

GUIDELINES FOR POSTANAESTHETIC RECOVERY CARE

1. INTRODUCTION

- 1.1 Recovery from anaesthesia should take place in an area appropriate for the purpose near where the anaesthetic was administered.
- 1.2 The anaesthesiologist is responsible for supervising the postanaesthetic recovery of patients until they can be safely discharged.
- 1.3 Postanaesthetic care staff must be appropriately trained for their role and able to contact supervising medical staff promptly when the need arises.

2. POSTANAESTHETIC RECOVERY CARE AREA DESIGN FEATURES

- 2.1 The area should be part of the operating suite but should preferably also allow access from outside the suite.
- 2.2 The number of trolley/bed spaces in the area should be sufficient for expected peak loads and there should be not less than 1.5 trolley/bed spaces per operating theatre.
- 2.3 The floor area allocated per trolley/bed should be at least nine square metres. There must be easy access to the head of the patient.
- 2.4 Space should be provided for a nursing station, storage of clean linen, equipment and drugs, and a utility room.
- 2.5 There should be easy access for portable X-ray equipment with appropriate power outlets provided in the Area. There should also be an X-ray viewing box.
- 2.6 The area should have ventilation and climate control to operating theatre standards.
- 2.7 The area must have adequate general lighting of an appropriate colour for general observation and for the detection of cyanosis.
- 2.8 Emergency electrical power and lighting must be provided in the area.
- 2.9 Each trolley/bed space must be provided with: -
 - 2.9.1 An oxygen supply outlet,
 - 2.9.2 A suction facility outlet,
 - 2.9.3 At least two electrical power outlets,
 - 2.9.4 Appropriate facilities for mounting and/or operating the necessary equipment, and for the patient's charts.
- 2.10 There must be a wall clock with a sweep second hand clearly visible from each trolley/bed space of the area.
- 2.11 There should be appropriate facilities for scrubbing up for procedures.

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2.12 Communication facilities should include: -

2.12.1 An emergency call system.

2.12.2 A telephone.

3. PROVISIONS IN POSTANAESTHETIC RECOVERY AREA

3.1 Each trolley/bed space must be provided with: -

3.1.1 The appropriate oxygen supply flow meter and connector.

3.1.2 The appropriate suction equipment including a rigid hand piece and a range of suction catheters.

3.1.3 Non-invasive blood pressure measuring device with appropriate sized cuffs,

3.1.4 A stethoscope,

3.1.5 A hand torch.

3.2 Within the postanaesthetic recovery area there must be: -

3.2.1 A range of devices for the administration of oxygen to spontaneously breathing patients,

3.2.2 Means of inflating the patients' lungs, with oxygen, in a ratio of one per two beds, but with a minimum of two sets,

3.2.3 Airway control & intubation equipment,

3.2.4 Emergency drugs,

3.2.5 A range of intravenous equipment and fluids,

3.2.6 A range of syringes and needles,

3.2.7 Facilities for safe disposal of sharp objects,

3.2.8 An adequate number of pulse monitors to meet the anticipated cases load,

3.2.9 Electrocardiographic monitor,

3.2.10 An end tidal carbon dioxide monitor.

3.3 There must be easy access to: -

3.3.1 A 12-lead electrocardiograph,

3.3.2 A defibrillator with appropriate paddles,

3.3.4 A means of measuring body temperature,

3.3.5 A means of maintaining patient body temperature,

3.3.6 A blood warmer,

3.3.7 A mechanical ventilator with adjustable inspired oxygen concentration,

3.3.8 A neuromuscular function monitor,

3.3.9 A warming cupboard,

3.3.10 Refrigerators for drugs and blood,

3.3.11 An adjustable spot light,

3.3.12 A range of appropriate drugs including analgesics,

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- 3.3.13 A simple surgical pack,
- 3.3.14 A bronchoscope with suction facility and grasping forceps,
- 3.3.15 Central venous pressure sets,
- 3.3.16 Means of infusing intravenous fluids under pressure,
- 3.3.17 Intercostal catheter drainage set,
- 3.3.18 Diagnostic services.

4. POSTANAESTHETIC TROLLEY/BED

- 4.1 The trolley/bed in the postanaesthetic recovery area must:
 - 4.1.1 Have a mattress and firm base,
 - 4.1.2 Have an easily accessible tilt mechanism for head down tilt to at least 15 degrees,
 - 4.1.3 Have castors with efficient and accessible brakes,
 - 4.1.4 Provide for sitting the patient up,
 - 4.1.5 Have side rails, which must be able to be dropped below the base or be easily removed,
 - 4.1.6 Have an IV pole.
- 4.2 The transport trolleys/beds for postanaesthetic care must have provisions for mounting portable oxygen cylinders and the administration of oxygen, and for holding drain bottles and other necessary items during transport.

5. STAFFING

- 5.1 Nursing staff trained in postanaesthetic care must be present in the recovery area at all relevant times.
- 5.2 Nurses not experienced in postanaesthetic care must be supervised.
- 5.3 An appropriately trained registered nurse should be in charge of postanaesthetic care staff.
- 5.4 The ratio of nursing staff trained in post-anaesthetic care to patients needs to be flexible so as to provide no less than one to three patients, and one to each patient who has not recovered protective reflexes.
- 5.5 Additional staff should be readily available in case of need.

6. MANAGEMENT & SUPERVISION

- 6.1 The hospital shall designate at least one senior anaesthesiologist to advise on the Recovery Area facilities and to review these facilities from time to time in the light of changes in circumstances, medical practice and technology.
- 6.2 Written protocols for safe patient management should be established. A senior anaesthesiologist¹ must be designated to be responsible for the medical aspects of these policies by the hospital.
- 6.3 A written routine for checking equipment and drugs must be established.
- 6.4 Patient observations should be recorded at appropriate intervals and should include at least, level of consciousness, colour, respiration, pulse

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- 6.5 Monitoring by pulse oximetry should be available for all patients admitted to the area.
- 6.6 All patients should remain in the recovery area until they are considered safe to be discharged from the area.
- 6.7 The anaesthesiologist responsible for the patient should: -
 - 6.6.1 Accompany the patient to the recovery area and remain until the patient is deemed safe to be left in the care of the recovery area staff.
 - 6.6.2 Adequately hand over and provide written and verbal instructions to the recovery area staff.
 - 6.6.3 Be responsible for the supervision of the recovery period and the authorisation of the patient's discharge. Where it is necessary to delegate this responsibility to another anaesthesiologist, the latter should be fully informed of the clinical state of the patient.
- 6.8 The practitioner responsible for the patient should be available to consult with the anaesthesiologist during the recovery period should the need arise; and where appropriate, authorise the discharge of the patient from the recovery area.

¹ A senior anaesthesiologist is one who holds a higher qualification in anaesthesia recognised by the Hong Kong College of Anaesthesiologists and has a minimum of six years of postgraduate experience in anaesthesia.