Purpose: Overnight stays in the PACU have become a less than ideal but necessary alternative to the Intensive Care Units (ICU). Due to high acuity and increased demand for limited ICU beds, the PACU holds patients until beds are available or they are stable enough to be down-graded to a floor. Guidelines were established to ensure appropriate medical coverage after the point of anesthesia sign off.

Description: In the evening, each particular ICU is notified of which patients remain in PACU. The PACU attending speaks with the critical care area (CCA) attending and the surgical fellow at an attempt to make a plan to get patients transferred to the correct area. If no beds will be available on the appropriate unit, the ICU house staff is reminded that this patient is no longer under the care of anesthesia and anesthesia is only available for emergencies. The house staff for each individual ICU will cover the patient for orders/questions/concerns while in PACU. Contact information of responsible physicians is provided to PACU staff for quick reference.

Evaluation: When patients "board" in the PACU overnight, standard care must parallel that of the ICU. This means ICU trained nurses present and doctors readily available. Since establishing guidelines, we have noticed an increase in the follow-up of "off-unit" cases. Patients are not getting lost in the shuffle of the bed-finding chaos that is a large trauma center. These patients are now part of regular rounds and evaluated on a frequent basis.