

SECTION V**GUIDELINES FOR THE CARE OF PATIENTS RECOVERING FROM ANAESTHESIA****GENERAL PRINCIPLES**

1. Recovery from anaesthesia must take place under appropriate supervision in an area designed for this purpose.
2. This area should be either in the theatre itself or close to where the anaesthetic was administered.
3. The staff working in this area must be appropriately trained. When the need arises the staff must be able to contact the anaesthesiologist or his/her designate promptly.
4. It is desirable for patients to have regained consciousness and be in a stable state before they are transported any distance.
5. If patients have to be transported within and from the operating suite while not fully recovered, they must be on a suitably designed trolley/bed capable of head-down tilt. The bed or trolley should be provided with oxygen, a means of inflating the patient's lungs, equipment for suctioning and an appropriate monitor. They must be accompanied by staff able to deal with the problems that may occur during transport.

OPERATING SUITE RECOVERY ROOMS**1. Design features**

- 1.1 The area should be part of the operating suite.
- 1.2 The number of bed/trolley spaces must be sufficient for expected peak loads and there should be not less than 1.5 spaces per operating room.
- 1.3 The space allocated per bed/trolley should be 9 to 12 square metres. There must be easy access to the head of the patient.
- 1.4 Space must also be provided for a nursing station, storage of clean linen, equipment and drugs, and a utility room.
- 1.5 Each bed must be provided with :
 - 1.5.1 An oxygen outlet
 - 1.5.2 Two general power outlets
 - 1.5.3 Adequate lighting of the correct colour balance
 - 1.5.4 Appropriate facilities for mounting and/or storing the necessary equipment, and for the patient's chart
 - 1.5.5 Medical suction complying with relevant national standards Refer Section IV paragraph 3.3.7
- 1.6 There must be appropriate facilities for scrubbing up procedures.
- 1.7 There should be a wall clock with a sweep second hand or digital equivalent clearly visible from each bed space.
- 1.8 Communication facilities should include :
 - 1.8.1 An emergency call system
 - 1.8.2 A telephone
- 1.9 Climate control to operating room standards is desirable.
- 1.10 There should be easy access for portable X-ray equipment with appropriate power outlets provided in the area.

2. Equipment and drugs

- 2.1 Each bed space should be provided with :
 - 2.1.1 An oxygen flow meter and nipple
 - 2.1.2 Suction equipment including a receiver, tubing, a rigid hand piece and a range of suction catheters, including Yankauer
 - 2.1.3 An automated non-invasive blood pressure monitor with appropriately sized cuffs
 - 2.1.4 A stethoscope
 - 2.1.5 A pulse oximeter
 - 2.1.6 Means of measuring body temperature
- 2.2 Within the recovery room there must be :
 - 2.2.1 A range of devices for the administration of oxygen to spontaneously breathing patients.
 - 2.2.2 A self inflating manual resuscitator e.g. Ambu bag in order to deliver an oxygen enriched mixture for inflating the lungs. A minimum of 2 per recovery room complex is required
 - 2.2.3 Equipment and drugs for airway management and endotracheal intubation
 - 2.2.4 Emergency drugs (see section IV, para 4)
 - 2.2.5 A range of intravenous equipment and fluids
 - 2.2.6 Drugs and equipment for acute pain management
 - 2.2.7 A range of syringes and needles
 - 2.2.8 An ECG monitor
 - 2.2.9 Patient warming devices

2.3 There should be immediate access to :

- 2.3.1 A monitoring defibrillator preferably with pacing facility
- 2.3.2 A blood warmer
- 2.3.3 A thermostatically-controlled warming cupboard for intravenous solutions
- 2.3.4 A refrigerator for drugs and blood
- 2.3.5 A procedure light
- 2.3.6 A range of appropriate drugs
- 2.3.7 A surgical tray for procedures including tracheostomy and chest drains
- 2.3.8 Point of care access to diagnostic services e.g. blood glucose, blood gases, radiology
- 2.3.9 A peripheral nerve stimulator
- 2.3.10 Other equipment as appropriate to the patient's condition (e.g. wire cutters)
- 2.3.11 Ventilator

2.4 The recovery trolley/bed must :

- 2.4.1 Have a firm base and mattress
- 2.4.2 Tilt from either end - both head up and head down - to at least 15 degrees
- 2.4.3 Be easy to manoeuvre
- 2.4.4 Have functional and accessible brakes
- 2.4.5 Have provision for sitting the patient up
- 2.4.6 Have straps or side-rails which must be able to be dropped below the base or be easily removed
- 2.4.7 Have provision for a pole from which intravenous solutions may be suspended
- 2.4.8 Have provision for monitoring, mounting portable oxygen cylinders, underwater seal drains and suction apparatus for use during transport.

3. Staffing

It is the responsibility of the institution to ensure that the staff appointed to the recovery room is trained and competent. The recovery staff must be available at all times.

- 3.1 A registered or enrolled nurse trained and competent in recovery room care must be present at all times.
- 3.2 An appropriately trained registered nurse experienced and competent in recovery room work should be in charge.
- 3.3 The ratio of nursing staff trained in recovery room care to patients needs to be flexible so as to provide no less than 1 :2 patients, and one to **each** patient who has not recovered protective reflexes.

4. Management and supervision

- 4.1 Written protocols for safe management should be established.
- 4.2 A written routine for checking the equipment and drugs must be established.
- 4.3 Observations should be recorded at appropriate intervals and should include at least : state of consciousness, colour, respiration, oxygen saturation, pulse and blood pressure and level of pain. The record should form part of the patient's clinical notes.
- 4.4 All patients should remain until the anaesthesiologist considers it safe to discharge them from the recovery room, according to validated criteria, which includes the return of protective airway reflexes, stable cardiovascular and respiratory function, full reversal of neuromuscular blockade, absence of nausea and vomiting and absence of pain.
- 4.5 The anaesthesiologist is responsible for :
 - 4.5.1 Supervising the recovery period and authorising the patient's discharge
 - 4.5.2 Accompanying the patient to the recovery room and adequately handing him/her over to the nursing staff who will document the patient's condition on arrival and subsequent course in recovery
 - 4.5.3 Providing appropriate written and verbal instructions and information to the recovery room staff for each case
 - 4.5.4 Specifying the type of apparatus and the flow rate to be used in oxygen therapy
 - 4.5.5 Remaining in the facility until the patient meets the criteria detailed in 4.4, or delegating this responsibility to another anaesthesiologist or intensivist.