

The Post Anesthesia Care Unit Rotation

Residents will be assigned to PACU for two weeks, in the second six months of the CA1 year. This is separate from the assignment to the Acute Pain Service, although for practical reasons the Acute Pain resident and the PACU resident may cooperate in the management of post operative patients.

The PACU resident has no other clinical responsibilities (other than the code pager) and will be available to the PACU nurses throughout the working day for consultation. The PACU residents will be expected to be familiar with each of the patients as soon as possible after their arrival in the PACU and to be the first physician point of contact when patient recovery issues arise. These include, but are not exclusive to, hemodynamic instability, respiratory distress, delayed awakening or agitation. He or she may also be consulted on pain issues in the absence of the Acute Pain resident.

The resident will be involved in the assessment of the patients' readiness for discharge from the PACU and may sign patients out on the PACU nursing charts. For billing purposes, an attending has to sign patients out on the anesthesia chart.

A faculty attending is assigned to the PACU daily, with decreased OR responsibilities and is available to supervise and instruct in the appropriate management of post operative patients.

A syllabus pertaining to the clinical and management of post-anesthesia care is presented to the resident at the start of the rotation and informal discussions occur throughout the day when management issues arise. Residents are advised to use the syllabus as a check list to ensure adequate coverage of all topics in their study or discussions with faculty.

Education objectives of the PACU rotation

1. The resident will understand aspects of PACU management including the unit's location, design, staffing, equipment and its access to other support services such as the laboratory and X ray.
2. The resident will be able to discuss how the above issues contribute to the safe and efficient use of the PACU and hospital resources in general.
3. The resident will understand the American Society of Anesthesiologists' 1994 Standards for Post-anesthesia Care.
4. The resident will understand the factors that influence the rate and quality of a patient's recovery from anesthesia. In particular he or she will be able to identify factors that allow for the safe and comfortable discharge of patients in the ambulatory setting.
5. The resident will be able to receive a patient report from an anesthetic colleague or other health care professional, rapidly identify the specific risks that pertain to that patient and to formulate a clinical management plan.
6. The resident will understand discharge criteria as they apply in their institution. This includes an appreciation of the variation in requirements for discharging patients to a critical care unit, a high or low dependency ward or to the community.
7. The resident will be able to advise out-patients on their limitation post-anesthesia, including but not exclusive to driving or operating machinery.
8. The resident will be able to identify, diagnose, and initiate the management of the following complications that occur in the immediate post-operative setting.
 - A. Airway Obstruction
 - B. Respiratory insufficiency
 - i Hypoxemia
 - ii Hypoventilation
 - iii Intrapulmonary shunt
 - iv Pulmonary aspiration
 - v Pneumo and hemothorax
 - vi Pulmonary edema
 - vii Respiratory arrest
 - C. Hemodynamic instability
 - i Hypertension
 - ii Hypotension
 - iii Dysrhythmias
 - iv Myocardial ischemia
 - v Cardiac arrest

- D. Neurological complications
 - i Delayed awakening
 - ii Anxiety, agitation and delirium
 - ii Pain
 - iv Focal neurological deficit
 - v Convulsions

- E. Persistent neuromuscular blockade

- F. Temperature
 - i Hypothermia
 - ii Hyperthermia
 - iii Shivering

- G. Post-operative nausea and vomiting

- H. Bleeding and coagulopathies

- I. Oliguria and anuria
 - i Hypovolemia
 - ii Low cardiac output
 - iii Urinary obstruction

- J. Electrolyte abnormalities

- K. Complications of regional/local anesthesia
 - i Local anesthetic toxicity
 - ii Total spinal block
 - iii Persistent regional block

- L. Anaphylaxis