

**ALERT!****ALLERGIES:** Antibiotics Pain Medications Contrast Media
 Others**POST ANESTHESIA CARE UNIT (PACU)**
Hand-over and Admission Checklist (Page 1 of 2)**PATIENT DETAILS**

Name (Last/First/MI)		DOB (M/D/Y)	Case No.:	Service	<input type="checkbox"/> In-patient <input type="checkbox"/> Out-patient	<input type="checkbox"/> Elective <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent
Sex:	Age:	Birthdate:	Rm/Ward			
Surgeon/s:		Anesthesiologist/s:		Scrub Nurse/s:		

(Check appropriate box)

Precautions: <input type="checkbox"/> Standard <input type="checkbox"/> Airborne <input type="checkbox"/> Aerosol <input type="checkbox"/> Contact <input type="checkbox"/> Fall <input type="checkbox"/> Positioning Other _____	Co-morbidities (Medical diagnosis) _____ Preoperative Risk Assessment: ASA PS : _____ RSRI _____ NSQIP Score _____	Postoperative/procedure Plans: <input type="checkbox"/> Routine PACU care <input type="checkbox"/> High dependency care <input type="checkbox"/> Critical care <input type="checkbox"/> Parental presence <input type="checkbox"/> Others _____ Diagnostic/Laboratory tests: <input type="checkbox"/> X-ray/CT <input type="checkbox"/> CBC, PC <input type="checkbox"/> Electrolytes <input type="checkbox"/> ABG <input type="checkbox"/> PT,PTT, INR <input type="checkbox"/> Urine <input type="checkbox"/> Specimen Others _____	Intraoperative Events: Surgery/Procedure <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____ Anesthesia event: <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____
Type of Anesthesia : <input type="checkbox"/> GA (ET/LMA/MASK) <input type="checkbox"/> RA Spinal Epidural Nerve Block <input type="checkbox"/> MAC/Sedation <input type="checkbox"/> Combined (specify) _____	Peripheral IV line (site and size) <input type="checkbox"/> UE (R) (L) _____ <input type="checkbox"/> LE (R) (L) _____	Additional monitors/ devices; <input type="checkbox"/> Central Line (site/size) _____ <input type="checkbox"/> Intra-arterial catheter (site/gauge) _____ <input type="checkbox"/> Epidural catheter (site/gauge) _____ <input type="checkbox"/> Nerve block (site and type) _____ <input type="checkbox"/> PCA: IV (site: _____) RA (site: _____) <input type="checkbox"/> Pacemaker (PPI/TPI) <input type="checkbox"/> AID <input type="checkbox"/> IABP Other: _____	Endorsed by: _____ Name/Signature/Date and Time Received by: _____ Name/Signature/Date and Time Nurse-on-duty: _____ Name/Signature/Date and Time PACU Resident-on-duty: _____ Name/Signature/Date and Time
Informed Consent Obtained: <input type="checkbox"/> Surgery/procedure <input type="checkbox"/> Anesthesia <input type="checkbox"/> Blood transfusion <input type="checkbox"/> Data Privacy Others _____	Central line (site and size) _____ IV Fluids (Type/site/rate) 1) _____ 2) _____ 3) _____ 4) _____ Blood transfusion (specify) Type _____ Rate _____		
Documents Checked (completed and signed) <input type="checkbox"/> Cover page <input type="checkbox"/> Patient Info <input type="checkbox"/> Consent forms <input type="checkbox"/> Operative forms <input type="checkbox"/> Anesthesia record <input type="checkbox"/> Order sheet <input type="checkbox"/> Philhealth forms Others: _____	Medications: (name/dose/route/du) Antibiotics: 1. _____ 2. _____ 3. _____ Analgesics: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Others: 1. _____ 2. _____ 3. _____	Maintenance: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 4. _____ 5. _____ 6. _____	Height (cm) _____ Weight (kg) _____ BMI _____ Transcut Vital Signs: BP ____/____mmHg HR ____/min RR ____/min SPO2 ____% Temperature ____C Level of consciousness: _____ Pain Score _____ Total Input: _____ ml • Blood products _____ ml • Crystalloid _____ ml • Colloid _____ ml • Others _____ ml Total Output _____ ml • Estimated blood loss _____ ml • Urine output _____ ml • Losses _____ ml • Others _____ ml



POST ANESTHESIA CARE UNIT (PACU)

Hand-over and Admission Checklist (Page 2 of 2)



- All patients who have received anesthesia care must meet the physiological criteria for the safe discharge from the PACU using the Post Anesthesia Recovery Scoring System (PAS) [Modified Aldrete Scoring System]
- Patients must score 10 out of a possible 12 PAS score for transfer or discharge
- Assessment may be performed every 30 min upon admission to the PACU once patient is considered ready for discharge

(Encircle appropriate score and tick appropriate box)

CRITERIA & SCORING SYSTEM		DISCHARGE TO ROOM/WARD	DISCHARGE TO HOME
TIME OF ASSESSMENT: _____			
2 1 0	CONSCIOUSNESS Able to answer questions and call for assistance or at the same level of consciousness preoperatively, if with altered level of consciousness before surgery	<input type="checkbox"/> Minimum score of 1 in this category before discharge <input type="checkbox"/> A score of 0 is acceptable for discharge to the ICU	<input type="checkbox"/> Patient is awake, alert, responds to commands appropriate to age, or has returned to pre-procedure status. <input type="checkbox"/> Able to ambulate with minimal assistance or at pre-procedure level.
	The patient is drowsy but responds easily to verbal commands.		
	NO response to verbal commands. Painful stimulation is not employed to elicit a response		
2 1 0	RESPIRATION The patient is able to breathe deeply and cough.	<input type="checkbox"/> Minimum score of 2 must be maintained for a minimum of 30 min before discharge <input type="checkbox"/> A score of 0 is acceptable for discharge to the ICU	<input type="checkbox"/> Breathing even and unlabored. <input type="checkbox"/> Respiratory rate greater than 10 and less than 30 for adults, and age-appropriate for pediatric patients
	1 POINT: Dyspnea or with difficulty breathing and clearing secretions or requires support to maintain airway patency.		
	0 POINT: The patient is apneic or requires assisted ventilation		
2 1 0	BLOOD PRESSURE Blood pressure (systolic or MAP) reading is (+) or (-) 20mm Hg of the pre-anesthetic level.	<input type="checkbox"/> Systolic BP <90mmHg, or systolic BP >200mmHg. <input type="checkbox"/> BP other than their baseline pre-anesthetic BP must be evaluated prior to discharge. <input type="checkbox"/> A minimum score of 1 and maintained for at least 3 consecutive readings at 15-min intervals before discharge.	<input type="checkbox"/> Able to sit in an upright position without signs and symptoms of orthostatic hypotension. <input type="checkbox"/> BP +/- 20 Hg mm of pre-procedure range or within patient's stated normal range. <input type="checkbox"/> No active bleeding
	Blood pressure (systolic or MAP) reading is (+) or (-) >20-35mmHg of the pre-anesthetic level.		
	Blood pressure (systolic or MAP) reading is greater than (+) or (-) 35-50mmHg of the pre-anesthetic level		
2 1 0	HEART RATE Heart rate is (+) or (-) 20 beats/minute of the pre-anesthetic level.	<input type="checkbox"/> Heart rate of <50 beats/min, >110 beats/min, or if cardiac rhythm other than baseline pre-anesthetic must be evaluated prior to discharge. <input type="checkbox"/> A score of 1 or higher and maintained for 3 consecutive measurement at 15min intervals before discharge	
	Heart rate is (+) or (-) 20-35 beats/minute of the pre-anesthetic level.		
	Heart rate is (+) or (-) 35-50 beats/minute of the pre-anesthetic level		
2 1 0	OXYGEN SATURATION SpO2 meets or exceeds the anesthesiologist's parameters on room air	<input type="checkbox"/> A score of 1 or higher must be achieved before discharge.	<input type="checkbox"/> SpO2 greater than 95% or pre-procedure baseline on room air for 30 minutes without airway support.
	SpO2 meets or exceeds the anesthesiologist's parameters on supplemental O2.		
	SpO2 level as established by the anesthesiologist cannot be maintained.		
2 1 0	ACTIVITY Patient is able to move all 4 extremities on command, or motor activity has returned to the patient's preoperative status (if a deficit exists).	<input type="checkbox"/> A score of 2 before discharge unless specified in writing by the anesthesiologist. <input type="checkbox"/> For patients with regional nerve block, a score of 3 may be acceptable with discharge order by Anesthesia.	<input type="checkbox"/> Able to void if patient had spinal or epidural anesthesia, or use of contrast media. <input type="checkbox"/> Patients that have received spinal or epidural anesthesia must be able to bend knees and lift buttock
	Patient is able to move only 3 extremities.		
	Patient is able to move only 2 extremities.		
2 0	PAIN SCORE Document the pain scale, using the appropriate scoring scale for the patient (NRS, FLACC score)	<input type="checkbox"/> The pain level is assessed at rest, using the appropriate scoring (patient's status). <input type="checkbox"/> Pain score must decrease from the level upon admission to PACU and/or return to pre-operative level or patient states adequate control while at rest.	<input type="checkbox"/> Pain score at rest is < 4 or at pre-procedure level at rest and patient states adequate pain control <input type="checkbox"/> No IV opioids or sedatives given within 30 minutes, IM within 1 hour.
	TOTAL SCORE: _____		

For patients on regional anesthesia: <input type="checkbox"/> For patients who received neuraxial anesthesia: full return of sensory and motor function of lower extremities and able to stand and walk with minimal assistance. <input type="checkbox"/> For patients who received upper arm regional block: an arm sling is applied prior to return of full sensory and motor control. <input type="checkbox"/> For patients who received lower extremity block: given crutches and instructed to non-weight bearing activity until full sensory and motor control has returned	Other Endorsements: <input type="checkbox"/> Temperature between >35.5C and <38.5C or preoperative baseline <input type="checkbox"/> Patient is not actively vomiting and nausea is mild in severity <input type="checkbox"/> IV/ saline lock is discontinued unless ordered to continue <input type="checkbox"/> Patients who received reversal drugs (for sedative, opioid, NMB) should be monitored for 30 min from last dose of reversal prior to discharge	<input type="checkbox"/> A responsible adult to accompany the patient home and an individual remains available for the first 24 hours. <input type="checkbox"/> Discharge medication prescriptions are given with instructions given to companion <input type="checkbox"/> Patient is informed that the staff will make a post-operative round or telephone call within 72 h of procedure, unless specified differently or per patient's request.
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POST ANESTHESIA CARE UNIT (PACU) Assessment Scales



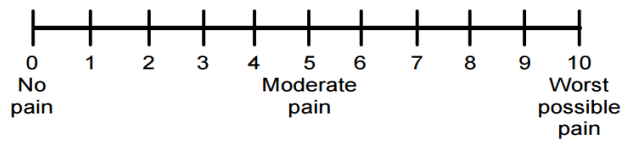
BROMAGE SCORE

GRADE	CRITERIA	DEGREE OF BLOCK
I	Free movement of legs and feet	Nil (0)
II	Able to flex the knees with free movement of the feet	Partial (33)
III	Unable to flex knees but with free movement of the feet	Almost complete (66)
IV	Unable to move legs or feet	Complete (100)

FLACC SCORE

Criteria	0	1	2
FACE	No facial expression	Occasional Grimace or frown	Frequent Quivering/Clenched jaw
LEG	N position, relaxed	Uneasy, restless	Kicking or Legs drawn up
ACTIVITY	Lying quietly Moves easily	Squirming Shifting Back & forth	Arched, Rigid, jerking
CRY	No cry	Moans, whimpers	Crying steadily
CONSOLABILITY	Content/relaxed	Reassured By touch	Difficult To console

NUMERICAL PAIN SCALE



ICU DELIRIUM SCREENING CHECKLIST

Altered level of consciousness	1
Inattention	1
Disorientation	1
Hallucinations	0
Psychomotor agitation or retardation	1
Inappropriate speech	0
Sleep/wake cycle disturbance	1
Symptom fluctuation	1

0 = Normal, 1-3 = subsyndromal delirium, ≥ 4 = delirium

RAMSAY SEDATION SCORE (TO BE USED FOR OUTPATIENTS)

RESPONSE	SCORE
Awake, anxious, agitated, restless	1
Awake, cooperative, accepting ventilation, oriented, tranquil	2
Awake, responds only to command	3
Asleep, brisk response to light glabella tap or loud noise	4
Asleep, sluggish response to light glabella tap or loud noise	5
Asleep, no response to light glabella tap or loud noise	6

RICHMOND AGITATION AND SEDATION SCALE (RASS) (TO BE USED FOR INPATIENTS)

Score	Classification	RASS
+4	Combative	Overtly combative or violent; immediate danger to staff
+3	Very agitated	Pulls on or removes tube/s or has aggressive behavior towards staff
+2	Agitated	Frequent non-purposeful movement or patient ventilator dyssynchrony
+1	Restless	Anxious or apprehensive but movements are not aggressive or vigorous
0	Alert and calm	Spontaneously pays attention to caregiver
-1	Drowsy	Not fully alert, but has sustained (more than 10 seconds) awakening with eye contact, to voice
-2	Light sedation	Briefly (less than 10 seconds) awakens with eye contact to voice
-3	Moderate sedation	Any movement (but no eye contact) to voice
-4	Deep sedation	No response to voice, but any movement to physical stimulation
-5	Unarousable	No response to voice or physical stimulation

ENDORSEMENT NOTES:

- Epidural/peripheral nerve catheter in place
- Intrathecal/epidural morphine precautions
- Bleeding precautions
- Others: (use space provided)

Assessed by:	Nurse In-Charge	PACU Resident On-Duty
(Name/signature/date & time)	(Name/signature/date & time)	Name/signature/date & time)