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1.0 Introduction

The purpose of this document is to provide guidance to the Post-Anaesthetic Care Unit (PACU)/Recovery Area RN to safely monitor vital signs and health status from admission to the PACU until discharge from PACU/Recovery Area care.

Vital signs (including pain) are key indicators of patient well-being.

For more information about how and when to perform vital signs and pain assessments, please see:

- [Vital Sign Monitoring](#)
- [Pain Assessment](#)
- [Guidelines for Pain Assessment and Management for Neonates](#)
- [Patient Length of Stay and Discharge from the PACU](#)

2.0 Definitions

Vital sign monitoring in PACU/Recovery Area includes the assessment of oxygen saturation, temperature, heart rate (HR), respiration (RR), and blood pressure (BP), which are often considered indicators of a patient's health status. These measures of neurological, respiratory, and circulatory function provide valuable information that can assist in the diagnosis and ongoing assessment of patients.

Pain is another key indicator of patient well-being and is considered the "sixth vital sign" in PACU

Discharge Criteria is an indication of the child's status and readiness to be discharged from PACU/Recovery Area to home or the inpatient unit; the discharge score will be completed along with the vital signs.

3.0 Policy

3.1 In PACU/Recovery Area, patients' vital signs will be monitored continuously and documented until the patient has met the criteria for discharge home or transfer to an inpatient unit. **Exemption to policy- satellite anesthesia recovery areas will document vital signs q 5mins until patient is rousable as per [Care of the Child Receiving Procedural Sedation policy](#).

3.2 Every patient, at a minimum, will have vital signs, pain, and PACU discharge score documented, using a developmentally appropriate, reliable, and valid measure, at the following times:

- On admission to PACU/Recovery Area

- Every 15 minutes, until the patient has reached a PACU discharge score of 12/14 with no scores of 0 in any parameter. Temperature can be taken hourly, unless clinically indicated, and prn.

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-At time of patient discharge or transfer from PACU/Recovery Area. A minimum of 2 vital sign measurements in a 15 minute period must be documented while the patient is in PACU.

- Patients identified by the anesthesiologist as requiring prolonged recovery or traditional time-based criteria will require vital sign monitoring q15 minutes x2 hours, followed by q30 minutes x2 hours, and then q1h until the patient is assessed and discharged from the PACU by the responsible anesthesiologist or delegate. The discharge order must be entered in the electronic patient record. For more information, see [Patient Length of Stay and Discharge from the PACU](#) Policy.

3.3 Patients discharged home from PACU/Recovery Area:

Once a daycare patient has met the PACU discharge criteria, the PACU/Recovery Area RN, will continue to monitor vital sign and the PACU discharge score at a minimum of every 30 minutes, and prn if clinically indicated. The vital signs and discharge score will be done prior to discharge home.

3.4 Patients being transferred from PACU/Recovery Area to inpatient unit:

A patient may be transferred to the inpatient unit once the PACU discharge criteria have been met. If the patient is unable to leave PACU/Recovery Area due to bed unavailability, or other unit based issues, the RN will continue to monitor vital signs and initiate nursing care following the post-operative surgical service orders until the patient is physically transferred to the receiving unit. *The RN will document this change in practice on the patient's chart.

All patients transferring out of PACU/Recovery Area to an inpatient unit must have one Bedside Patient Early Warning score (BPEWs) prior to discharge. The responsible anesthesiologist or delegate must be contacted if the Bedside Patient Early Warning score (BPEWs) is ≥ 5 . A patient must not be discharged from PACU if BPEWs score is ≥ 8 without an anesthesia sign out

If the patient has met the discharge criteria, but is delayed leaving PACU/Recovery Area due to transportation issues, the PACU RN will continue to monitor vital signs and discharge criteria at a minimum of every 30 minutes, and prn if clinically indicated. The vital signs and discharge score will be done prior to discharge from PACU. *The RN will document this change in practice on the patient's chart.

4.0 Related Documents

[Vital Sign Monitoring](#)

[Pain Assessment](#)

[Guidelines for Pain Assessment and Management for Neonates](#)

[Patient Length of Stay and Discharge from the PACU](#)

[Care of the Child Receiving Procedural Sedation](#)

[Constant Observation and Nursing Assignment](#)

[Electronic Patient Monitoring](#)

[Care of Patients Receiving Continuous Infusion of Opioids](#)

[Care of Patients Receiving Regional Anaesthesia](#)

[Care of Patients Receiving Patient Controlled Analgesia \(PCA\)](#)

[Blood Component infusions](#)

[Protocol for Administration of Opioids in the PACU](#)

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5.0 References

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