Aim
To provide guidance on the observations to be performed on post operative women while in the recovery area.

Key points

1. The recovery room is a critical area with a high potential for immediate life threatening problems.
2. The relevant anaesthetist is responsible for his / her patients in the recovery area.
3. The anaesthetist responsible for the patient shall accompany the woman until transfer to recovery area staff is complete.¹
4. The anaesthetist shall provide written and verbal instructions to the recovery room staff.¹
5. Care may be delegated, when appropriate, to nursing / midwifery staff experienced and skilled in the care of unconscious and surgical patients.
6. The patient shall be kept under clinical observation at all times.
7. Clinical observation of the patient’s status shall take priority over the attachment of monitoring devices.
8. Variations from the stated parameters may be allowable for many reasons. However, patients who do not meet the guideline criteria must not be discharged from the recovery area without consultation with the relevant anaesthetic medical staff.
9. The recovery room nurse / midwife shall always contact the anaesthetist if there is any doubt regarding a patient’s fitness for discharge.

Or

10. If the anaesthetist has requested to be contacted prior to the patients discharge.
11. Patients receiving intravenous narcotic analgesia shall stay a minimum of 15 minutes from the time of the last opioid dose administered.
12. Women receiving opioid therapy may require oxygen therapy for transfer to the ward. This shall be assessed on an individual basis.
13. Patients with epidural / spinal blocks must have their block assessed by the recovery room staff prior to discharge. The block must be T4 or below before the woman can be transferred to the general wards. ASCU patients may be
returned with a block above T4 if asymptomatic and anaesthetic approval has been obtained.

14. The anaesthetist’s authorisation shall be obtained prior to discharging any woman to ASCU.

15. All admissions to the recovery area shall be recorded in the recovery room computer (Theatre Management System).

16. All women shall have adequate analgesia before being discharged from the area.

17. Observations shall be taken and recorded every 10 minutes or more frequently as the woman’s condition requires.

**Procedure – Observations**

Observations shall be performed as often as indicated by the woman’s clinical status\(^1\) and at a minimum of every 10 minutes.

All deviations from normal shall be immediately identified and reported to the senior recovery room nurse who will advise on further consultation with the anesthetist or surgical team as required.

The following observations shall be performed and recorded on the anaesthetic chart MR 300 or MR 300.01

- **Temperature** (A tympanic device measuring core temperature shall be used) – any woman with a temperature below 36 C shall remain in the recovery area until the temperature is shown to be rising.

- **Heart rate** – appropriate for age or within 20% of their pre-operative rate.
  Cardiac monitoring is indicated on the following patients
  - With a history of cardiac disease.
  - With bradycardia < 50.
  - With tachycardia > 120
  - Irregular pulse
  - Experiencing chest pain.
  - If considered appropriate by the anaesthetist or recovery room nurse /midwife.

- **Respirations** -
  - check airway patency
  - Observe for adequate chest expansion
  - Ensure the woman’s position allows free respirations.
  - Respirations are counted for one minute
  - Administer oxygen if required.

- **Capnography** – on all women who have had a general anaesthetic or sedation

- **Pulse Oximetry**
- Blood pressure
- Conscious state
- Colour – initially facial and peripheral colour
- Drains (If present) – check and record patency and volume drained
- CVC (If present) – All Central venous lines must have an x-ray prior to discharge from the recovery room unless otherwise indicated by the anaesthetist
- Intravenous infusions – Infusing as per anaesthetic orders
- Epidural infusions – Infusing as per anaesthetic orders
- Urinary catheter – check for patency and volume drained
- Wound – check for appropriate coverage and signs of leakage
- PV loss – observe amount; if > 1 pad change in 20 minutes, consult with the senior nurse in recovery.

### References and resources


### Related policies

### Related WNHS policies, procedures and guidelines

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<th>Keywords:</th>
<th>Observations in recovery room, post-op observations</th>
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<tbody>
<tr>
<td>Document owner:</td>
<td>OGID</td>
</tr>
<tr>
<td>Author / Reviewer:</td>
<td>CNS Peri-operative Services</td>
</tr>
<tr>
<td>Date first issued:</td>
<td>03/2009</td>
</tr>
</tbody>
</table>