



AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

ABN 82 055 042 852

RECOMMENDATIONS FOR THE POST-ANAESTHESIA RECOVERY ROOM

1. INTRODUCTION

A well-planned, well-equipped, well-staffed and well-managed post-anaesthesia recovery area is essential for the safe early management of patients who have recently undergone a surgical or other procedure, irrespective of the type of anaesthesia or sedation used.

2. GENERAL PRINCIPLES

- 2.1 Recovery from anaesthesia should take place under supervision in an area designated for the purpose.
- 2.2 This area should be close to where the anaesthesia or sedation was administered.
- 2.3 The staff working in this area must be trained for their role and able to contact supervising medical staff promptly when the need arises.
- 2.4 In some situations (for example, paediatric hospitals) minor variations in these recommendations may be appropriate.

3. DESIGN FEATURES FOR THE RECOVERY AREA

- 3.1 The area should be part of the operating or procedural suite with easy access for management of emergencies by both theatre medical staff and staff in street clothes from outside the theatre suite. Provision should be made for rapid evacuation of patients from the area in an emergency.
- 3.2 Ventilation of the area should be of operating theatre standard.
- 3.3 Space allocated per bed/trolley should be at least 9 square metres. There must be easy access to the patient's head.
- 3.4 The number of bed/trolley spaces must be sufficient for expected peak loads and there should be at least 1.5 spaces available per operating room.
- 3.5 The layout of bed spaces should allow staff to have an uninterrupted view of several patients at once.

- 3.6 Each bed space must be provided with:
 - 3.6.1 an oxygen outlet
 - 3.6.2 medical suction complying with relevant national standards
 - 3.6.3 two general power outlets
 - 3.6.4 appropriate lighting and wall colour to allow accurate assessment of skin colour
 - 3.6.5 emergency lighting
 - 3.6.6 appropriate facilities for mounting and operating any necessary equipment and for the patient's chart
- 3.7 Space must be provided for a nursing station, utility room and storage for drugs, equipment and linen.
- 3.8 There must be appropriate facilities for scrubbing up for procedures.
- 3.9 There should be a wall clock with a sweep second hand or analogue display clearly visible from each bed space.
- 3.10 Communication facilities should include:
 - 3.10.1 an emergency call system to areas where specialist staff are available
 - 3.10.2 a telephone with access to the hospital paging system
- 3.11 There must be access for portable X-Ray equipment. Appropriate power outlets and viewing box must be available.
- 3.12 An emergency power supply must be available in the area.

4. EQUIPMENT AND DRUGS

- 4.1 Each bed space should be provided with:
 - 4.1.1 oxygen flowmeter and patient oxygen delivery systems
 - 4.1.2 suction equipment including a receiver, appropriate hand pieces and a range of suction catheters
 - 4.1.3 pulse oximeter
 - 4.1.4 facilities for blood pressure measurement including cuffs suitable for all patients
 - 4.1.5 stethoscope
 - 4.1.6 means of measuring body temperature
- 4.2 Within the recovery area there must be:

- 4.2.1 means for manual ventilation with oxygen in a ratio of one unit per two bed spaces, but with a minimum of two such devices
 - 4.2.2 equipment and drugs for airway management and endotracheal intubation
 - 4.2.3 emergency and other drugs
 - 4.2.4 a range of intravenous equipment and fluids and a means of warming those fluids
 - 4.2.5 drugs for acute pain management
 - 4.2.6 a range of syringes and needles
 - 4.2.7 patient warming devices
 - 4.2.8 devices for measuring expired carbon dioxide
- 4.3 There should be easy access to:
- 4.3.1 12 lead electrocardiograph
 - 4.3.2 defibrillator
 - 4.3.3 neuromuscular function monitor
 - 4.3.4 chest drains
 - 4.3.5 warming cupboard
 - 4.3.6 refrigerator for drugs and blood
 - 4.3.7 procedure light
 - 4.3.8 basic surgical tray
 - 4.3.9 blood gas and electrolyte measurement
 - 4.3.10 diagnostic imaging services
 - 4.3.11 apparatus for mechanical ventilation of the lungs
 - 4.3.12 monitors for direct arterial and venous pressure monitoring
- 4.4 The recovery trolley/bed must:
- 4.4.1 have a firm base and mattress
 - 4.4.2 tilt from one or both ends both head up and head down at least 15 degrees
 - 4.4.3 be easy to manoeuvre
 - 4.4.4 have efficient and accessible brakes
 - 4.4.5 provide for sitting the patient up
 - 4.4.6 have secure side rails which must be able to be dropped below the base or be easily removed
 - 4.4.7 have an I.V. pole

- 4.4.8 have provision for mounting monitoring equipment, apparatus for delivering oxygen, patient ventilation equipment, underwater seal drains and suction apparatus during transport of patients

5. STAFFING

- 5.1 Staff trained in the care of patients recovering from anaesthesia must be present at all times.
- 5.2 A registered nurse trained in recovery area care should be in charge.
- 5.3 Trainee nurses and registered nurses who are not experienced in the care of patients recovering from anaesthesia must be supervised.
- 5.4 The ratio of registered nurses to patients needs to be flexible so as to provide no less than one nurse to three patients, and one nurse to each patient who has not recovered protective reflexes or consciousness.

6. MANAGEMENT AND SUPERVISION

- 6.1 Written protocols for management should be established. The Director of Anaesthesia should be responsible for the medical aspects of these policies.
- 6.2 A written routine for checking the equipment and drugs must be established.
- 6.3 When an anaesthetised patient is being transferred from one trolley/bed to another, a minimum of three people must assist with lifting. An anaesthetist must be present to have prime responsibility for the patient's head, neck and airway.
- 6.4 A designated anaesthetist should be contactable in the event that the responsible anaesthetist is unavailable. In larger hospitals, recovery duties should be the designated anaesthetist's primary duty
- 6.5 Observations should be recorded at appropriate intervals and should include state of consciousness, oxygen saturation, respiratory rate, pulse rate, blood pressure and temperature.
- 6.6 All patients should remain until they are considered safe to be discharged from the recovery area according to established criteria.
- 6.7 The anaesthetist responsible for the patient should:
 - 6.7.1 accompany the patient until transfer to recovery area staff is completed
 - 6.7.2 provide written and verbal instructions to the recovery area staff

- 6.7.3 specify the type of apparatus and the flow rate to be used for oxygen therapy
 - 6.7.4 remain in the vicinity until the patient is safe to be left in the care of recovery area staff
 - 6.7.5 supervise the recovery period and authorise the patient's discharge from the recovery area. It is recognised that in some circumstances it may be necessary for the anaesthetist previously responsible for the patient to delegate these duties to a trained recovery area nurse or to another anaesthetist who should be fully informed of the clinical state of the patient
- 6.8 The practitioner responsible for the patient's overall care should be available to consult with the anaesthetist in the recovery period if necessary and, in appropriate circumstances, authorise the discharge of the patient.

COLLEGE PROFESSIONAL DOCUMENTS

College Professional Documents are progressively being coded as follows:

TE Training and Educational
EX Examinations
PS Professional Standards
T Technical

POLICY – defined as ‘a course of action adopted and pursued by the College’.
These are matters coming within the authority and control of the College.

RECOMMENDATIONS – defined as ‘advisable courses of action’.

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STATEMENTS – defined as ‘a communication setting out information’.

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