

Perceptions About an Instrument Used for Patients' Evaluation and Discharge From Post-Anesthesia Care Units

Percepções Acerca de um Instrumento para Avaliação e Alta da Sala Recuperação Pós-Anestésica

Percepciones Sobre un Instrumento para Evaluación y Alta de la Sala de Recuperación Postanestésica

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ABSTRACT

Objective: Herein, we have aimed to describe the nursing professionals' perceptions about an instrument for the evaluation and discharge of patients from Post-Anesthesia Care Units. **Methods:** This qualitative and exploratory-descriptive research was carried out in a hospital located in the South Region of Brazil. The participants were eight nursing technicians and one nurse. Data were collected by semi-structured interviews from February to March 2016 and then analyzed using Content Analysis. **Results:** Three categories appeared: "Daily work in post-anesthesia care units", "Evaluation Criteria and the patient's discharge from post-anesthesia care units", and "Nurses' performance in post-anesthesia care units". **Conclusion:** The professionals perceived the necessity of documented evaluation criteria for discharging patients from post-anesthesia care units to prevent complications.

Descriptors: Post-anesthesia care unit, Postoperative care, Patient's safety, Nursing.

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RESUMO

Objetivo: Descrever as percepções de profissionais de enfermagem acerca de um instrumento para avaliação e alta da Sala de Recuperação Pós-anestésica.

Método: pesquisa exploratório-descritiva, de abordagem qualitativa realizada em uma instituição hospitalar do Sul do Brasil. Os participantes foram oito técnicos de enfermagem e uma enfermeira. A coleta de dados ocorreu nos meses de fevereiro e março de 2016 por meio de entrevista semiestruturada e os dados foram submetidos à análise temática. **Resultados:** os resultados foram agrupados em três categorias: “O cotidiano de trabalho na Sala de Recuperação Pós-anestésica”, “Critérios de avaliação e alta do paciente na Sala de Recuperação Pós-anestésica” e “Atuação do enfermeiro na Sala de Recuperação Pós-anestésica”. **Conclusões:** os profissionais percebem a necessidade de estabelecer critérios de avaliação para a alta da Sala de Recuperação Pós-anestésica de forma documentada, destacando a importância do enfermeiro durante todo período de funcionamento da unidade a fim de prevenir possíveis complicações que envolvem o período pós-operatório imediato.

Descritores: Sala de recuperação, Cuidados pós-operatórios, Segurança do paciente, Enfermagem.

RESUMEN

Objetivo: Describir las percepciones de los profesionales de enfermería sobre un instrumento para evaluación y alta de la Sala de Recuperación Postanestésica. **Método:** la Investigación es exploratoria y descriptiva, de abordaje cualitativo realizada en una institución hospitalaria del Sul de Brasil. Los participantes fueron ocho técnicos de enfermería y una enfermera. La recolección de datos ocurrió en los meses de febrero y marzo de 2016 por medio de entrevista semiestructurada y los datos fueron sometidos al análisis temático. **Resultados:** los resultados fueron agrupados en tres categorías: “en el cotidiano del trabajo en la Sala de Recuperación Postanestésica”, “Criterios de evaluación y alta del paciente en la Sala de Recuperación Postanestésica” y “Actuación del enfermero en la Sala de Recuperación Postanestésica”. **Conclusión:** los profesionales perciben la necesidad de establecer criterios de evaluación para el alta de la Sala de Recuperación Postanestésica de forma documentada, destacando la importancia del enfermero durante todo el período de funcionamiento de la unidad con el fin de prevenir posibles complicaciones que envuelven el período postoperatorio inmediato.

Descriptores: Sala de recuperación, Cuidados posoperatorios, Seguridad del paciente, Nursing.

INTRODUÇÃO

Nursing assistance during the postoperative period is essential and requires planned actions from the nursing team aiming the promotion, maintenance, and recovery of a patient submitted to a major surgery.¹ This period is divided in three phases: preoperative phase: from the moment that the patient knows that a surgery will be performed on him until the moment that he is moved to the surgery room; transoperative phase: from the moment that the patient is placed in the surgery room until the moment he is moved to the Post-Anesthesia Care Unit (PACU); immediate postoperative phase: it starts at the moment that the patient is admitted to the PACU and covers the first 24 hours after the surgery.²

The postoperative patients are emotionally and physiologically damaged, which makes them vulnerable to several circulatory, respiratory, and gastrointestinal complications. They may be discharged from the PACU after a careful and specific evaluation by the nursing team and anesthesiologist according to the anesthesia type and surgery procedure.

In this sense, the PACU is an area directly linked to the surgery room so that it can receive the immediate postoperative patient, providing him recovery as well as prevention and early detection of complications caused by anesthetic-surgical procedures.³⁻⁴ Furthermore, the PACU reduces postanesthetic and postoperative mortality, makes the routine work easier and provides greater security for patients and their relatives.⁵

Hence, it is fundamental that the nursing team provide follow-up care to the patient for him to recover his consciousness, protective reflexes and stable vital signs, avoiding complications and assuring a safe recovery.⁶⁻⁷ The patient must be transferred to a PACU only if he is physiological stable and the unit can accept him. The necessity of monitoring the patient during his transport from the surgery room to the PACU needs to be established with the nurse and the anesthesiologist.⁸

The safe recovery of a postoperative patient in a PACU depends on the use of resources and monitoring equipment. The nursing team assistance is essential, which is based on scientific knowledge and technical skills for performing interventions to prevent complications and adverse events that may arise during anesthetic and complex surgical procedures. Therefore, health care professionals must evaluate and monitor the urinary output, liquid reposition, use of catheters and drains and operative wound, providing a safe and individual assistance, identifying possible complications that, if detected prematurely, minimize physiological alterations.

In a recent study, the most frequent complications identified during the anesthetic recovery period were hypothermia, pain, and hypoxemia. Moreover, the Aldrete-Kroulik index was statistically associated with bradypnea and hypoxemia at the moment that the patient arrives at the PACU and after 60 minutes being there with hypertension and tachycardia.⁹

Thus, nursing care is essential to patients in a PACU since they need specialized care not only for treating physiopathological problems but also for dealing with psychosocial issues that are linked to physical diseases. Because of this, the essence of intensive nursing care is not based on decision making, but on the comprehension of physiological and psychological conditions of the patient.⁵

The importance of applying an instrument for the evaluation and discharge of patients from PACUs is related to vulnerabilities and complications in anesthetic-surgical procedures, and to intercurrent infections during the

postoperative period, critical phase in which the patient's physiological state shows significant alterations¹⁰ An instrument with specific criteria may reduce the occurrence of complications or detect them early, allowing a patient to be discharged more safely from a PACU. The patient's clinical conditions, the evolution and evaluation of his recovery, and important annotations must be informed to all health care professionals until his discharge from the PACU, increasing his safety.

Patients moved from the surgical room to the PACU need continuous and specialized follow-up care. They need to stay in a specialized care unit since surgery is an invasive procedure that may put them at risk of death due to anesthetic-surgical injuries.

The use of an evaluation instrument helps to record the patient's identification data and physical conditions, making the nursing assistance in a PACU more effective, planned, and humanized.¹¹ Therefore, knowing the nurses' perceptions about an instrument for the evaluation and discharge of patients from PACUs will produce more resources to guide its development.

This study was guided by the following research question: "What are the nurses' perceptions about an instrument for the evaluation and discharge of patients from a PACU?" Thus, we have aimed to describe the nurses' perceptions about an instrument for the evaluation and discharge of patients in PACUs.

METHODS

We used a descriptive, exploratory research with a qualitative approach for investigating meanings, beliefs, opinions, and perceptions about subjects.¹² This study was carried out in a medium hospital located in the South Region of Brazil from February to March 2016. The study participants were nine health care professionals of a PACU nursing team.

The inclusion criteria were: nurses or nursing technicians working at the PACU, performing their activities for at least six months, and working during the period of data collection. The exclusion criteria were: nurses and nursing technicians on medical leave during the period of data collection.

For collecting data, we used semi-structured, individual interviews scheduled previously according to the participants' availability. Using open-ended questions, they were encouraged to express their perceptions about the value of an instrument for the evaluation and discharge of patients from PACUs.

The interviews were recorded by a digital recorder in order to preserve the testimonials entirely, thus assuring a reliable material for analysis. After this, the interviews were transcribed integrally through a text editor software, which became this study corpus.

The empirical object was obtained when the objective of this research was achieved, according to the data saturation

criterion.¹² For data interpretation and analysis, we used the Content Analysis technique proposed by Minayo.¹²

It is stressed that before data collection all participants were informed of the study by the Free and Informed Consent Term (FICT) and signed two copies of this document—one for the interviewer and other for themselves. In addition, for ensuring anonymity, they were labeled by the letter "P" (participant) followed by a number that specifies the random sequence of the interviews (P1, P2...P9)

This study has been approved by the Research Ethics Committee of the Universidade de Cruz Alta (UNICRUZ), CAAE nº 51492115.8.0000.5322, and followed all procedures regarding research involving human subjects as stated by the Resolution 466/2012. Also, the participants' anonymity and data secrecy were preserved.¹³

RESULTS AND DISCUSSION

The study sample was composed of one female nurse and eight female nursing technicians, aged from 22 to 48 years, which an average of 30 years. Two subjects were married, two had a common-law marriage, and five were single. The working time in the hospital varied from one to 29 years, with an average of eight years. The average time of nursing work was nine years, whereas the working time in a PACU was three years. One subject had a Higher Education Degree, four were undergraduate students, and four had a Technical Degree.

From speech analysis, three categories arose: "Daily work in Post-Anesthesia Care Units", "Evaluation Criteria for the patient's discharge from Post-Anesthesia Care Units", and "The performance of nurses in Post-Anesthesia Care Units".

Daily work in Post-Anesthesia Care Units

PACUs are specific rooms suitable for patients who were submitted to general and/or (loco)-regional anesthesia, as well as surgical procedures. Nursing intensive care is performed in this room, defining the immediate postoperative period, which requires specific care and attention of the nursing team.⁶ In this sense, the study participants reported some actions executed during the PACU working routine, highlighting the importance of the nursing assistance for postoperative patients:

[...] when our shift begins, we have to visualize all the environment, when the patients are in the PACU, pay a lot of attention during the shift, trying to memorize the patients' name, exams, more important details to make the work agile during the shift. After my shift ends, I immediately verify the patients' vital signs and consciousness level, which is very important. We also have to evaluate If the patient is oriented, perform the described evolution, revise his medical record, all medications, schedules and convocations, exams that will be performed during the duty, always paying attention to the patient. (P1)

[...] We have a work routine. I begin the work shift, evaluate the patients' general clinical conditions, consciousness level, if they are under oxygen therapy, using tubes or drains. I evaluate the bleeding at the start and during the shift, vital signs, and, when there's no patient at the PACU, the first thing to do is check materials, vacuum cleaners, oxygen, crash cart, and surgical chart, in order to be prepared to work in this shift. I also evaluate the patient type I'm going to care at the PACU, his medical chart, all medications used, and the patient's pain scale and general condition. (P3)

[...] First, I evaluate the environment widely, materials, and if the equipment is organized according to the checklist. If there's a patient, I evaluate him widely, speaking with him, identifying me, evaluating his vital signs, breath, consciousness level, if he has pain, his medical record, [...] checking the nursing and PACU material records. (P6)

The professionals' report shows a concern about the postoperative patient. The effective nursing assistance influences his recovery significantly, thus stabilizing his physiological conditions.

In this context, among the PACU nursing activities, the change-of-shift nursing report is highlighted as a fundamental activity for the work coordination in the unit. This report allows the transmission of information about the patient's clinical condition among the nurses across the shifts. Also, it is used to inform the team members about intercurrent infections during the patient care and evaluate new actions according to the care plan, making the assistance qualification possible. Thus, the change-of-shift nursing report becomes a bridge between the patient's clinical condition and the nursing team's actions towards him, allowing the continuity of the nursing assistance,¹⁴ as stated in the following testimonial:

When I arrive at my workplace, I look for the report left by the previous nurse. If I'm in the PACU and she's with a patient who's here since the previous shift, so I'm going to receive the shift data, evaluate the vital signs with her, wound dressings and drains, just according to the surgical procedure that the patient was submitted to. If there's no patient, I'm going to check the materials I'm going to use in that shift [...]. (P9)

The observation of vital signs and the patient care are related directly to anesthetic-surgical procedures. The review of PACU materials and equipment is important so that the unit can be prepared for routine care and intercurrent infections.

The study's results are in a good agreement with another study about the nurse's expertise and organization strategies in a cardiac surgery postoperative period,

which pointed out that he is the professional responsible for managing the PACU materials, from its acquisition and conservation to its use by the nursing team.¹⁵

Evaluation Criteria for the patient's discharge from Post-Anesthesia Care Units

The PACU nursing care—which has qualified professionals to detect clinical complications—aims to achieve the patient's recovery during this period. Thus, establishing specific criteria for the postoperative patients' evaluation until their discharge is important.

In this context, it is necessary to evaluate the nursing care for postoperative patients judiciously due to possible intercurrent infections, considering their safety.¹⁶ The postoperative period is the moment in which the patients show the main complications, such as hypotension and hypertension; hypothermia; nausea; vomit; pain; and respiratory and cardiovascular complications. If they can be monitored, detected and treated prematurely, the patient's safe, effective recovery are guaranteed, as evidenced by the following testimonial:

[...] it's an extra care evaluating the consciousness level of the patient, his vital signs, operative wounds, bleeding, nasogastric and vesical tube, eliminated liquid quantity [...] you can't fail at all; all must be evaluated well. (P2)

PACU nursing teams evaluate the patient according to the anesthesia type and surgical procedure applied to him, including consciousness level and vital signs. We stress that, during data collection, the hospital had no documented criteria for the evaluation of the cited aspects. In this sense, the following testimonials point out the development of documented criteria for the evaluation of the patients' PACU discharge:

For the discharge, I consider the surgery type carried out, what anesthesia the patient was submitted to, and the anesthesiologist's guidelines regarding the discharge. There's no recorded criterion, but we follow the information passed to us because each hospital has its own routine and we follow the routine given us by the nurse. (P4)

There's no specific criterion for evaluation in this unit, but it is in accordance with each anesthesiologist and the anesthesia the patient was submitted to, considering his consciousness level, vital signs, and the present of diuresis. These are the criteria we evaluate at first in the recovery room when we receive a patient, but there's no way to record all these criteria, which are performed as stated by each anesthesiologist. In my opinion, it's important that a recorded evaluation criterion exists. (P7)

We don't have recorded criteria for the patient's evaluation, but what we have are criteria given us by the nurse, and we're using it when we work at the PACU,

which is based on the surgical procedure the patient had, his general state, and the anesthesia type he was submitted to. It's clear that there are general criteria for all patients, which are independent of the surgical procedure and anesthesia, but in some cases, it required us to be more careful, specifically with each procedure through the anesthesia type, in the general anesthesia. When I receive a patient, I evaluate his consciousness level, vital signs, and, when he's conscious, I evaluate his pain level. (P9)

A judicious evaluation based on scientific knowledge make the postoperative patient safe.² It is perceived that the interviewees stress the necessity of using specific criteria for the evaluation of the patient's discharge to reduce complications and minimize incidents and adverse events, qualifying the nursing assistance.

In this context, the patients' safe recovery is linked directly to anesthetic-surgical procedures, considering the nursing procedures suitable for each patient and their recording to guarantee an assistance with expertise.¹⁷

In the following testimonials, the interviewees pointed out that the hospital possesses an evaluation instrument for PACU patients, namely the Aldrete-Kroulik scale:

There's no recorded criterion for the patient's discharge, nor Aldrete-Kroulik scale training. It's in the evolution sheet of the surgical procedure, but it's not recorded. Recorded criteria are necessary for us to have support regarding the evaluation of the patient's discharge since until now it's not recorded at all. (E3)

According to the patients' speech, there is some difficulty in applying this scale, which shows the necessity of training nurses to use it. The Aldrete-Kroulik scale is a criterion for evaluating the patients' discharge and ranges from 0 to 10.¹⁸

Although an interviewee's testimonial addresses the Aldrete-Kroulik scale as a type of evaluation, a study pointed out that this scale provides an unsafe evaluation of postoperative patients since the evaluation of its parameters is carried out independently.¹⁶

According to another interviewees' report, the record of evaluation criteria may help to make this process practical in PACUs and after the patient is discharged from it and moved to another unit:

[...] the specific form should be studied to make the process easier because most of the nursing technicians complaint that they have to write a lot [...] if there were another more objective way, it would make it easier a lot, it would make it easier to carry out. (P1)

[...] in a future time, when the patient's going to the room, the next process is set in motion, and it's the patient being there. The professional who's with that patient would make things easier for him. The professional doesn't need to read every evolution if he wants to know about an item for changing dressings, for example. He doesn't need to read every evolution. If he has this record, he's going to go there and find the right item, which is for dressings, making the whole PACU process faster. (P8)

The postoperative period has specific features. Consequently, information about nursing care during this period must be recorded by an instrument specific to each patient, allowing a continuous nursing care across different units of the institution.¹⁷ Thus, we restate the importance of using a personalized instrument for recording nursing events related to postoperative patients and build a legal source of information to PACU professionals and to the institution.¹⁹

According to the interviewees' report, the existence of a tool for the evaluation and discharge of patients from PACUs may help nursing and medical teams to provide care based on criteria specific to them.

The performance of nurses in Post-Anesthesia Care Units

PACU nurses need to be qualified and have theoretical and practical basis so that they can provide care to postoperative patients. The nurses' performance in PACUs is essential because it covers various elements regarding the type of care delivered, considering the personalized care towards postoperative patients under anesthetic effects.²⁰

The patient's evaluation by a PACU nurse may be carried out considering the particularities of the preoperative, transoperative, and postoperative period, as well as the individual characteristics of each patient. Since this is a critical phase that is vulnerable to various intercurrent complications, it is necessary to monitor the patients continuously during this period.

In this context, the evaluation and inspection by PACU nurses upon the patient's arrival are essential. For instance, they perform physical examinations, including the evaluation of vital signs; blood volume; presence of catheters and drains (volume and aspect); and especially surgical wounds.¹⁹

The nursing assistance during the postoperative period in a PACU must be planned and the patient must be under the observation and evaluation from nurses and nursing technicians, that is, a qualified team, considering the complexity of a surgical procedure:

The performance of the nurse and nursing technician is very important, mainly during the immediate postoperative period because it's a critical one. Even in the

smallest surgical procedure, the patient will be at risk of complications and this risk will be present. So, the main objective is to provide assistance to the patient until the moment that he's recovered from the anesthetic effects. [...] the nurse also is important for checking up on the changes in technology, procedures, and routines that have been happening. (P5)

As shown by the testimonial above, the PACU nurse must know the recent advances in nursing assistance to qualify his service throughout the immediate postoperative period. Also, nurses who are assisting a postoperative patient until his discharge must deliver a nursing service with quality and safety.²¹

In this sense, PACU nurses must possess the knowledge and specific skills for providing care to patients submitted to different types of surgery, which need specific and personalized care.^{4,22} In addition, nurses must be qualified to improve the quality and effectiveness of the assistance and be prepared to provide care to patients regardless the surgical procedure performed on them.^{4,15}

The following testimonials shows that the PACU nurses' performance is important for the judicious evaluation of patients, the detection of possible alterations, and the carrying out of interventions so that the postoperative period may become safe:

The recovery room is extremely important for the patient's assistance and also for the nursing technicians; in critical situations the nurse's look in the evaluations. [...] And there's no nurse working 24 hours in the PACU. When it's necessary, we ask the nurse in the shift, in charge of the surgery room, so he goes to the recovery room and evaluates the patient. (P4)

The nurse's presence in the recovery room is fundamental because it's an enormous responsibility. We don't have a full-time nurse since there are procedures that only the nurse can carry out. It would need a full-time nurse to carry out the more specific evaluations giving more safety to the nursing technician. The work would be agiler with the nurse's presence. (P6)

Nursing interventions must focus mainly on the patient's safety, requiring a number of nurses enough to accomplish it. A calculation that considers the number of PACU patients is proposed for the management of human resources.²³ The postoperative period demands a specific and individual evaluation from nurses in order to prevent and treat the main complications, improving the patient's safety.²

The evaluation and assistance in nursing are perceived by the interviewees as something essential, thus suggesting that is necessary to carry out them in a qualified way. When this evaluation is executed with attention, it improves the postoperative patient's recovery. In the

context of nursing assistance, it is important to consider that the nurse is responsible for evaluating patients in a particular way, provide them adequate assistance using technical-scientific skills, considering all complications that may arise. This care is essential for the safety of PACU patients.⁴

Teamwork is strengthened while direction and monitoring continue to be carried out. In this context, it is important that the nurse stays exclusively in the PACU with the rest of the nursing, surgery, and anesthesiology teams to manage the care service, improving the safety and continuity of care.

I think he's very important for the patient's evaluation and the teamwork with the PACU nursing technician; he makes the work safer. In many cases, according to the surgical procedure and the general state of the patient, the care become agiler because there will be a nurse close to you for whatever intercurrent situation affecting that patient [...]. (P9)

In my point of view, he's very important because he gives us more safety and helps the nursing technician when considering risks and complications that will arise in the postoperative period. There's no full-time PACU nurse, but there should be the presence of a nurse in the PACU 24 hours per day because is during the time that only the nursing technician is working that complications generally occur. (P8)

The interviewees pointed out a concern from the team about the quality of the nursing care for postoperative patients. They highlighted that the full-time presence of the nurse is fundamental for evaluating patients submitted to different types of anesthesia and surgical procedures. Also, they reported that the postoperative patient's safety is linked to procedures and interventions in nursing, which are based on practical, scientific knowledge, thus preventing adverse events and complications from anesthetic-surgical procedures.

The capability of the nursing professionals interviewed is emphasized by the teamwork. The team members, recognizing their responsibility as professionals and their limits, highlight the PACU nurse's performance as fundamental to coordinate the health care work and stimulate the development of care skills. Therefore, considering the difficulties found by the nursing team, the necessity of an instrument for evaluating and discharging patients from the PACU is clear, as well as the full-time presence of nurses with physicians in order to gain knowledge; upgrade themselves; and promote permanent education, consequently strengthening the team.

It is observed that the nursing team pursues the development of a qualified assistance, aiming ways to prevent and detect possible complications, providing

safety for postoperative patients until their discharge from the PACU. Based on the study's results, it was possible to develop an instrument for the evaluation and discharge of patients from PACUs, which may improve the quality of assistance, optimizing the PACU professionals' work.

INSTRUMENT FOR THE DISCHARGE FROM THE PACU

name: _____
age: _____ Gender: _____
Surgical Procedure: _____
Date and Time of Admission: ____/____/____ at ____:____

Type of Anesthesia:

General Nerve block Epidural Spinal

Other: _____

Vital Signs:

Art. press.: _____ mmHg Pulse: _____ bpm Temperature: _____ °C
Resp. freq.: _____ rpm Pain: Yes No

Consciousness Level:

Awake, focused, lucid Confused, agitated
 Sleeping, but awakes when stimulated Sedated
 Consciousness alterations before the surgery Other alterations

Respiratory Conditions:

Normal respiration
 Oxygen Therapy (specify): _____

Motricity:

Spontaneous movement of members
 With limitations from the anesthetic block
 With limitations from the surgical procedure
 With neurological damage before the surgery

Diuresis:

With an indwelling urinary catheter. Volume: _____ mL
 With a short-term catheter. Volume: _____ mL
 Showed diuresis spontaneously. Volume: _____ mL
 Without diuresis. Without catheters.
 Vesical catheter removed at the PACU discharge. Volume: _____ mL

Observations:

Date and time of discharge:

____/____/____ at ____:____

Rubber stamp and signature of the team:

Nursing Technician	Nurse	Anesthesiologist

Source: material developed by the authors based on the Aldreth-Kroulike scale

CONCLUSION

Data analysis evidenced that the nursing professionals interviewed have a concern about a judicious evaluation of PACU patients, highlighting the importance of recording in a specific instrument in order to favor the continuity and quality of the nursing assistance.

The results of this study were grouped in three categories. Among them, the interviewees stressed the following as the most relevant: "evaluation criteria for the patient's discharge from Post-Anesthesia Care Units" and "the full-time performance of nurses in Post-Anesthesia Care Units". The professionals perceived the necessity of establishing documented criteria for the evaluation of the PACU discharge and also the importance of the nurse's performance in the team and the perception of possible complications that involves the immediate postoperative period in order to provide safety to patients.

The PACU patient's effective recovery goes beyond the presence of equipment and technological resources. This research evidenced the care delivered to patients through interventions based on the scientific knowledge and technical skills as the principal factor, developed in a judicious and individualized way.

In this context, the nursing team's knowledge is fundamental. We emphasize the nurse's role to promote the team's qualification and motivation so as to be able and qualified to evaluate the patient, aiming an evaluation that prevents possible complications related to the PACU patient's safety.

In this study, it was possible to identify, based on the reports, that the nurse's full-time presence in the PACU is necessary, which would help the other professionals' work, as well as the implementation of a specific, documented instrument for the evaluation and discharge that can improve the quality and continuity of the care provided, contributing to the safety of the postoperative patient and the nursing team.

We believe that the study's findings may contribute significantly to the improvement of the assistance quality for patients, considering that the PACU is a specific unit that provides care continuously to postoperative patients under anesthetic effects.

This research has the limitations of the qualitative and descriptive studies, such as the professional category of the participants since this study only covered nursing technicians and nurses who work in a PACU. Thus, future investigations are required in order to cover other professional categories for the identification of gaps in the criteria for the evaluation and discharge from PACUs. Therefore, it would increase the scientific knowledge of this theme, considering its complexity and implications for the clinical condition of patients submitted to anesthetic-surgical procedures.

REFERÊNCIAS

1. Pinho NG, Viegas K, Caregnato RCA. Papel do enfermeiro no período perioperatório para prevenção da trombose venosa profunda. *Rev. Sobecc.* 2016; 21(1):28-36. DOI: 10.5327/Z1414-4425201600010005
2. Madeira MZA, Costa CPV, Sousa LEN, Batista OMA, Vieira CPB, Trabasso P. Nurse's perception on nursing care in the in recovery room postanesthe. *J. res.: fundam. care. online* 2013; 5(6):104-14. DOI: 10.9789/2175-5361.2013v5n6Esp2p104
3. Associação Brasileira de Enfermeiros de Centro Cirúrgico, Recuperação Anestésica e Centro de Material e Esterilização – SOBECC. *Práticas Recomendadas SOBECC.* 6. ed. São Paulo: SOBECC; 2013.
4. Souza TM, Carvalho R, Paldino CM. Diagnósticos, prognósticos e intervenções de enfermagem na sala de recuperação pós-anestésica. *Rev. Sobecc.* 2012; 17(4):33-47
5. Possari JF. Centro cirúrgico: planejamento, organização e gestão. 4. ed. São Paulo: Láttria; 2009.
6. Popov DCS, Peniche ACG. Nurse interventions and the complications in the post-anesthesia recovery room. *Rev. Esc. Enferm. USP.* 2009; 43(4):946-54.
7. Wilfred WKY. Post-operative care to promote recovery for thoracic surgical patients: a nursing perspective. *Journal of Thoracic Disease*, 2016, 8:71-77. DOI: 10.3978/j.issn.2072-1439.2015.10.68
8. Cavalcanti IL. *Medicina Perioperatória.* Rio de Janeiro: SBA - Sociedade Brasileira de Anestesiologia, 2005. 344 p.
9. Nunes FC, Matos SS, Mattia AL. Análise das complicações em pacientes no período de recuperação anestésica. *Rev. SOBECC.* 2014; 19(3):129-35. DOI: 10.4322/sobecc.2014.020
10. Alexandre ILS. *Humanização do atendimento de enfermagem na sala de recuperação pós-anestésica.* 2008. 39 f. Monografia (Especialização) - Curso de Enfermagem, Unesc – Universidade do Extremo Sul Catarinense, Criciúma, 2008
11. Minayo MCS. *O desafio do conhecimento: pesquisa qualitativa em saúde.* 13. ed. São Paulo: Hucitec, 20138. Cavalcanti IL. *Medicina Perioperatória.* Rio de Janeiro: SBA - Sociedade Brasileira de Anestesiologia, 2005. 344 p
12. Fontanella BJB, Ricas J, Turato ER. Amostragem por saturação em pesquisas qualitativas em saúde: contribuições teóricas. *Cad Saúde Pública.* 2008; 24(1):17-27. DOI: 10.1590/S0102-311X2008000100003
13. Brasil CNS. Resolução 466/2012 - Normas para pesquisa envolvendo seres humanos. Brasília, DF, 2012
14. Teodoro WR, Aquino LAM. Análise do processo de passagem de plantão em uma unidade de internação pediátrica. *REME - Rev Min Enferm.* 2010; 14(3):316-26
15. Santos APZ, Camelo SHH, Santos FC, Leal LA, Silva BR. Nurses in post-operative heart surgery: professional competencies and organization strategies. *Rev Esc Enferm USP.* 2016; 50(3):474-81. DOI: 10.1590/S0080-623420160000400014
16. Atzingen MDV, Schmidt DRC, Nonino EAPM. Elaboration and application of an evaluation instrument in the immediate postoperative period, based on the Advanced Trauma Life Support protocol. *Acta Paul Enferm* 2008; 21(4):616-23. DOI: 10.1590/S0103-21002008000400013
17. Reda E, Peniche ACG. Entry-instrument used in the patient's evaluation in a post- anaesthetic recovery room - a matter of great concern: care continuity. *Acta Paul Enferm* 2008; 21(1):24-31. DOI: 10.1590/S0103-21002008000100004
18. Aldrete JA, Kroulik D. A postanesthetic recovery score. *Anesth Analg.* 1970; 49:924-34
19. Monteiro EL, Melo CL, Amaral TLM, Prado PR. Cirurgias seguras: elaboração de um instrumento de enfermagem perioperatória. *Rev. Sobecc.* 2014; 19(2):99-109. DOI: 10.4322/sobecc.2014.016
20. Rachadel ANS. *Sala de Recuperação Pós Anestésica: Uma Proposta de Revisão do Instrumento de Registro da Assistência em Enfermagem.* 2010. 44 f. Monografia (Especialização) - Curso de Enfermagem, Universidade do Sul de Santa Catarina, Florianópolis, 2010
21. Lins TH, Marin HF. Evaluation of a Website on nursing care in the post anesthesia recovery room. *Acta Paul Enferm.* 2012;25(1):109-15. DOI: 10.1590/S0103-21002012000100019
22. Ingadottir B, Blondal K, Jaarsma T, Thylen, I. Perceptions about traditional and novel methods to learn about postoperative pain management: a qualitative study. *J. adv. nurs.* 2016;72(11):2672-

83. DOI: 10.1111/jan.1302120. Lins TH, Marin HF.
Evaluation of a Website on nursing care in the post anesthesia
recovery room. *Acta Paul Enferm.* 2012;25(1):109-15. DOI: 10.1590/
S0103-21002012000100019
22. Ingadottir B, Blondal K, Jaarsma T, Thylen, I. Perceptions about
traditional and novel methods to learn about postoperative pain
management: a qualitative study. *J. adv. nurs.* 2016;72(11):2672-
83. DOI: 10.1111/jan.1302120. Lins TH, Marin HF.
Evaluation of a Website on nursing care in the post anesthesia
recovery room. *Acta Paul Enferm.* 2012;25(1):109-15. DOI: 10.1590/
S0103-21002012000100019
23. Costalino LR. A enfermagem e a dor do paciente na sala de
recuperação pósanestésica: formas de identificação e condutas
interventivas. *Salusvita.* 2015,34(2):231-50

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