

**§482.51(b)(4) - There must be adequate provisions for immediate post-operative care.**

**Interpretive Guidelines §482.51(b)(4)**

Adequate provisions for immediate post-operative care means:

- Post-operative care must be provided to all surgical patients, including same-day surgery patients, in accordance with acceptable standards of practice.
- A post-operative care area, usually referred to as the post-anesthesia care unit (PACU), is a separate area of the hospital. Access is limited to authorized personnel.
- Policies and procedures specify transfer requirements to and from the PACU. Depending on the type of anesthesia and length of surgery, the post-operative check before transferring the patient from the PACU includes, but is not limited to:
  - Level of activity;
  - Respirations;
  - Blood pressure;
  - Level of consciousness;
  - Level of pain;
  - Patient color; and

- If a patient is not transferred to the PACU, determine that provisions are made for close observation until the patient has regained consciousness, e.g., direct observation by a qualified RN.

### **Post-operative Monitoring**

Hospitals are expected to develop and implement policies and procedures addressing the minimum scope and frequency of patient monitoring in post-PACU care settings, consistent with accepted standards of practice.

Patients receiving post-operative intravenous (IV) opioid medications are of particular concern, due to the higher risk for oversedation and respiratory depression<sup>9</sup>. Once out of the PACU, patients receiving IV opioid medication may be placed on units where vital signs and other monitoring traditionally has not been done as frequently as in the PACU or intensive care units, increasing the risk that patients may develop respiratory compromise that is not immediately recognized and treated. (See the interpretive guidelines at §482.23(c)(4)). When post-surgical patients are transferred out of the PACU to another area of the hospital but continued on IV opioid medications, they need vigilant monitoring, even if post-PACU care is not typically referred to as “immediate” post-operative care. Opioid- induced respiratory compromise has resulted in inpatient deaths that might have been prevented with appropriate assessment and vigilant monitoring of respiration and sedation levels.<sup>10</sup>

### **Survey Procedures §482.51(b)(4)**

- Verify that the hospital has provisions for post-operative care.
- Observe care provided to patients in a PACU to determine whether patients are monitored and assessed appropriately prior to transfer or discharge (in the case of same-day surgery patients) from the PACU.
- Does the hospital have a system for identifying and addressing the monitoring needs of post-operative patients transferred from the PACU to other areas of the hospital?
- Ask staff in the PACU and in units who receive patients from the PACU how the needs of post-operative patients for vigilant monitoring is addressed when the patients are transferred from the PACU to other areas of the hospital.