



## PACU: Goals and Objectives

### Goals

- 1. CA1-2 residents are assigned to the PACU for 1 month to develop competency in managing common problems encountered by anesthesiologists in the PACU setting.**
- 2. The ability to independently practice as a PACU anesthesia consultant is the expected outcome of this rotation.**

### Objectives

#### 1. Patient Care

- Diagnose and treat acute pain using the following modalities (see acute pain G&O)
  - Parenteral opiates
  - IV
  - PCA
  - Non-opiate analgesics
  - Regional anesthetic techniques
- Diagnose and treat nausea and vomiting
- Evaluate and manage postoperative respiratory problems due to
  - postoperative hypoventilation
  - upper airway obstruction
  - reactive airway disease
  - gas exchange abnormalities
- Diagnose and manage the following postoperative cardiac arrhythmias
  - atrial fibrillation
  - ventricular tachycardia
  - ventricular fibrillation
  - sinus bradycardia
  - sinus tachycardia
- Diagnose and manage chest pain in the PACU due to
  - acute coronary syndrome
  - pulmonary embolism
- Diagnose and manage hypotension in the PACU
- Diagnose and treat hypertension in the PACU
- Diagnose and treat dementia in the PACU
- Diagnose and treat oliguria
- Perform the following technical skills
  - Interpret post operative chest x-ray
  - Interpret postoperative ECG
  - Write orders for post-operative pain management
  - Set-up an epidural infusion pump

- v. Demonstrate an emergency airway management technique
- vi. Become certified or show proof of ACLS certification

## **2. Medical Knowledge**

- a. Reading Assignments: Miller Chapters 68, 69
- b. Specific Cognitive Objectives
  - i. List four causes of postoperative hypertension
  - ii. List the mechanism of action, dose, mode of elimination, side effects, and contraindications of the following antihypertensive medications
    - 1. Nitroprusside
    - 2. Nitroglycerin
    - 3. Labetalol
    - 4. Nicardipine
    - 5. Enalaprilat
    - 6. Fenoldopam
    - 7. Hydralazine
  - iii. Define the anatomic pathways involved in postoperative nausea and vomiting
  - iv. Define the pathophysiology of postoperative nausea and vomiting
  - v. List the mechanism of action, starting dose, maximum dose, side effects, and contraindications of the following medications
    - 1. ondansetron
    - 2. granisetron
    - 3. droperidol
    - 4. chlorpromazine
    - 5. phenergan

## **3. Interpersonal and Communication Skills**

- a. Establish and maintain professional relationships with the PACU patients, their families and the nursing staff involved with their care.
- b. Identify the special needs of the post surgical patient in dealing with the critical nature of their condition.
- c. Identify the special needs of patients who may have difficulty or be unable to communicate with their caregivers.

## **4. Practice-Based learning and Improvement**

- a. Describe an evidenced-based approach to the treatment of postoperative nausea and vomiting
- b. Describe an evidence-based approach to the treatment of postoperative shivering

## **5. Professionalism**

- a. Demonstrate an ethical approach to managing post-operative pain
- b. Respond to calls for assistance in a timely manner

## **6. Systems-based Practice**

- a. Participate in the nursing assessment of patient's condition on arrival to recovery room using the Aldrete scoring system
- b. Evaluate patients for discharge from the PACU using the Aldrete scoring system
- c. Describe the difference between phase i and phase 2 recovery from anesthesia
- d. Identify patients who are candidates for "fast tracking"

e. Identify procedures that should be considered for "fast tracking"