

PATIENT NAME

ALLERGIES: _____

ANESTHESIA PACU PROTOCOL	RN Int.
Respiratory <ol style="list-style-type: none"> 1. Use mask or nasal oxygen @ 2-7 L/min until patient clinically stable; then discontinue 2. If patient has nasal or oral airway, discontinue when patient is alert 	
Nausea and Vomiting (Rule out pain and hypotension as cause) <ol style="list-style-type: none"> 1. Ondansetron 4 mg IVP x 1 2. Hydroxyzine 25-50 mg IM x 1 3. Dexamethasone 10 mg IVP x 1 4. Call anesthesia if nausea persists 	
Hypertension <ol style="list-style-type: none"> 1. If systolic >160 or diastolic >100 for more than 5 minutes; <ol style="list-style-type: none"> a. Labetalol 5 mg IV repeat x 1 if no change (do NOT give if history of asthma/COPD) b. Hydralazine 10 mg IVP x 1; call if B/P not within guidelines 	
Hypotension <ol style="list-style-type: none"> 1. Place patient in supine position and give 500 cc I.V. crystalloid bolus 2. Recheck B/P; if patient has bradycardia (<50 beats/min) give Atropine 0.4 mg IVP 3. Call anesthesia 	
Pain (Based upon the patient's expressed pain, may be given per PACU R.N.) <ol style="list-style-type: none"> 1. Fentanyl 25-50 mcg IV; maximum dose 100mcg 2. Morphine 2.5-5 mg IV; maximum dose 10 mg 3. Nalbuphine 10 mg IV x 1 	
Diabetes-ALL diabetic patients must have accucheck upon arrival to PACU; results to anesthesia	
Discharge-All patients can be discharged from the facility after achieving an Aldrete score 9 or greater	
<p>_____</p> <p>Anesthesia Signature</p>	<p>Date: _____</p> <p>_____</p> <p>Physician Signature</p>