

**UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
ANESTHESIOLOGY RESIDENCY PROGRAM**

**GOALS AND OBJECTIVES
CA-1 REQUIRED ROTATION IN THE POST-ANESTHESIA CARE UNIT**

The Post-Anesthesia Care Unit (PACU) rotation provides each resident the opportunity to focus on issues related to patients recovering from anesthesia for a broad spectrum of surgical procedures. While issues related to the post-anesthesia care of patients are covered throughout the residents' training, this rotation is designed to allow them to see the acute recovery process as a continuum from the point of entry into the PACU, through to the point of discharge to another location.

Residents manage uncomplicated patients during the acute phase of recovery, emergencies, and other common and less common post anesthetic complications. He/ she participates in the transition of care from the anesthesia provider to the PACU team, including the verbal report, and review of the anesthesia record and any other pertinent medical records. He/she directly manages postoperative pain, hemodynamic fluctuations, airway emergencies that occur during the PACU stay and other clinical situations that arise in the immediate postoperative period. The resident also assesses the patient's readiness for transfer to a post anesthesia environment.

The PACU rotation is a two week rotation which is combined with a 2 week pre-surgical evaluation clinic rotation (2 contiguous weeks each) to form a one month block. A PACU reading binder has been assembled with articles, practice guidelines, and reference materials. The resident will meet with the PACU director at the beginning of the rotation in order to review responsibilities, and again throughout the rotation for mini-teaching sessions. Both a pre and post test must be completed at appropriate points in the rotation. The resident will be supervised on a daily basis by the Anesthesiologist-in-Charge, who is available for questions and consultations throughout the day; as well as the individual anesthesiologist responsible for the patient's anesthetic management. While on rotation, the resident is not to have any other duties during the day with the exception of response to hospital-wide codes, and only if no other anesthesia provider is available.

GOALS AND OBJECTIVES

GENERAL:

The goal of this rotation is to develop a resident's confidence in his/her abilities to manage patient issues commonly encountered during the immediate post-operative period.

COMPETENCIES

I. MEDICAL KNOWLEDGE

A manual of PACU readings will be provided at the start of the rotation. At the conclusion of the rotation, the resident should be able to:

- Describe options for a patient's pain relief in the postoperative period, including pharmacologic and other techniques
- Provide the differential diagnoses associated with, and treatment for, the most common complications seen in the PACU, including
 - Acute postoperative pain
 - Nausea and vomiting
 - myocardial ischemia/arrhythmias
 - decreased urine output
 - surgical hemorrhage
 - acute neurological events

- hypoxia/hypoventilation
 - vascular instability: hypotension, hypertension
 - hypothermia/hyperthermia
 - incomplete reversal of neuromuscular blocking agents
 - airway emergencies
 - malignant hyperthermia
 - emergence delirium
- Demonstrate appropriate PACU care of the intubated patient
 - Discuss extubation criteria
 - List PACU discharge criteria
 - Describe postoperative issues in patient with obstructive sleep apnea

II. PATIENT CARE

At the conclusion of the rotation, the resident should be able to:

- Demonstrate the ability to recognize emergencies, including who and when to call for help
- Effectively assess and manage a patient's acute pain
- Manage the intubated PACU patient
- Manage the hemodynamically unstable PACU patient
- Identify and manage PACU patients at risk for re-intubation, including the use of airway support technology, bag-mask ventilation, placement of oral and nasal airways, and endotracheal Intubation
- Wean and extubate the intubated PACU patient, using appropriate criteria
- Assess readiness for discharge from the PACU, and participate in the transfer of care at discharge

III. PROFESSIONALISM

Upon completion of the rotation the resident will:

- Communicate effectively with all members of the PACU team, interacting with staff in a manner that is collegial and demonstrates respect
- Demonstrate sensitivity to the patient's age, culture, gender, and disabilities as appropriate

IV. COMMUNICATION AND INTERPERSONAL SKILLS

Upon completion of the rotation the resident will:

- Acquire the skills necessary to gather pertinent information for the intraoperative anesthesia team and surgical team in order to optimize patient care in the PACU
- Demonstrate ability to communicate acute events and complications to the appropriate anesthesia and surgical teams
- Demonstrate appropriate transfer of care when receiving a patient into the PACU
- Learn the importance of communicating all pertinent information to the anesthesia call team
- Be able to use consult services appropriately

V. SYSTEMS-BASED PRACTICE

At the conclusion of the rotation the resident will:

- Have developed an understanding of the role choice of anesthetic plays in patient PACU stay
- Be able to discuss the effect slow discharge from the PACU plays in ability to receive patients from the OR
- Be able to discuss how the institution's bed capacity and discharge policies affect ability to discharge patients from the PACU

VI. PRACTICE-BASED LEARNING

During the rotation the resident will:

- Use his/her knowledge to educate those responsible for patient's care re: importance of adequate pain control
- Provide feedback to the anesthesia care team re: patient's PACU course