal: Initiation of recovery phase care eases handover to PACU care team and ideally decreases PACU length of stay, thereby improving flow. It has been recognized that the most difficult part of an extended hold is lack of communication around expected length of hold. The goal is to improve communication in this regard.

Extended Hold = ≥ 20 minutes

In the event of an anticipated hold ≥ 20 minutes, you will be notified by the PACU. If this occurs, you will be notified to start OR HOLD recovery phase. (See goals below).

Certain patients are less appropriate to be recovered in the OR, and these patients will be prioritized for PACU admission. These are patients that:

- Are ventilated/complex patients anticipated for overnight stay/extended PACU stay
- Require regular flap checks (complex free flaps, neck dissections, DIEP)
- Require regular neuro checks (craniotomy)
- Require regular pulse checks/complex vascular patients (AAA, CEA, EVAR)
- Are coming from radiology

Should you find yourself on an extended hold with a patient that requires specialized PACU care (as noted above), it is reasonable to call the surgeon, or delegate and request that they perform this specialized care until such a time that it can be safely handed over to a trained PACU nurse. Ideally, anticipation of this scenario should be discussed in the debrief after the case.

Ideally, the POA or anesthesiologist in charge remains in close contact with the PACU charge person, in order to clarify and triage which patients in the OR require specialized PACU care (as this is not always clear on the OR booking information).

OR HOLD Recovery Phase:

1. Indicate start of OR HOLD recovery phase on anesthesia record.
2. Ensure patient is comfortable, analgesia and anti-emesis as required.
3. Ensure that patient has adequate vascular access [patients that have PCA, ketamine, lidocaine or ketorolac infusion(s) will require a second IV]. (IVs > 18g cannot go to ward; IVs > 16g cannot go to step-down).
4. Bladder scan, ideally anticipate the need for an in/out catheter prior to awakening patient.
5. Complete required bloodwork (ideally both anesthesia and surgery requested bloodwork).
6. Complete CXR if possible.
7. Move toward liberation from oxygen and monitor for respiratory events.
8. Ensure that chest tubes are on suction (if ordered to be on suction).
9. Ensure clean bedding/gown, sort lines.
10. For long stay PACU patients, write admission note, complete "blue" POA billing information.

Document: initiation of OR hold phase, q5 minute VS, medications, timing of BW and CXR (to delineate that these are *post-operative* investigations) and any interventions from the list above.

Urinals and oral opioids could be requested from PACU if required.

Patients still need to go through PACU to ultimately get discharged (discharge criteria requires a minimum of 3 checks, over 30 minutes).

The OR hold time ***does*** contribute toward the overall PACU *minimum* stay (assuming clinically appropriate).

Just a reminder that the OR nurses are not necessarily critical care trained, and as such may not be comfortable alone with a post op patient. Please do not leave OR nurses alone in the OR with a patient. As always they are a great resource for helping with bladder scans, bloodwork, and patient comfort.

For those that are more visually or pneumonic inclined . . . (thanks Nav!)

While waiting for a spot in PACU, you can help us out and…

B PRO ACTIVE!

Bladder	Bladder scan, consider in/out catheter, foley required?
Pain	Optimize parenteral/neuraxial analgesia and consider starting oral analgesics. Ensure adequate IV access (ketamine, lidocaine, and ketorolac all need dedicated IVs).
Rowdy	Anxiety and delirium can keep patients in PACU. Consider sedatives as needed. Avoid unnecessary sedation.
Oxygen	Wean oxygen as tolerated. Watch the patient for apneas and desaturation per the OSA algorithm.
Alert	Ensure that the surgeon, slater, and POA know you are on hold – there may be things we can do to expedite your next case.
Checks	Remind surgeons to keep a member of the surgical team for any checks that are needed, or have them return to the OR at regular intervals. This could be for neuro checks, spine checks, flap checks, or vascular checks.
Tests	Do required lab work. Consider obtaining a chest x-ray in the OR for line/NG placement.
Invoice	If applicable, create a PACU admission note and PACU blue billing sheet.
Vitals	Patient discharge from PACU requires hemodynamics to be within 20% of baseline. Consider optimizing hypotension with fluid and pressors, or treating hypertension
Emesis	Nausea and vomiting are significant contributors to delay in discharge. Aggressively treat PONV. Consider NG tube as needed.