

Beth Israel Deaconess Medical Center
Department of Anesthesia and Critical Care
SOP

Title: Post Anesthesia Transport Monitoring

SOP #: ANES CLN 100-015

Post Anesthesia Transport Monitoring

After an anesthetic, the patient is usually transferred to the PACU or an ICU. This guideline sets out to clarify the type of patients who will need monitoring during transportation, and the nature of monitoring required.

Who needs monitoring during transportation?

Monitoring during transport is mandatory for the following patients

- Any patient designated as needing ICU care, irrespective of whether the patient actually goes to the PACU or an ICU.
- Patients who are receiving vasopressors, vasodilators or inotropes.
- Any patient who has a pulmonary artery catheter in situ
- All intubated patients.
- An patient who has had an unstable course during the anesthetic
- Any patient who needs to be transported for longer than 5 minutes to the recovery area.

The above list is not exhaustive and monitoring for transportation may be instituted for any patient at the discretion of the anesthesiologist.

Types of Monitoring

All patients who require monitoring based on the indications above will have at a minimum pulse oximetry, EKG, and blood pressure monitored. Additional monitoring like the monitoring of the pulmonary artery catheter, CVP, ICP and IABP can be instituted at the discretion of the anesthesiologist.

A patient transport monitor capable of displaying heart/pulse rate, at least one EKG wave form and systemic blood pressures must be used. The monitor must be positioned in such a way so that one member of the transportation team is able to view the screen and monitor the vital signs.

Pulse oximetry

The pulse oximeter should be applied to a part of the patient's body where good waveforms and signals can be detected.

EKG

A minimum of three electrodes must be applied to the patient and the EKG wave form must be satisfactory for the detection of arrhythmias. A defibrillator or pacemaker is not required for transportation in most patients except for patients who have had an unstable cardiac rhythm under anesthesia and are at risk for requiring defibrillation or pacing.

Blood Pressure

All patients requiring monitoring for transportation should have their blood pressure monitored. If an arterial line is available, then it may be connected to the transducer, zeroed and used. The arterial wave form along with the systolic and diastolic pressure must be visible on the monitor. If an arterial line is not available then a non invasive blood pressure cuff must be used. The cuff must be set to cycle no less frequently than once every 5 minutes.

Clinical Monitoring

An anesthesiologist/CRNA must be present with the patient during transportation at all times. The anesthesiologist must watch the patient constantly for inadvertent extubation, inadvertent malpositioning or removal of lines, tubes and catheters as well as constantly check for possible injury to the patient from personnel or from items on the bed.

Hand off

Monitoring should only be terminated when the recovery or ICU nurse is ready to take over the patient and reinstitute monitoring.

For handoff content please refer to the perioperative handoff policy 102 and 102A

<https://internal.bidmc.org/cms/content/BFF2BE6CA3C2436F89A247E7C33CCB19/DF712CB4C1B945B7B89585798C285F95.doc>

Documentation must be made in the computerized anesthesia record or paper record whether the patient was transported in a stable manner and what types of monitoring was used.

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