



RCNIC MANUAL

NUMBER: **V-1.03**

PAGE: **1 of 3**

DATE OF ORIGINAL:

DATE OF REVIEW: **1/08**

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SUBJECT: Standard of Care: Post-Operative Standards for Patient in the RCNIC

APPROVAL

Based on American Society of PeriAnesthesia Nurses (ASPAN) 2006-2008 Standards of Perianesthesia Nursing Practice

RCNIC patients are recovered post-anesthesia in the RCNIC by the RCNIC staff. The professional perianesthesia nursing roles during the post-operative phase focus on providing postanesthesia nursing care to the patient in the immediate postanesthesia period and providing ongoing care for that patient as dictated by patient acuity/needs and intensity of nursing care, including transition from operative phase to extended observation/intervention phase (ASPAN, 2006).

Outcome Criteria:

Staffing patterns reflect adequate number of professional nursing staff with appropriate competencies to provide safe, quality nursing care (ASPAN, 2006).

Process Criteria:

STAFFING Guidelines/Recommendations (ASPAN, 2006):

Staff RN's providing care for patients during the postanesthesia phase will maintain current Neonatal Resuscitation Provider status.

A. 1 nurse:2 patient Staffing for patients-

- who are conscious, stable, and free of complications

B. 1 nurse:1 patient Staffing for patients-

- at the time of admission to the RCNIC from the OR post procedure, until the critical elements are met.
- requiring mechanical life support and/or artificial airway.
- who are unconscious.
- who are unstable
- a second nurse must be available to assist as necessary.

C. Critical elements can be defined as (ASPAN., 2006)-

- Patient has a patent airway and respiratory status is stable
- Initial assessment is complete
- Patient is hemodynamically stable
- Safe Handoff process and report has been completed from OR/anesthesia team to RCNIC Care Team.



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Outcome Criteria:

The perianesthesia patient is systematically and continuously assessed, safely “handed-off from OR team to RCNIC team”, and an individualized plan of care will be developed based on the patient’s needs and assessment (ASPAN, 2006).

Process Criteria:

VITAL SIGNS AND ASSESSMENT-

Refer to Nursing Standard of Care for the Perioperative Patient (CCHMC) and Safe Handoff Standards, RCNIC Policy I-1.21 Thermoregulation, RCNIC Standard of Care for the RCNIC Patient V-1.01.

A. Initial TPR and blood pressure, airway patency, and in-depth head to toe assessment must be taken upon admission to the RCNIC from the OR. Initial assessment and documentation should include, but not limited to (ASPAN, 2006):

- TPR and blood pressure, including all hemodynamic pressure readings (such as central venous, arterial, intracranial pressure, intrabdominal/bladder pressure)
- Assess for signs and symptoms of hypothermia
- NIPS score at the time of rest and during activity/stimulation/care interventions
- Airway patency, type of artificial airway, mechanical ventilator settings, oxygen saturations
- Position of patient
- Patient safety needs
- Neurological function to include level of consciousness, including papillary response as indicated
- Sensory and motor function
- Condition and color of skin, including in-depth skin assessment scores
- Condition of any dressings and visible incisions
- Type, patency, and securement of drainage tubes, catheters, and resepectacles
- Fluid therapy: location of lines, condition of IV/central catheter sites (visual and manual assessment of all IV/central catheter sites), IV pump pressures, and amount of solution infusing
- Intake and output
- Procedure specific assessment (i.e. firmness of abdomen)
- Parental and family presence, support, interactions, and concerns

B. Follow-up TPR , blood pressure, and NIPS should be taken as follows-

1. Every 15 minutes X 4 (during the first post-operative hour)
2. Every 30 minutes X 2 (during the second post-operative hour)
3. Then every 1 hour until they meet the following criteria:
 - i. Adequate respiratory function, including airway patency and acceptable O2 saturations
 - ii. Stability of vital signs and blood pressure as compared to pre-op/baseline; patient is normothermic with temperature maintained between 36.0°C and 37.0°C axillary
 - iii. Stability of hemodynamic and cardiac status



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- iv. Adequate pain control -NIPS 0-2 (refer to RCNIC Post-Operative Pain Guideline IV-1.02)
 - Assess and document NIPS score with vital signs
- v. Acceptable skin color and perfusion-cap refill is ≤ 3 seconds, bilateral peripheral pulses are palpable as compared to baseline, skin is pink, dry, and warm as compared to baseline
 - vi. Acceptable level of consciousness as compared to baseline
 - assess neurological status as indicated
 - infant is awake and alert, quiet alert, or drowsy /sleepy but easily arousable unless other acceptable factors exist such as heavy sedation, medically-necessitated paralysis, or pre- existing conditions
- vi. Urine output is $>2\text{ml/kg/hr}$
 - Monitor strict I's & O's at least 8 hours post-operative, including any drainage, blood loss, and output from drainage tubes. Notify MD/NNP if u/o $<2\text{ml/kg/hr}$ X 4 hours
- vii. Assess behavioral cues to identify and respond to babies needs appropriately and in a timely manner.

C. Document nursing actions and/or intervention with outcome.

Outcome Criteria: Patient will demonstrate an acceptable level of comfort.

Process Criteria:

COMFORT CONSIDERATIONS-

To incorporate into post-operative care

- Optimize environment to support baby's rest and recovery.
- Assign roles for caregivers to minimize staff at bedside.
- Protect baby's eyes from bright lights.
- Maintain whisper level and reduce environmental noise according to AAP guidelines. Consider use of sound machine (heartbeat) for calming.
- Provide optimal positioning with supportive bedding.
- Family support at bedside as soon as possible (provide screen if needed).
 - Assess family strengths and provide support as needed.
 - Guide family to use soft familiar voice, slow gentle touch and hand containment for calming.

C. Return to the Standard of Care of the RCNIC Patient is resumed once the above criteria are met.
See RCNIC Standard of Care for the RCNIC Patient.

REFERENCES

- CCHMC, RCNIC Policies and Procedures, Standard of Care for the RCNIC Patient CCHMC, RCNIC, Developmental Care Guidelines (2004)
- American Society of PeriAnesthesia Nurse (ASPAN), (2006). Standards of PeriAnesthesia Nursing Practice. CherryHill, NJ: American Society of PeriAnesthesia Nurses.