

Guidelines for Resident Experience in the Post-Anesthesia Care Unit

1. Transfer of Care

At the end of procedures requiring anesthesia services, the care for each patient must be transferred to an appropriate setting for immediate postoperative management. The transition of care from the anesthesia provider must include an assessment of the patient's readiness for transfer to a post anesthesia environment. Upon transfer, the anesthesia provider must provide a verbal report that includes a description of the patient's preoperative medical history and physical exam, intraoperative course including the surgical procedure and anesthetic management, and anticipated postoperative issues. The report should be directly communicated to the personnel who will assume responsibility for the patient's care, including, but not limited to nursing and anesthesia providers.

2. Anesthesiology Resident Participation in Postoperative Care

Most patients undergoing anesthesia and surgery will be transferred to Post Anesthesia Care Unit (PACU) for immediate postoperative management. In order to gain experience in the immediate postoperative care of surgical patients, each anesthesia resident should have a formal rotation in the PACU. During this rotation, anesthesiology residents will be assigned to the PACU and must directly manage postoperative patients, with emphasis on pain management, hemodynamic evaluation and management, airway emergencies that occur during the PACU stay and other clinical situations that arise in the immediate postoperative period. Whenever feasible, the anesthesia resident should be present at the time of arrival of the patient into the PACU, should receive a verbal report about the patient and should review relevant records, including the anesthesia record.

The PACU rotation should emphasize immediate post-anesthesia and postoperative care issues. Resident responsibilities may also include participation in emergency resuscitation and other emergency care within the hospital and participation in a rapid response team. These additional responsibilities should not compromise patient care within the PACU.

The PACU rotation should include didactic lectures and case discussions related to immediate postoperative care needs, clinical assessment and patient management. Residents should gain an understanding about postoperative care needs and resource utilization, patient triage and bed allocation.

Appropriate supervision should be provided by faculty knowledgeable about postoperative management who are available for assistance and/or consultation at any time.

3. PACU Discharge

The anesthesiology resident, under appropriate supervision must determine if patients fulfill PACU discharge criteria and confirm that the transfer will be to a hospital unit with appropriate resources and staff to provide necessary postoperative care. At the time of discharge from PACU, the resident should communicate significant postoperative events and/or concerns to the providers assuming care for the patient.

4. Other Postoperative Care Experiences

The anesthesiology resident should participate in the transition of care from various anesthetizing locations to inpatient settings and home care. As part of the postoperative experience, all residents must develop the skills to assess patient needs, identify the most appropriate site for further postoperative care, and ensure safe and timely transfers of care to other providers. The resident should develop skills at communication of patient needs and coordination of care between the medical staff, nursing staff and other providers. Appropriate medical records shall be kept during the PACU period.