

POSTOPERATIVE OBSERVATIONS

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The patient's vital signs (including pulse, blood pressure and pulse oximetry reading), level of consciousness, pain and hydration status are monitored in the recovery room and supportive treatment is given. In recent years, patient observations have been collated in recording systems designed to provide an early warning of clinical deterioration (Figure 24.1). The recording of observations as an 'early warning system' begins in recovery and is continued on the ward until the patient is discharged from the hospital. NEW score Aggregate score 0-4 Red score Score of 3 in any individual parameter score 5-6 Aggregate Aggregate score 7 or more * Response by a clinician or team with competence in the assessment and treatment of acutely ill patients and in recognising when the escalation of care to a critical care team is appropriate. *The response team must also include staff with critical care skills, including airway management.* are routinely measured, are used to calculate the score: 1 respiration rate; 2 oxygen saturation; 3 systolic blood pressure; 4 pulse rate; 5 level of consciousness or new-onset confusion, disorientation and/or agitation; 6 temperature. Each measured parameter is allocated a score depending on how much it varies from a normal value. Two points are added if the patient needs supplemental oxygen. The score is then aggregated. An aggregate score places patients in different risk categories (low to high risk) that trigger an appropriate clinical response, as seen in Figure 24.2 . Depending on the risk categories patients may need level 2 or level 3 care. Patients who are in the high-risk category of clinical deterioration will need urgent assessment by staff with critical care experience and airway skills. Surgery-specific observations, such as Doppler flow for a free flap, regular neurological evaluation and laboratory tests, such as blood gas analysis, should also be performed when necessary . The patient can be discharged from PACU when they fulfil the following criteria: /uni25CF they are fully conscious; /uni25CF respiration and oxygenation are satisfactory; /uni25CF they are normothermic, not in pain and not nauseous; /uni25CF cardiovascular parameters are stable; /uni25CF oxygen, fluids and analgesics have been prescribed; /uni25CF there are no concerns relating to the surgical procedure. However, as discussed above, some patients who have had complex surgery or who have severe chronic health conditions will stay for a period of 24-48 hours on PACU or an overnight intensive recovery unit until they are discharged to either a surgical ward or critical care unit. Clinical risk Response Low Ward-based response Low-medium Urgent ward-based response Medium Key threshold for urgent response High Urgent or emergency response**

Figure 24.2 Risk category from the National Early Warning (NEW) score and response. *Response by a clinician or team with competence in the assessment and treatment of acutely ill patients and in recognising when the escalation of care **The response team must also include staff with critical care skills, including airway management. (Reproduced from Royal College of Physicians . National

Early Warning Score (NEWS) 2: Standardising the assessment of acute-illness severity in the NHS working party. London: RCP , 2017.) to a critical care team is appropriate. . Updated report of a

Postoperative period /uni25CF /uni25CF /uni25CF /uni25CF

All anaesthetised patients should be recovered in a dedicated PACU All vital parameters should be monitored and documented according to local protocols Treat pain and nausea/vomiting Observe for complications

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