A PACU nurse is often faced with a challenge of balancing adequate pain management and airway management with adequate ventilation in the immediate post operative period. Data gathered from 2007 - 2008 yielded an increasing number of over sedation RRT calls to nursing units involving PACU patients. During a nine month time period, there were 48 incidences of post operative respiratory depression (PORD) perceived to be PACU related, ten of which were related to PACU.

PACU immediately implemented a process improvement plan to identify patients at risk for PORD. The objective was to reduce over sedation RRT calls 50% by July 2009.

Clinical actions involved effective communication and collaboration between anesthesia providers and PACU staffs. PACU staff were re-educated on opioid delivery and patient variables. Nursing practice was also updated to focus on the stir-up regimen, as well as, the creation and implementation of oxygen trial withdrawal.

Clinical outcomes included early recognition of PORD through oxygen trial withdrawal in PACU. As evidence based resources has indicated that pulse oximetry is only accurate in the absence of oxygen, 83% reduction of RRT calls related to over sedation was achieved in July 2009.

PACU, risk management, and the office of patient safety joined efforts to address patients identified at risk for post operative respiratory depression in all stages of patient care, which requires continued vigilance and observation in the nursing unit.