UC San Diego

Winter 2010 - UC San Diego Health Journal of Nursing: The Unique Power of Nursing

Title

Making Sense of Anesthesia

Permalink

https://escholarship.org/uc/item/16j7w7bd

Journal

UC San Diego Health Journal of Nursing, 3(1)

Authors

Tayag, Dahlia D, BSN, RN White, Angela, BSN, RN

Publication Date

2010

Peer reviewed

Making Sense of Anesthesia

By Dahlia D. Tayaq, RN, BSN, CCRN and Angela White RN, BSN, CPAN

From local to general, there are many types of anesthesia. Knowing what to expect when you admit your patient from the PACU may not always be clear. Will a patient who has had a "MAC" need special monitoring? How will the local anesthesia affect my patient who had a bronchoscopy? Knowing these answers is important to the PACU nurse and to the nurse receiving a patient from the PACU. Let's explore some examples.

1

An eighty year-old patient is returning to her med/surg floor following a cataract extraction. The PACU nurse reports that she is alert and oriented, vital signs are stable, and that her right eye patch is clean, dry, and intact. She has received a "MAC" anesthesia and has been in the PACU for thirty minutes with no complications. You hang up the phone and then realize... 'I'm not sure what a "MAC" is!'

TIP: Monitored Anesthesia Care (or MAC) is a type of sedation where an anesthesia provider is present at all times to provide the patient with anxiety and pain relief, amnesia, comfort, and safety during the procedure. The patient's reflexes remain intact and they wake up quickly. Often this is accomplished with a propofol drip. Recovery time must be at least thirty minutes.

With this information in mind, in addition to the report that the patient is alert and oriented, and has been recovered in the PACU for at least thirty minutes, you feel confident that the patient is ready for transfer back to her med/surg bed.





Dahlia Tayag RN, BSN, CCRN has been a critical care nurse for 31 years and has 25 years of PACU experience. She received her Bachelor's Degree in Nursing from the Phillippine Women's University. She is currently finishing her Masters Degree in Nursing at the University of Phoenix.



You are picking up your uncle in the Same Day Surgery PACU after a carpal tunnel procedure. When you arrive at his bedside he is alert and oriented with his arm elevated and is denying pain. The PACU nurse tells you that he came out of the operating room awake and comfortable after local anesthesia and conscious sedation. She says that he is ready to be discharged home. You ask the nurse, "Are you sure he's ready to go? He just arrived in the PACU!"

TIP: Anesthesia for carpal tunnel surgeries is often done with a Bier Block local anesthesia. This



involves an injection of a local anesthetic agent directly into the surgical area to block pain sensation. It is used for minor procedures on a limited part of the body. Conscious sedation often accompanies this type of anesthesia to ease patient anxiety and ensure comfort. Since your uncle is awake, oriented, comfortable, and meets discharge criteria, the PACU nurse deems him ready for discharge. She reviews the discharge instructions with you and your uncle verbally and in writing, allowing for questions to be answered. To prevent injury to the anesthetized limb, she puts your uncle's arm in a sling and directs him to keep it on until full sensation resumes to his hand.

You are receiving report from the PACU nurse regarding a patient that will be admitted to the Progressive Care Unit for overnight observation. The patient has had a rigid and flexible bronchoscopy with balloon dilatation to treat his tracheal stenosis. He has had a general anesthesia with local anesthesia topically applied to the surgical site. The patient has been recovered for over an hour in the PACU after his general anesthesia, is stable, and comfortable. He is asking for some water but the PACU nurse says he can't

have any for at least another hour.



TIP: General Anesthesia is given intravenously or by inhalation. It affects the brain as well as the entire body. The patient is completely unaware and does not feel pain during surgery. It often causes amnesia during the immediate postoperative period. Patients who have had general anesthesia must be recovered in the PACU for at least one hour. Local anesthesia is used during bronchoscopies to reduce post-op discomfort. Patients who receive local anesthesia during their bronchoscopy procedure should not have anything to eat or drink for at least two hours because the local anesthesia can cause loss of protective reflexes in the throat and potentially lead to aspiration.

With knowledge of these details, you accept the patient and monitor him closely when you give him some apple juice an hour later.

These patients are just a few examples of PACU nursing. We welcome any questions that you may have regarding anesthesia and nursing policies and procedures in the PACU.

References

Drain, C. B., Odom-Forren, J. Perianesthesia nursing: A critical care approach, 5th ed. 2008. Elsevier.

Schick, L, Windle, P. E. Perianesthesia nursing care curriculum, 2nd ed. 2010. Saunders.

act blindness: Challenge for the