

DEPARTMENT OF THE ARMY
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER
6900 Georgia Avenue, NW
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CC-1

11 August 2005

Post-Operative Patient Transfer

1. PURPOSE. To provide guidelines for transfer of patients from the Post-Anesthesia Care Unit (PACU), Short Stay Units, or Ambulatory Patient Visit (APV) units.

2. SCOPE. This policy applies to all nursing personnel.

3. REFERENCES.

- a. American Nurses Association, Scope and Standards of Practice, 2004.
- b. Joint Commission on Accreditation of Healthcare Organization, 2005 Hospital Accreditation Standards, 2005.
- c. The American Society for Perianesthesia Nursing Standards of Care, 2000.
- d. Post Anesthesia Care Unit. Quinn, D. D., & Schick, L. Perianesthesia Core Curriculum, Elsevier, 2004.
- e. WRAMC Pam 40-16, Policy for Sedation and Analgesia, 1 April 2005.

4. RESPONSIBILITIES.

a. PACU/APV Staff: Notifies the receiving unit of patient's diagnosis/procedure, condition, and expected arrival time on the ward. Transfers the patient.

b. Receiving ward staff: Receives patient status report from transferring unit. Ensures bed readiness and availability. Communicates when appropriate to the oncoming shift staff or current team leader of the patient's condition and expected arrival time. Receives the patient and assists in transfers to the patient's bed.

5. PROCEDURE.

a. Telephone Report

1) PACU/APV Staff: The PACU/APV Staff will telephone the receiving ward when the patient meets PACU/APV discharge criteria in accordance with WRAMC Pam

This publication supersedes NPOL CC-1 dated 22 July 2002.

40-16, Policy for Sedation and Anesthesia (see Appendix A) and give report to the nurse who will receive the patient. The PACU/APV staff will record the name of the nursing staff who received the report in the transfer note.

2) Ward Staff: The nurse assigned to the patient takes report from the PACU/APV. If the nurse is unavailable, another RN/LPN may take the report and initiate actions to receive the patient.

b. Holding Procedures

1) Overnight Recovery Patients: The PACU RN/LPN telephones report to the receiving unit. The PACU staff must notify the receiving ward of any special equipment needed. The PACU staff will transport patients starting at 0530. In the event the day shift staff is still in report, the night shift staff on the receiving unit will accept the patient.

2) Change of shift: Between the hours of 1445 – 1515, 1900 – 1930, and 2245 – 2315 Monday-Friday, delays in post-operative patient transfers from the PACU to receiving units may occur when space availability in the PACU is not compromised. If this “lock-out” time forces the Operating Room to go on “hold” status, the receiving unit will not refuse/deny admission when bed is available. When this occurs, the PACU Charge Nurse will notify the receiving unit’s Charge Nurse, Head Nurse and Section Supervisor that the transfer will occur without delay.

3) The PACU staff will telephone a report prior to the holding period and then send the patient after the holding period. The receiving ward staff member who takes the telephonic report will notify the oncoming shift of the expected arrival and accept the patient in the event the oncoming shift is not finished with report before the patient arrives. If the PACU becomes full during the 30 minute holding period, transfers during shift change will be necessary. In this event, PACU staff will coordinate with the receiving ward staff, Charge Nurse, Head Nurse, or Nursing Supervisor. Change of shift holding time for Phase II is 1300 to 1330.

4) Delayed transfers: The PACU/APV staff will contact the receiving ward if the patient transport time is expected to exceed 30 minutes from the time of the telephone report.

5) Patients from Ward 54 who received electro-convulsive therapy will be transferred back to the ward by a psychiatry ward staff member.

6) During the evening and night shifts, the receiving ward will coordinate with the PACU staff and the receiving ward will send staff to transfer the patient.

c. Requests from receiving ward to delay transfer: Receiving ward Charge Nurse will coordinate transfer delays with the PACU/APV staff in the event that the receiving unit is unable to receive the patient on schedule (e.g. REDBIRD in progress on receiving ward, receipt of several simultaneous trauma patients from the ER, or

simultaneous receipt of multiple post-op patients from other post-op areas). The PACU/APV will accommodate such requests for short delays as much as possible. The receiving wards will keep delay requests to a minimum.

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COL, AN
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Appendix A

Discharge Criteria for Transfer from PACU/APV Areas

The licensed independent practitioner (LIP) will discharge the patient from the recovery area utilizing the Post-Anesthesia Recovery Score (PARS) system which is described in WRAMC Pam 40-16: Policy for Sedation and Analgesia, 1 April 2005.

The patient must have a PARS of 10 or demonstrate return to their baseline function prior to discharge.

The PARS system is shown in the following table:

PAR Scoring System		
Category	Score	Description
Activity	2	Moves extremities
	1	Moves one or two extremities
	0	Moves no extremities
Respiration	2	Able to breathe and cough freely
	1	Dyspnea or distressed breathing
	0	Apnea
Circulation	2	BP +1- less than 20% of pre-sedation
	1	BP +1- 20 to 40% of pre-sedation value
	0	BP +1- more than 40% of pre-sedation
Color	2	Pink or normal
	1	Pale or dusky
	0	Cyanosis
Consciousness	2	Fully awake
	1	Arousable
	0	Not arousable