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## Surgical Specialties EUHM

[Complex Head and Neck Cancer Surgery with Free Flap Reconstruction »](#)

[Anesthesia Preop Clinic \(APC\) »](#)

[GI »](#)

[PACU »](#)

Work Hours: 8am-6pm (subject to change)

Daily Huddles:

Lobby Level PACU - approx. 10:30am; 2nd Floor PACU – approx. 11/11:30am confirm times with each PACU charge RN

Work Areas: For the 2nd floor PACU, there is a computer towards the back of PACU for use.

Phone: On arrival, please collect the airway phone from the Board Runner (404-274-9129), which you will keep for the duration of the shift, and then give to the 2<sup>nd</sup> call attending at 1800. The airway phone number is 404-632-1596.

Duties and Expectations:

- o To be aware of all patients in the PACU area including procedure type, co-morbidities, and disposition
- o To facilitate discharge of patients out of the PACU area by optimizing hemodynamics, as well as managing pain and nausea. A PACU or ICU discharge note needs to be completed for all patients that are signed out, and PACU orders must be D/Ced
- o Tip: To ensure that patients are discharged efficiently, please make regular rounds through the upstairs and downstairs PACUs to see which patients are ready for sign-out and to ensure that patient care is optimized. To keep track of all patients, several of us collect patient stickers and put them on paper to keep a personal “log” in a HIPAA compliant fashion.
- o To be readily available to the PACU nurses, anesthesiologists, and fellow anesthesiologists for PACU patient care management
- o To perform out of the OR urgent/emergent intubations which are called to the airway phone
- o To assist with difficult airways in the OR when called

o To assist with difficult IV placement in the peri-operative area when called

o To help facilitate PACU discharges, inpatients and outpatients receiving SQ lispro in PACU do not need to be held for further FSBS monitoring – they can be discharged right after the administration. Peak effects do not occur until 2 hours later and cannot be re-dosed until that 2 hour mark, so checking a FSBS 30 minutes after a dose is not necessary and holds up a PACU bed

Faculty contact: Shannon Wheat

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