Unique Plan Description: ANES Post Anesthesia Adult
Plan Selection Display: ANES Post Anesthesia Adult
PlanType: Medical
Version: 28
Begin Effective Date:
End Effective Date: Current
Available at: ***EMMC***
MERCY HOSPITAL
NL MAINE COAST HOSPITAL
NL MERCY OSSC
SVH
TAMC - THE AROO
Plan Comment:

Legend		
Green Highlight	=	Addition
Red Highlight	=	Deletion

ANES Post Anesthesia Adult

Patient Care
PACU Modules
Below are modules for certain ERAS procedures. If no procedure module exists, use General Orders below.(NOTE)*
☐ Colorectal PACU(SUB)*
☐ Hip Fracture PACU(SUB)*
☐ Cesarean Section PACU(SUB)*
General Orders
☑ PACU Post Op Nausea and Vomiting (PONV)(SUB)*
☑ PACU Discharge ARG
Post-Anesthesia Disposition
Comments: Patients will be discharged from PACU by anesthesia provider sign off when they have achieved an Aldrete score of 8 or greater. The patient may be discharged directly from the Operating Room/Procedure Room to the DSU/patient care unit at the discretion of the anesthesia provider.
☑ PACU Discharge EMMC
Post-Anesthesia Disposition
Comments: Inpatient PACU Discharge: 1. Bedside Glucose per Insulin Post-op Protocol 2. Obtain Anesthesia post-op assessment or telephone/verbal order prior to discharge 3. Complete Cell Saver and Acute Normovolemic Hemodilution infusions. Infuse Tranexamic Acid infusion until discharged from Post-Anesthesia care. 4. Upon discharge from PACU to inpatient unit, RN or pharmacist discontinue any remaining ANES Pre Anesthesia PowerPlans and ANES Post Anesthesia Adult PowerPlan. PACU Bypass to Critical Care: 1. For questions call Anesthesia: 9900 or 30-2982 or 8129 2. Bedside Glucose per Insulin Post-op Protocol 3. Complete Cell Saver and Acute Normovolemic Hemodilution infusions. Infuse Tranexamic Acid infusion until discharged from Post-Anesthesia care 4. Anesthesia will transition care to Intensivist or Trauma. Post-Anesthesia Adult orders will be discontinued by Intensivist or Trauma. If 24 hours have elapsed since PACU bypass and the Post-Anesthesia Adult orders remain on the medication profile, the Critical Care pharmacist may discontinue that PowerPlan. MRI & CT patients seen by Anesthesia and being discharged from IPR: 1. Advance diet and activity as tolerated; 2. Saline Lock IV when tolerating PO fluids and discontinue IV prior to discharge; 3. No changes in home medications; 4. Discharge home when stable. Follow-up with ordering provider.
☑ PACU Discharge MCH
Post-Anesthesia Disposition
Comments: No minimum length of stay in PACU (providing patient meets Modified Aldrete Score of 8 or better) Discharge patient from PACU following anesthesiologist/CRNA post-anesthesia evaluation once criteria met. RN evaluate readiness for discharge from PACU using the following criteria: • If patient received narcotic or benzodiazepine reversal agents, monitor patient in Phase 1 recovery for a minimum of 2 hours • Vital signs (including resting BP and HR) are within 20% of pre-op values for at least 15 minutes prior to discharge • Temperature of 36 C or greater or 96.8 F or greater within 30 minutes of discharge • Airway and breathing stable: Spontaneous unlabored breathing and SpO2 equal or greater to ordered percentage with/without oxygen therapy for a minimum of 15 minutes • If transferring to a non-critical care

unit, patient must be conscious enough to summon help if needed • Nausea and vomiting controlled • Pain level at acceptable range for patient • Dressings, tubes, catheters, drains, and intravenous lines patent and secured. Secure ETTs, tracheostomy tubes with placement verified on chest x-ray. Ensure tip position is confirmed for newly placed central lines Patients who have received spinal/epidural anesthetics: • In addition to meeting the above criteria, patient demonstrates ability to move their toes, turn themselves to their side, and has a sensory level of L2 or lower. • Patients are hemodynamically stable (a drop in BP of less than 10% upon assuming a 30-degree partial sitting position for a minimum of 2 minutes) Patients with history of OR family history of Malignant Hyperthermia: • Monitor in PACU for a minimum of 2 hours. (For same day discharge, to meet the minimum of 2 hours monitoring, patient will remain in Phase 1 for a minimum of one hour and can be transferred to Phase 2 with vital signs every 15 minutes for the 2nd hour) • The anesthesia provider will assess the patient prior to transfer to the floor or in the case of same day surgery prior to discharge home.

☑ PACU Discharge Mercy

Post-Anesthesia Disposition

Comments: Each patient who has had general, MAC, or regional anesthesia for surgical or medical procedures will be evaluated by an anesthesia provider or discharged according to criteria from the OR to Phase I or Phase II care, or from Phase I care to Phase II care. 1. The following discharge criteria are applied to determine the readiness of the patient for discharge from Phase I. Before transfer from the OR or Phase I, the patient shall: A. Have a stable airway (without any aid, such as a nasal airway). B. Have oxygen saturations equal or greater than 93%, or at patient's baseline. C. Not require supplemental oxygen greater than 2 liters/minute by nasal cannula. D. Have a temperature greater than 36 C. E. Have an absence of new onset arrhythmias. F. Have vital signs within the normal physiologic range for age or 20% of baseline levels. G. Be alert or easily arousable to verbal stimuli and/or returned to baseline orientation/mental status. H. Have intact surgical site with minimal bleeding. I. Have tolerable level of nausea. J. Have acceptable level of comfort. 2. Discharge from OR to Phase II ("PACU Bypass"): If the patient meets all of the above criteria in the OR, then he or she may be moved directly to Phase II. However, if there is any uncertainty about the patient's appropriateness for Phase II care, then he or she will be sent to PACU. In addition, the following exceptions require transfer to Phase I rather than Phase II: a. Sensory blocks above T12. b. Orthostatic vital sign changes. c. Severe or profound psychological distress or altered level of consciousness. d. Patients who received reversal agents (Narcan/naloxone or Romazicon/flumazenil). 3. Documentation of discharge readiness or failure to meet discharge criteria will be based on relevant application of approved discharge criteria and will include the name of the physician accepting responsibility for discharge. 4. Upon discharge from PACU to inpatient unit, disassociate patient from monitor and discontinue PACU PowerPlan.

☑ PACU Discharge SVH

Post-Anesthesia Disposition

Comments: Total Modified Aldrete Score of 9 or higher (or patient's pre-surgical baseline) is required for discharge of patient from PACU.

If muscle relaxation was reversed, the patient must be maintained in PACU for 30 minutes minimum in addition to meeting discharge score.

Re-evaluate oxygen therapy.

Assess/treat pain. Consult with anesthesia for ineffective response.

Assess/treat nausea.

Assess level of consciousness and post-procedure anxiety. Consult anesthesia for delayed return to baseline LOC or excessive anxiety/agitation.

Assess thermal comfort/temperature on arrival and every 30 minutes. If temperature is less than 36°C, use appropriate warming measures to achieve desired temperature of 36°C.

Maintain constant observation for untoward post-procedure events and notify the anesthesia promptly should any occur (Shock, hemorrhage, respiratory difficulty, cyanosis, ECG changes, and neurological changes.)

Upon discharge from PACU to inpatient unit or home, RN or Pharmacist discontinue any remaining ANES Pre Anesthesia PowerPlans and ANES Post Anesthesia PowerPlan.

☑ Bedside Glucose Monitoring

ONCE, PRN Other(comment), For patients in PACU if pre-op blood sugar was greater than 180 mg/dL

☑ Provider Communication

RN discontinue all orders in ANES Pre Op Anesthesia PowerPlan if PowerPlan still active

☑ Provider Communication (EMMC)

If post op blood sugar greater than 180 mg/dL, start Insulin Infusion Peri-Operative Protocol

☑ Provider Communication

Nursing may administer a lesser potent medication or dose at patient request if an order for PRN pain medication(s) and/or if more than one medication or dose is ordered.

Comments: MUST include "per patient preference" as a comment when documenting administration of lesser potent medication. Example: if 2 or more PRN agents are ordered to treat mild, moderate, and severe pain levels.

Continuous Solutions

☐ Lactated Ringers

Tot Vol: 1,000 mL, mL/hr, Soln, IV, Continuous for: 1 Doses/Times

Comments: Complete present bag volume while in PACU and then switch to surgeon's IV fluid

☐ Sodium Chloride 0.9%

Tot Vol: 1,000 mL, mL/hr, Soln, IV, Continuous for: 1 Doses/Times

Comments: Complete present bag volume while in PACU and then switch to surgeon's IV fluid

Medications

Analgesics

☐ Tylenol

1,000 mg, Tablet, PO, ONCE, 1 Doses/Times

Comments: PACU ONLY If not given within the last 6 hours AND tolerating PO/enteral

☐ Ofirmev

1,000 mg, Soln, IVPB, ONCE, 1 Doses/Times

Comments: PACU ONLY If not given within the last 6 hours AND NPO or not tolerating PO/enteral

☐ Toradol

15 mg, Soln, IV Push, ONCE, 1 Doses/Times (DEF)*

Comments: PACU ONLY If not given within the last 6 hours.

30 mg, Soln, IV Push, ONCE, 1 Doses/Times

Comments: PACU ONLY If not given within the last 6 hours.

☐ Ultram

50 mg, Tab, PO, ONCE, PRN, Pain-Mild (Pain Score: 1 - 3), Indication: Adjuvant Analgesic (DEF)*

Comments: PACU ONLY If tolerating PO/enteral.

Prior to transitioning to next level of care may initiate oral analgesics.

50 mg, Tab, PO, Every 30 Minute Interval, PRN, Pain-Mild (Pain Score: 1 - 3), Indication: Adjuvant Analgesic, 2 Doses/Times

Comments: PACU ONLY If tolerating PO/enteral.

Prior to transitioning to next level of care may initiate oral analgesics.

☐ oxyCODONE

5 mg, Tab, PO, Every 30 Minute Interval, PRN, Pain-Moderate (Pain Score: 4 - 6), Indication: Adjuvant Analgesic, 2 Doses/Times

Comments: PACU ONLY If tolerating PO/enteral. Prior to transitioning to next level of care may initiate oral analgesics.

☐ Dilaudid

2 mg, Tab, PO, Every 30 Minute Interval, PRN, Pain-Moderate (Pain Score: 4 - 6), Indication: Adjuvant Analgesic, 2 Doses/Times

Comments: PACU ONLY If tolerating PO/enteral.

Prior to transitioning to next level of care may initiate oral analgesics

☐ Sublimaze

50 mcg, Soln, IV Push, Every 5 Minute Interval, PRN, Pain-Severe (Pain Score: 7 - 10), Indication: Adjuvant Analgesic, 4 Doses/Times, May give for moderate pain (4-6) if not tolerating PO

Comments: PACU ONLY

Give if NPO or not tolerating PO/enteral. If more than 1 analgesic is ordered, start with fentanyl (Sublimaze) before hydromorphone (Dilaudid) before morphine.

If pain score is not less than 6 after 2 doses of first medication, move to the next.

If patient received hydromorphone in OR may start with hydromorphone in PACU. Max total dose = 200 mcg.

Hold if respiratory rate is less than 10.

☐ Dilaudid

0.5 mg, Soln, IV Push, Every 5 Minute Interval, PRN, Pain-Severe (Pain Score: 7 - 10), Indication: Adjuvant Analgesic, 4 Doses/Times, May give for moderate pain (4-6) if not tolerating PO

Comments: PACU ONLY

Give if NPO or not tolerating PO/enteral. If more than 1 analgesic is ordered, start with fentanyl (Sublimaze) before hydromorphone (Dilaudid) before morphine.
If pain score is not less than 6 after 2 doses of first medication, move to the next.
If patient received hydromorphone in OR may start with hydromorphone in PACU.
Max total dose = 2 mg.
Hold if respiratory rate is less than 10.

☐ morphine
2 mg, Soln, IV Push, Every 5 Minute Interval, PRN, Pain-Severe (Pain Score: 7 - 10), Indication: Adjuvant Analgesic, 5 Doses/Times, May give for moderate pain (4-6) if not tolerating PO
Comments: PACU ONLY Give if NPO or not tolerating PO/enteral. If more than 1 analgesic is ordered, start with fentanyl (Sublimaze) before hydromorphone (Dilaudid) before morphine. Max total dose = 10 mg. Hold if respiratory rate is less than 10, May give 1 mg IVP as divided doses.

☐ Demerol HCl
12.5 mg, Soln, IV Push, Every 5 Minute Interval, PRN, Shivering, 4 Doses/Times
Comments: PACU ONLY Max dose = 50 mg/day.

Reversal Agents

☑ Narcan
0.1 mg, Soln, IV Push, Every 2 Minute Interval, PRN, Respiratory Depression
Comments: PACU ONLY Up to 0.4 mg for RR LESS THAN 10 or patient difficult to arouse 1. Concentration: 0.4 mg/1 mL 2. Administer 0.1 mg/0.25 mL IV every 2 minutes up to 0.4 mg until respiratory rate improves to baseline and/or patient easily arousable 3. Titrate dose to avoid precipitation of withdrawal symptoms, and/or severe pain

Hypertension

☐ Normodyne
5 mg, Soln, IV Push, Every 10 Minute Interval, PRN, High Systolic Blood Pressure, HOLD for HR less than 50 bpm or SBP less than 130 mmHg, 4 Doses/Times
Comments: PACU ONLY For SBP greater than 170 mmHg; Max total dose = 20 mg

☐ Apresoline
10 mg, Soln, IV Push, Every 30 Minute Interval, PRN, High Systolic Blood Pressure, HOLD for SBP ___ (see comments), 2 Doses/Times
Comments: PACU ONLY For SBP greater than 170 mmHg

☐ Lopressor
1 mg, Soln, IV Push, Every 5 Minute Interval, PRN, Hypertension, HOLD for HR less than 50 bpm or SBP less than 130 mmHg, 5 Doses/Times
Comments: PACU ONLY For SBP greater than 170 mmHg, Hold for pulse less than 50 or MAP less than 70 mmHg, Max total dose = 5 mg

Anxiolytics

☐ Versed
1 mg, Soln, IV Push, Every 5 Minute Interval, PRN, Anxiety, 4 Doses/Times
Comments: PACU ONLY Max total dose = 4 mg, Hold if respiratory rate is less than 10.

☐ Ativan
1 mg, Soln, IV Push, ONCE, PRN, Anxiety, 1 Doses/Times (DEF)*
Comments: PACU ONLY Hold if respiratory rate is less than 10.
Give if NPO or not tolerating PO/enteral
0.5 mg, Soln, IV Push, Every 30 Minute Interval, PRN, Anxiety, 2 Doses/Times
Comments: PACU ONLY Max total dose = 1 mg, Hold if respiratory rate is less than 10.
Give if NPO or not tolerating PO/enteral

☐ Ativan
0.5 mg, Tab, PO, Every 30 Minute Interval, PRN, Anxiety, 2 Doses/Times
Comments: PACU ONLY Max total dose = 1 mg, Hold if respiratory rate is less than 10.
If tolerating PO/enteral

Sedation

☐ Propofol 1000 mg/100 mL Infusion
Tot Vol: 100 mL, Titrate, Emulsion, IV
Comments: PACU ONLY
Titration Instructions:
- *Start infusion at 25 mcg/kg/min OR If infusion already running, continue current dose and titrate accordingly:*

o Titrate by 5-10 mcg/kg/min every 3-5 minutes until RASS -2 to 0
o If RASS greater than 3, may give 3 mL (30 mg) bolus from propofol infusion every 3 minutes until goal achieved
o Max Dose = 70 mcg/kg/min. If max dose reached, notify anesthesia provider and intensivist.
o Prolonged use and high doses of propofol may lead to propofol infusion syndrome (PRIS).
Discuss any of the following signs with Provider: metabolic acidosis, renal failure, cardiac failure and/or rhabdomyolosis

☐ fentaNYL 2500 mcg / 50 mL undiluted
Tot Vol: 50 mL, Titrate, Soln, IV
Comments: Start initial infusion dose at 25 mcg/hr OR if infusion already running, continue current dose and titrate accordingly:
Titrate by 12.5 - 50 mcg/hr every 10 - 15 minutes to achieve pain goal of CPOT score less than 2, Wong Baker 3 or less and/or Numeric scale 3 or less
After every intervention for pain, reassess within one hour.
If pain within goal, reassess every 4 hours and PRN.
When pain has been controlled for 4 hours, titrate infusion down.
Discontinue infusion when dose is 25 mcg/hr and use fentanyl IVP PRN
If 2 doses of fentanyl IVP required within one hour and pain uncontrolled, restart infusion at 50% of previous rate
May administer IV fentanyl bolus from continuous infusion using smart pump
Usual Dose Range = 25 - 200 mcg/hr
Max Dose = 200 mcg/hr including IVP and bolus doses
Concentration = 50 mcg/mL

Vasopressors

☐ phenylephrine 20 mg/250 mL NS (premade)
Tot Vol: 250 mL, Titrate, Soln, IV
Comments: PACU ONLY
Start at 0.2 mcg/kg/min OR If infusion already running, continue current dose and titrate accordingly:
Titrate by 0.1 - 0.5 mcg/kg/min every 1-5 minutes to maintain MAP of 65 mmHg
Notify provider if dosing exceeds 3 mcg/kg/min
Usual Dose Range = 0.2 - 6 mcg/kg/min
Max Dose = 8 mcg/kg/min
Concentration = 80 mcg/mL
For peripheral or central use

☐ Phenylephrine 20 mg/250 mL NS (Peripheral) (IVS)*
Sodium Chloride 0.9%
Tot Vol: 250 mL, Titrate, Soln, IV
Comments: PACU ONLY
Start at 0.2 mcg/kg/min OR If infusion already running, continue current dose and titrate accordingly:
Titrate by 0.1 - 0.5 mcg/kg/min every 1-5 minutes to maintain MAP of 65 mmHg
Notify provider if dosing exceeds 3 mcg/kg/min
Usual Dose Range = 0.2 - 6 mcg/kg/min
Max Dose = 8 mcg/kg/min
Concentration = 80 mcg/mL
For peripheral or central use
phenylephrine
20 mg = 2 mL

☐ norepinephrine 8 mg/250 mL NS (premix)
Tot Vol: 250 mL, Titrate, Soln, IV
Comments: PACU ONLY
Start at 0.04 mcg/kg/min OR If infusion already running, continue current dose and titrate accordingly:
Titrate by 0.01 - 0.05 mcg/kg/min every 1-5 minutes to maintain MAP of 65 mmHg
Notify provider if dose exceeds 0.2 mcg/kg/min
Usual Dose Range = 0.01 - 0.5 mcg/kg/min
Max Dose = 1 mcg/kg/min
Concentration = 32 mcg/mL
For peripheral or central use

☐ Norepinephrine 8 mg/250 mL NS (Peripheral) (IVS) (IVS)*

Sodium Chloride 0.9%
Tot Vol: 250 mL, Titrate, Soln, IV
Comments: PACU ONLY
Start at 0.04 mcg/kg/min OR If infusion already running, continue current dose and titrate accordingly:
Titrate by 0.01 - 0.05 mcg/kg/min every 1-5 minutes to maintain MAP of 65 mmHg
Notify provider if dose exceeds 0.3 0.2 mcg/kg/min
Usual Dose Range = 0.01 - 0.5 mcg/kg/min
Max Dose = 1 mcg/kg/min
Concentration = 32 mcg/mL
For peripheral or central use

norepinephrine
8 mg = 8 mL

Bradycardia

☐ glycopyrrolate
0.2 mg, Soln, IV Push, Every 2 Minute Interval, PRN, Bradycardia, 2 Doses/Times
Comments: PACU ONLY For HR less than 45 or sudden decrease in HR greater than 20% from baseline

Laboratory

☐ Lactate(SUB)*

☐ Basic Metabolic Panel
BLOOD, Stat, Post-Anesthesia

☐ Basic Metabolic Panel-Q
BLOOD, Stat, Post-Anesthesia

☐ Blood Gas Arterial
BLOOD, Stat, ONCE, Post-Anesthesia

☐ Blood Gases Arterial (ABG)
BLOOD, Stat, ONCE, Post-Anesthesia

☐ CBC without Differential
BLOOD, Stat, Post-Anesthesia

☐ CBC without Differential-Q
BLOOD, Stat, Post-Anesthesia

☐ PT (Protime) INR
BLOOD, Stat, Post-Anesthesia

☐ PTT
BLOOD, Stat, Post-Anesthesia

☐ Fibrinogen Level
BLOOD, Stat, Post-Anesthesia

☐ Troponin-I
BLOOD, Stat, Post-Anesthesia

☐ Troponin I Highly Sensitive Random
BLOOD, Stat, Post-Anesthesia

☐ Troponin T HS (Random)
BLOOD, Stat, Post-Anesthesia

Tests/Procedures

☐ CV ECG
Priority Stat, Post-Anesthesia, ONCE

☐ XR Chest Portable
ONCE, Portable, Check ET Tube/Line placement post-op, Stat, Post-Anesthesia

Respiratory

☐ Albuterol NEB
2.5 mg, Soln, NEB, ONCE, PRN, Wheezing, 1 Doses/Times
Comments: PACU ONLY SOB and/or Wheezing

☐ DuoNeb 0.5 mg-2.5 mg/3 mL inhalation solution
3 mL, Soln, NEB, ONCE, PRN, Wheezing, 1 Doses/Times
Comments: PACU ONLY SOB and/or Wheezing

☐ Vent Settings (Conventional)

Mode Volume Control (VC)
Comments: PACU Only

☐ Incentive Spirometry
Every 1 Hour Interval, 10 times every hour while awake, Post-Anesthesia

☐ Flutter Valve
Routine, Four Times Daily, While Awake
Comments: Special instructions: Reevaluate every 24 hours and prior to discontinuation or modification of therapy,
Discontinue when any of the following goals are reached
-Rhonchi that clear to cough
-Subjective impression of less retention and improved clearance
-Resolution/improvement on chest x-ray
-Improvement in vital signs and measures of gas exchange
-Reduction in resistance and improved compliance (mechanically vented patients)

☐ Flutter Valve Instruct by Respiratory Therapist
Frequency ONCE

☑ Oxygen.
Via: Nasal Cannula, PRN, Maintain saturation greater than 93%, wean as tolerated.

☑ Oxygen
Via: Nasal Cannula, PRN, Maintain saturation greater than 93%, wean as tolerated.

Non Categorized

☑ Provider Communication
Nurse may Initiate Planned PowerPlan upon patient arrival
Providers must exercise independent clinical judgment when using order sets.(NOTE)*

***Report Legend:**
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a subphase