

❖ SUMMARY of POST-ANESTHETIC CARE (PAC) .

Maintenance of anesthesia, emergence, and postoperative care are parts of the continuous peri-operative care of a patient.

- ❖ During pt **transfer** to PACU : maintain stability (ABC) and monitoring including oxymeter ,and O2 supply
- ❖ at arrival to PACU(well equipped unit) :
 - ✓ **check (&record)** stability (ABC / vital signs) and keep Pt. warm
 - ✓ **Be alert for** immediate post-op complications: pain, PONV, temperature instability, Upper airway obstruction, post-extubation croup, blunt the respiratory drive, cardiac arrests ,Dysrhythmias! , hypotension! and post-obstructive pulmonary edema (POPE).
 - ✓ **anesthesiologist must** give appropriate handover to competent PACU staff . write post-op note and decide **when** to discharge from PACU and **to where**
 - ✓ **discharge from PACU** to hospital ward(if steadily stable .)
 - ✓ **discharge from PACU to PICU** (if unstable or with potential risk of instability)
- ❖ at arrival to PICU :
 - ✓ **check** stability (ABC including vital signs) & keep Pt. warm
 - ✓ **Be alert for** immediate post-op complications (see above)
 - ✓ **recorded all** the above mentioned and also the description of arrival state (consciousness , ETI, O2 supply ,)

Prepared by: Dr.zaineb Alshawesh

Revised

by : Dr.Donia ??

ANESTHESIOLOGIST
CONSULTANT **ANESTHESIOLOGIST**

Management of immediate post-op complications in PACU & PICU

"**anticipation** and **prevention** are worthwhile - when applicable "

❖ **Post-op pain** :

- ✓ regular acetaminophen or NSAID (PO or PR) and
- ✓ if needed opiate(morphine or fentanyl)

❖ **Post operative nausea and vomiting (PONV)**

- ✓ **prophylaxis**, IV serotonin (5-HT3) receptor antagonist, such as ondansetron (0.1 to 0.15 mg/kg) and granisetron (0.04 mg/kg) or a small dose of dexamethasone (0.2 to 0.5 mg/kg), with or without ondansetron, is also effective.
- ✓ For those patients for whom previous drugs fails, **treat** with antiemetic drugs that work via other mechanisms like diphenhydramine (0.5 mg/kg), or perphenazine (70 mcg/kg).

❖ **Agitation** (emergence delirium):

- ✓ small dose analgesia e.g. fentanyl or sedative e.g. midazolam

❖ **Post-intubation Croup** :

- ✓ correct the neck **position**, **clear** airway , humidified - warm **mist**
- ✓ according the severity :**adrenaline** nebulizer and **steroid** may added

❖ post-obstructive pulmonary edema (POPE) :

- ✓ O2 supply and semi-sitting position
- ✓ single dose diuretic (e.g. furosemide), and restriction of IVF
- ✓ CPAP may be needed and rarely MV with moderate PEEP

(with sedation and morphine)

❖ **Urinary retention** :

- ✓ early ambulation , and gentle compression of lower abdomen
- ✓ rarely may need catheterization

❖ **Apnea** (including apnea of Prematurity) :

- ✓ check & treat the reversible **cause** : hypoglycemia,
- ✓ **support** breathing (non-invasive or invasive)

Prepared by: Dr.zaineb Alshawesh
by : Dr.Donia ??

Revised

ANESTHESIOLOGIST
CONSULTANT **ANESTHESIOLOGIST**