



**Nurse / Location / Outreach Partner or Trainee**  
**Date of Evaluation:**  
**Evaluator:**

**Clinical Treatment:** PACU Patient Assessment

**Assessment Data:** Physical Assessment (vital signs, respiratory system, oxygenation, neurological status); Fluid Balance; Pain Management; Intake & Output; Scoring System/Transfer to Ward

Level I / Basic	Level II / Intermediate	Level III / Competent	Level IV / Advanced	Level V / Expert
Able to perform vital signs	Recognizes abnormal vital signs	Recognizes trends and need to intervene	Recognizes and is able to intervene when significant vital sign trends/changes occur. Understands when and who to call	Acts autonomously in recognition and management of abnormal vital signs; Intuitively responds to patient situations and intervenes before patient condition deteriorates. Aware of environment and need to educate fellow nurses
Able to identify a normal respiratory pattern including: <u>Examples:</u>	Able to identify abnormal respiratory pattern including: <u>Examples:</u>	Is able to independently intervene and perform <u>basic</u> needed tasks to manage patient airway.	Is able to independently intervene and perform <u>invasive</u> interventions needed to manage	Acts autonomously in the management of airway emergencies and intuitively

<ul style="list-style-type: none"> <li>• Rate</li> <li>• Depth</li> <li>• Identify adjunct airway</li> <li>• Color of patient</li> </ul>	<ul style="list-style-type: none"> <li>• Oxygen saturation level</li> <li>• Breath sounds</li> <li>• Patient color</li> <li>• Work of breathing</li> </ul> <p>Has an understanding of the needed interventions and is able to get the appropriate assistance to maintain patient stability</p>	<p>Is able to assess effectiveness of interventions and management of complications.</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>• Patient positioning</li> <li>• Jaw thrust/chin lift</li> <li>• Placement of oxygen</li> <li>• Placement of pulse oximeter</li> <li>• Suctioning</li> </ul>	<p>patient airway. Is able to assess effectiveness of interventions and manages complications. Understands when and who to call for assistance.</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>• Placement of OPA</li> <li>• Placement of NPA</li> <li>• Use of BVM</li> </ul>	<p>responds to patient situations</p> <p>Is aware of environment and need to educate fellow nurses.</p>
<p>Neurological Status</p> <p>Understands that there are different levels of consciousness</p>	<p>Recognizes the need for and is able to assess basic level of consciousness (LOC)</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>• Assesses orientation to person, place, time</li> <li>• Able to assess a change in LOC</li> <li>• Performs a neuro assessment including ability to follow</li> </ul>	<p>Is able to independently intervene and perform needed tasks to assess and manage the patient's neuro status. Is able to assess effectiveness of interventions and manage complications.</p>	<p>Possesses the clinical thinking skills and understands the significance of a change in neuro status, intervenes appropriately and calls for assistance when needed.</p> <p>Recognizes Emergence Delirium as a postop complication versus a change in neuro status and intervenes appropriately.</p>	<p>Acts autonomously in the management of a patient's level of consciousness and intuitively responds to patient situations.</p> <p>The nurse is aware of the environment and need to educate fellow nurses.</p>

	<p>commands, response to stimulation, presence of protective reflexes and pupillary responses</p>			
<p>Discharge from PACU</p> <p>Understands there are standardized scoring systems used to determine patient stability and readiness for discharge</p>	<p>Recognizes the need for and uses a standardized scoring system to evaluate patient readiness for discharge</p>	<p>Uses a discharge scoring system to guide interventions of patient care</p>	<p>Understands there is variability in patient progression for discharge readiness and manages patient care appropriately</p>	<p>Acts autonomously in the utilization and management of a patient scoring system and intuitively responds to patient situations</p> <p>The nurse is aware of the environment and need to educate fellow nurses</p>

<b>Nurse / Location / Outreach Partner or Trainee</b> <b>Date of Evaluation:</b> <b>Evaluator:</b>				
<b>Clinical Treatment:</b> Fluid Balance  <b>Assessment Data:</b> Intake; Urine output; Monitoring of fluid status				
Level I / Basic	Level II / Intermediate	Level III / Competent	Level IV / Advanced	Level V / Expert
Understands need to monitor intake and output	Documents intake and output and recognizes what constitutes an imbalance  <u>Examples:</u> <ul style="list-style-type: none"> <li>Assesses urine output since returning from surgery</li> <li>Assesses IV fluid intake since surgery</li> <li>Assesses oral fluid intake since surgery</li> <li>Assess for any nausea /vomiting</li> <li>Monitors any increased trend in heart rate</li> </ul>	Understands nursing measures related to maintaining fluid balance.  <u>Examples:</u> <ul style="list-style-type: none"> <li>Offering fluids slowly beginning with clear liquids</li> <li>Monitoring output</li> <li>Reporting imbalance</li> </ul>	Possesses the clinical reasoning skills to independently intervene in managing patient's fluid balance.	Acts autonomously in the utilization and management of a patients fluid balance and intuitively responds to patient situations.  The nurse is aware of the environment and the need to educate fellow nurses.

	and/or blood pressure			
<b>Nurse / Location / Outreach Partner or Trainee</b> <b>Date of Evaluation:</b> <b>Evaluator:</b>				
<b>Clinical Treatment:</b> Anesthetic Agents and Adjuncts  <b>Assessment Data:</b> Use and Effects of: Inhalation Agents, IV Agents, Narcotics, Sedatives, Nerve Blocks				
Level I / Basic	Level II / Intermediate	Level III / Competent	Level IV / Advanced	Level V / Expert
<p>Understands anesthetic agents are used to induce, assist with and maintain anesthesia</p>	<p>Recognizes there are different types of anesthesia and adjunct drugs used for a variety of procedures</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>• General</li> <li>• Conscious sedation</li> <li>• MAC</li> <li>• Nerve block</li> <li>• Spinal</li> </ul>	<p>Understands risks and complications of anesthesia and why patients are evaluated for their anesthetic prior to their surgery or procedure</p> <p>Can utilize a BVM and other types of airway adjuncts; knows when it is appropriate to use and remove</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>• Can maintain airway by use of jaw thrust and suctioning</li> <li>• Can insert and remove OPA, NPA</li> </ul>	<p>Actively treats patients appropriately for the type of anesthetic/adjunct that has been administered</p> <p>Able to remove an ETT and LMA safely and at the appropriate time</p> <p>Understands the levels of anesthesia and what is normal and what is abnormal</p>	<p>Acts autonomously in the postop care of patients that have undergone an anesthetic and intuitively responds to patient situations</p> <p>The nurse is aware of the environment and the need to educate fellow nurses</p>

		<ul style="list-style-type: none"> <li>• Uses a BVM effectively for respiratory support</li> </ul> <p>Understands complications of types of agents</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>• Postop N/V with inhalation agents and narcotics</li> <li>• Airway compromise with anesthesia</li> </ul>		
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**Nurse / Location / Outreach Partner or Trainee**  
**Date of Evaluation:**  
**Evaluator:**

**Clinical Treatment:** Post Op Pain Management

**Assessment Data:** Pain Type, Assessment Scales, Analgesics and their Side Effects, Non-drug Interventions, Effectiveness of Treatment

<b>Level I / Basic</b>	<b>Level II / Intermediate</b>	<b>Level III / Competent</b>	<b>Level IV / Advanced</b>	<b>Level V / Expert</b>
<p>Able to identify causes of pain and understand definition of pain.</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>• Incisional</li> </ul>	<p>Able to assess patient's pain using different methods, scales</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>• Numerical (0-</li> </ul>	<p>Has knowledge and understands indication of the medications used for pain management</p> <p><u>Examples:</u></p>	<p>Able to independently intervene in managing patient's pain.</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>• Pharmacologic vs</li> </ul>	<p>Acts autonomously in the utilization and management of patient's pain and intuitively responds to patient situations.</p>

<ul style="list-style-type: none"> <li>• Deep tissue</li> <li>• Positional</li> <li>• Respiratory</li> <li>• IV site</li> </ul> <p>Patient's pain is subjective and personal</p>	<p>10)</p> <ul style="list-style-type: none"> <li>• Wong-Baker (Faces pain scale)</li> <li>• Physiologic signs</li> <li>• Behavioral indicators</li> </ul>	<ul style="list-style-type: none"> <li>• NSAIDS</li> <li>• Opioids</li> <li>• Antiemetics</li> <li>• Benzodiazepines</li> <li>• Reversal agents</li> </ul>	<p>non-pharmacologic</p> <ul style="list-style-type: none"> <li>• Repositioning</li> <li>• Cold/heat</li> <li>• Medications</li> <li>• Family</li> <li>• Distraction (music, etc)</li> </ul>	<p>The nurse is aware of the environment and the need to educate fellow nurses</p>
<p><b>Nurse / Location / Outreach Partner or Trainee</b>  <b>Date of Evaluation:</b>  <b>Evaluator:</b></p>				
<p><b>Clinical Treatment:</b> Narcotic Safety</p>				
<p><b>Assessment Data:</b> Five Rights, Drug Nursing Care and Safety, Narcotic Side Effects, Drug Interactions/Contraindications</p>				
<p><b>Level I / Basic</b></p>	<p><b>Level II / Intermediate</b></p>	<p><b>Level III / Competent</b></p>	<p><b>Level IV / Advanced</b></p>	<p><b>Level V / Expert</b></p>
<p>Understands the importance of safety around the administration and use of narcotics</p>	<p>Understands safety measures used in administration of narcotics</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>• Double checking dosing with another licensed care provider</li> </ul>	<p>Knows the side effects of narcotics and the treatment for them.</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>• Decreased respiratory rate</li> <li>• Decreased LOC</li> <li>• Loss of airway</li> </ul> <p>Uses airway adjuncts for</p>	<p>Recognizes and actively intervenes when appropriate with his/her patient and helps with other patients in the unit when needed</p> <p>Is a resource to other novice nurses in the unit in regards to narcotic safety</p>	<p>Acts autonomously in regards to patients that are being treated with narcotics</p> <p>Intuitively responds to patient situations</p>

	<ul style="list-style-type: none"> <li>• Knows the 5 rights of drug administration: Right patient, right drug, right dose, right route, right time</li> </ul>	<p>treatment when appropriate.</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>• Stimulation</li> <li>• Positioning</li> <li>• BVM</li> <li>• OPA</li> <li>• NPA</li> <li>• Use of reversal agent (Narcan) for narcotic toxicity</li> </ul> <p>Recognizes and calls for help when needed</p> <p>Upon patient discharge, educates patient/family going home on narcotics the importance, side effects of medication dosing</p>		
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Nurse / Location / Outreach Partner or Trainee				
Date of Evaluation:				
Evaluator:				
<b>Clinical Treatment:</b> Temperature Management				
<b>Assessment Data:</b> Hypothermia; Hyperthermia				
Level I / Basic	Level II / Intermediate	Level III / Competent	Level IV / Advanced	Level V / Expert
<p><u>Hypothermia</u></p> <p>Understands that patient temperature is an important aspect of patient care</p> <p>Includes temperature monitoring with vital signs</p>	<p>Understands there are levels/degrees of hypothermia: Mild (32°-36°C) Moderate (32°-28°C) Severe (&lt;28°C)</p> <p>Recognizes the signs/symptoms of hypothermia:</p> <ul style="list-style-type: none"> <li>• Shivering</li> <li>• Delayed wake up</li> <li>• Decreased oxygen saturation</li> <li>• Patient color</li> <li>• Delayed capillary refill</li> </ul>	<p>Understands the causes that can contribute to hypothermia:</p> <ul style="list-style-type: none"> <li>• Type and length of procedure</li> <li>• Type of drugs used for procedure</li> <li>• Surgical environment</li> <li>• Age of patient</li> </ul> <p>Initiates appropriate treatment actions:</p> <ul style="list-style-type: none"> <li>• Need for warm environment</li> <li>• Provides blankets, head cover; parents holding child</li> <li>• Monitoring vital signs for any change/trends</li> <li>• Providing oxygen as needed</li> </ul>	<p>Independently recognizes the potential for hypothermia, intervenes and provides treatment as needed</p> <p>Is a resource to other nurses</p>	<p>Acts autonomously in the recognition and treatment of hypothermia and intuitively responds to patient situations</p> <p>The nurse is aware of the environment and need to educate fellow nurses</p>

		<ul style="list-style-type: none"> <li>• Calls for help as needed</li> </ul>		
<p><u>Hyperthermia:</u></p> <p>Understands that patient temperature is an important aspect of patient care</p> <p>Includes temperature monitoring with vital signs</p>	<p>Understands that a patient temperature &gt;39°C is considered hyperthermia</p> <p>Recognizes the signs and symptoms of hyperthermia:</p> <ul style="list-style-type: none"> <li>• Elevated temperature</li> <li>• Skin flushing</li> <li>• Tachycardia</li> <li>• Increased respiratory rate</li> </ul>	<p>Understands the causes that can contribute to hyperthermia:</p> <ul style="list-style-type: none"> <li>• OR environment</li> <li>• Malignant Hyperthermia</li> <li>• Aspiration</li> </ul> <p>Initiates appropriate treatment actions:</p> <ul style="list-style-type: none"> <li>• Cools patient down</li> <li>• Monitors vital signs</li> <li>• Calls for help as needed</li> </ul>	<p>Independently recognizes the potential for hyperthermia and initiates treatment as needed</p> <p>Recognizes and acts immediately in the treatment of Malignant Hyperthermia including the use of Dantrolene</p> <p>Is a resource to other nurses</p>	<p>Acts autonomously in the recognition and treatment of hyperthermia, Malignant Hyperthermia and intuitively responds to patient situations</p> <p>The nurse is aware of the environment and need to educate fellow nurses</p>

Nurse / Location / Outreach Partner or Trainee				
Date of Evaluation:				
Evaluator:				
<b>Clinical Treatment:</b> Post Op Emergencies				
<b>Assessment Data:</b> Airway Emergencies (obstruction, laryngospasm, bronchospasm), Bleeding, Nausea/Vomiting				
Level I / Basic	Level II / Intermediate	Level III / Competent	Level IV / Advanced	Level V / Expert
<p><b>Obstruction:</b> Understands the importance of maintaining a patent airway</p>	<p>Recognizes that there is a potential for airway obstruction in a postoperative patient</p> <p>Recognizes signs and symptoms for airway obstruction:</p> <ul style="list-style-type: none"> <li>• Snoring</li> <li>• Increased work of breathing</li> <li>• Color/tone</li> <li>• Desaturation</li> </ul>	<p>Understands some potential causes of airway obstruction:</p> <ul style="list-style-type: none"> <li>• Positioning</li> <li>• Tongue</li> <li>• Residual anesthetic agents/sedation</li> <li>• Retained throat pack</li> </ul> <p>Initiates appropriate treatment actions:</p> <ul style="list-style-type: none"> <li>• Stimulation</li> <li>• Positioning</li> <li>• Oxygen</li> <li>• Jaw thrust</li> <li>• OPA/NPA</li> <li>• BVM</li> </ul> <p>Recognizes need to call for help</p>	<p>Independently recognizes the potential for airway obstruction and initiates treatment as needed</p> <p>Recognizes and acts immediately to maintain patient airway</p> <p>Is a resource to other nurses</p>	<p>Acts autonomously in the recognition and treatment of airway obstruction and intuitively responds to patient situations</p> <p>The nurse is aware of the environment and need to educate fellow nurses</p>

<p><u>Laryngospasm:</u> Has an understanding of what a laryngospasm is and that immediate action is required</p>	<p>Recognizes signs/symptoms for laryngospasm:</p> <ul style="list-style-type: none"> <li>• Dyspnea</li> <li>• Rapid desaturation</li> <li>• Partial closure will produce high-pitched crowing sound; sternal retractions on inspiration; decreased chest excursion and abnormal chest expansion</li> <li>• Complete closure – no audible sounds; may have paradoxical rocking motion of chest</li> </ul>	<p>Understands physiology of laryngospasm (upper airway):</p> <ul style="list-style-type: none"> <li>• Reflex closure of glottis (vocal cords)</li> <li>• What produces partial or complete breath sounds</li> <li>• Due to stimulation of pharyngeal tissues/vocal cords by secretions or foreign bodies</li> </ul> <p>Identifies causes of laryngospasm:</p> <ul style="list-style-type: none"> <li>• Difficult/repeated intubation</li> <li>• Secretions from procedure/bleeding</li> <li>• Anesthetic agents may act as airway irritants</li> <li>• Stimulation of patient on emergence from anesthesia</li> </ul> <p>Initiates appropriate treatment:</p> <ul style="list-style-type: none"> <li>• Call for immediate help</li> </ul>	<p>Independently recognizes the potential for laryngospasm and initiates prevention / treatment as needed: Examples:</p> <ul style="list-style-type: none"> <li>• Minimize head and neck movement during induction/emergence</li> <li>• Inhalation of humidified oxygen in PACU</li> <li>• Side lying position</li> <li>• Call for immediate help</li> <li>• 100% oxygen with positive pressure</li> <li>• Use of succinylcholine (complete closure)</li> <li>• Use of racemic epinephrine via nebulizer (partial closure)</li> </ul> <p>Recognizes and acts immediately to maintain</p>	<p>Acts autonomously in the recognition and treatment of laryngospasm and intuitively responds to patient situations</p> <p>The nurse is aware of the environment and need to educate fellow nurses</p>
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		<ul style="list-style-type: none"> <li>• 100% oxygen with positive pressure</li> <li>• Use of succinylcholine (complete closure)</li> <li>• Use of racemic epinephrine via nebulizer (partial closure)</li> </ul>	<p>patient airway</p> <p>Is a resource to other nurses</p>	
<p><u>Bronchospasm:</u> Has an understanding of what a bronchospasm is and that immediate action is required</p>	<p>Recognizes signs/symptoms for bronchospasm:</p> <ul style="list-style-type: none"> <li>• Audible wheezing</li> <li>• Tachypnea</li> <li>• Use of accessory muscles</li> <li>• Shortness of breath</li> <li>• Chest tightness</li> <li>• Diaphoresis</li> <li>• Mild cyanosis</li> </ul>	<p>Understands physiology of bronchospasm (lower airway):</p> <ul style="list-style-type: none"> <li>• Spasmodic contraction or exaggerated tone of smooth muscle layers of bronchi</li> <li>• Increase in airway resistance</li> <li>• Decreased airflow to the lungs</li> </ul> <p>Identifies causes of bronchospasm:</p> <ul style="list-style-type: none"> <li>• Restrictive airway disease, COPD</li> <li>• Inflammatory response (airborne irritant, ET placement, suctioning)</li> <li>• Hypersensitivity and</li> </ul>	<p>Independently recognizes the potential for bronchospasm and initiates treatment as needed</p> <p>Recognizes and acts immediately to maintain patient airway</p> <p>Is a resource to other nurses</p>	<p>Acts autonomously in the recognition and treatment of bronchospasm and intuitively responds to patient situations</p> <p>The nurse is aware of the environment and need to educate fellow nurses</p>

		<p>histamine release (anaphylactic response)</p> <ul style="list-style-type: none"> <li>• Infectious process</li> </ul> <p>Initiates appropriate treatment:</p> <ul style="list-style-type: none"> <li>• Calls for help</li> <li>• Humidified oxygen with high flow delivery</li> <li>• Patient position – head elevated</li> <li>• Aerosolized inhaled medication (Albuterol)</li> </ul>		
<p><u>Bleeding:</u></p> <p>Understands the importance of and need for monitoring postoperative blood loss</p>	<p>Identifies specific surgical procedures that might produce greater blood loss</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>• Cleft palate</li> <li>• Burn cases</li> </ul>	<p>Able to identify and recognize signs /symptoms of increasing blood loss</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>• Obvious active bleeding</li> <li>• Elevated HR</li> <li>• Decreased capillary refill</li> <li>• Swelling at surgical site</li> <li>• Cool, clammy skin</li> <li>• Decreased BP</li> <li>• Decreased hgb/hct</li> </ul>	<p>Independently understands and recognizes the potential for postoperative bleeding and initiates treatment as needed</p> <p>Recognizes and acts immediately to maintain patient airway</p> <p>Is a resource to other nurses</p>	<p>Acts autonomously in the recognition and treatment of postoperative bleeding and intuitively responds to patient situations</p> <p>The nurse is aware of the environment and need to educate fellow nurses</p>

		<p>Initiates appropriate treatment:</p> <ul style="list-style-type: none"> <li>• Stop active bleeding</li> <li>• Contact anesthesia / surgeon</li> <li>• Support circulation, fluids</li> <li>• Monitor VS frequently - (O2 Sat, HR, BP)</li> <li>• Surgery specific actions</li> <li>• Comfort measures</li> <li>• Pain control</li> <li>• May require return to OR</li> </ul>		
<p><u>Nausea / Vomiting</u></p> <p>Understands the potential for nausea and vomiting in postoperative patients</p>	<p>Identifies specific surgical procedures, patient types, and medications that may put patient at risk for postoperative nausea/vomiting</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>• Oral surgical procedures (palates, tonsils)</li> <li>• Teenage girls</li> <li>• Inhalation anesthetic</li> </ul>	<p>Identifies specific treatment for patient with postoperative nausea/vomiting:</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>• Importance of prevention</li> <li>• Preoperative hydration</li> <li>• Pre-emptive medication (ondansetron, decadron)</li> <li>• Delay oral intake</li> </ul>	<p>Independently understands and recognizes the potential for postoperative nausea and vomiting and initiates treatment as needed</p> <p>Recognizes and acts immediately to maintain patient airway</p> <p>Is a resource to other nurses</p>	<p>Acts autonomously in the recognition and treatment of postoperative nausea and vomiting and intuitively responds to patient situations</p> <p>The nurse is aware of the environment and need to educate fellow nurses</p>

	agents	<ul style="list-style-type: none"><li>• Start with clear liquids</li><li>• Alternative therapies (aromatherapy, relaxation)</li></ul>		
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