

This is a general guideline and does not represent a professional care standard governing providers' obligations to patients. Care is revised to meet individual patient needs. This is a quality improvement document and should not be part of the patient's medical record.

ICU Level Pediatric Patients requiring stay in PACU

Situation: ICU level patients occasionally have to stay in PACU when PICU is full and not able to transfer to the ward. This generally only occurs when there are no suitable floor patients in the PICU.

Background: Historically, all efforts are made for ICU level pediatric patients to go directly from OR to PICU for admission. Only a handful times in the past several years is this not able to happen due to PICU capacity issues. There has not been a clear plan for who is responsible for these patients while they are in the PACU prior to PICU admission.

Assessment: The Children's Hospital needs a clear process for when ICU level pediatric patients require a stay in the PACU prior to admission to the PICU. Also, if patients remain in the PACU after hours due to PICU capacity, a clear process is needed to determine who and how these patients are care for, including nursing and physician responsibilities, as well as timing and location of handoffs.

Recommendation/Proposal:

ICU level patients in PACU

1. Patient arrives from OR to PACU
2. Surgical report will be given to the PICU following the procedure by phone (45488) or in person from the surgical team to the PICU fellow and/or attending. However, if the patient remains in the PACU, the surgical team is expected to assist with initial orders as they would if patient was being admitted to the wards from the PACU.
3. Anesthesia/Surgical team responsible for immediate post operative care of patient – orders, care, etc.
 - a. Surgical teams will need to be aware and able to provide orders if necessary.
 - b. Anesthesia or surgical team consults PICU to assist with any additional orders as needed.
4. PICU fellow/attending calls P1 Anesthesia attending to arrange handoff of care either on the phone or at bedside in PACU. Ideally this will happen prior to 1pm when anesthesia attending of case is still available. From this point forward, PICU will be responsible for patient orders, questions regarding care, etc.
5. PACU bedside RN calls surgical resident at time of transfer.
6. Patient transferred to PICU with MD and RN accompanying patient
7. PICU team will call surgical team if any further information regarding case or postoperative care is needed.

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Exclusion Criteria: Patients meeting these criteria must remain under the care of an anesthesia provider until they can be transported to an ICU bed.

1. Patients requiring ventilators (home vents ok for PACU)
2. Patients requiring vasoactive infusions
3. Post-op congenital heart repair
4. Post-op organ transplant