Standard Operating Procedure (SOP)

Patient Anesthetic Recovery

Objective

This SOP outlines the procedures to ensure safe and effective recovery of patients following anesthesia in a veterinary hospital setting. It aims to minimize risks, monitor vital signs, and provide a comfortable environment for the patient during recovery.

Scope

This procedure applies to all veterinary staff involved in the administration of anesthesia and post-anesthesia care, including veterinarians, veterinary technicians, and support staff.

Responsibilities

- Veterinarians: Responsible for anesthesia administration and overall patient care.
- Veterinary Technicians: Assist in monitoring recovery and providing supportive care.
- Support Staff: Maintain a clean, safe, and quiet recovery area.

Procedures

Overview

- The recovery unit is to be the quietest and calmest place in the hospital to ensure a stress-free and calm recovery for every individual. It is the recovery professional's responsibility to ensure that the recovery unit remains quiet and calm at all times.
- Numerous factors can impact the quality of recovery and should be addressed to aid in the patient's smooth emergency from anesthesia. Environmental stress, bright lights, excessive noise, and a cold environment can contribute to the patient's discomfort following anesthesia.

Recovery Unit Prep

- Ensure all floors are cleaned. Lays down the full length of recovery mat (regardless of how surgeries are scheduled).
- Lay down emergency blankets to cover entirety of the recovery mats.
- Lay down heating blankets over the emergency blankets to cover entirety of the recovery mat.
- Lay down blankets to cover cover the heating blankets.
- All heating blankets should be plugged in and turned on prior to surgery start to ensure full and total surface is warm/prepared for patients.
- At least one heating pad should be plugged in and turned on to begin heating up prior to surgery start. Heating sources (pads and blankets) should always remain on through duration of surgical recovery.
- Ensure all supplies are readily available
    - Thermometer; Stethoscope; Alcohol/Peroxide; Scrub; Bandage Scissors, Gauze; VetWrap; Icepacks and Covers; Nail Clipper (large and small); Cotton Swabs; Ear Cleaner; Hand Sanitizer
- Fills designated bucket with water and small amount of chlorohex solution for soaking and cleaning of ET tubes.

Patient Transition to Recovery Area

- After the procedure, the patient is carefully transferred to the designated recovery area.

- Ensure the patient is positioned comfortably. Every patient should be positioned facing the same direction at all times to prevent possible spread of disease.
- Patients should be placed on the recovery mat in a comfortable lateral or sternal position, ensuring the entirety of their body and limbs (including tail) remain on their blanket only, ensuring no part of the patient's body comes in contact with the communal recovery blanket.
- Patients' entire body, including limbs and tail should remain covered with their blanket to prevent hypothermia, except when patient's temp is at or above normal (>99 degrees F)
- Patients should be lined up along the wall to prevent team members from having to step over patients for safety.
- The ET tube should be untied to allow for easy extubation and the tongue should pulled out the side of the mouth to visibly monitor MM.
- Nutrical should be placed on the patient's gums, specifically to younger, small, or compromised patients.

Patient Monitoring

- All patients should be closely monitored until they are deemed stable enough and ready to return to their beds.
- As soon as a patient arrives in the recovery unit an initial assessment should be completed. Attending DVM should be notified immediately of any abnormalities.
    - Temp
        - Anything less than 99 degrees F requires a heating source and close monitoring).
        - Regardless of patient mentation/behavior, no patient should ever be returned to their bed with a temp at or below 98 degrees F. When possible. stable/well behaved patients should remain in the recovery unit until their temp is over 99 degrees F.
        - Initial temp is to be recorded on the patient's chart. For temps <99 degrees, temps should be taken every 5 minutes and documented until over 99 degrees.
    - Heart rate
        - Heart Rate should always remain over 70bpm. Alert the attending DVM if heart rate drops below 70bpm or if the HR is slowly/steadily decreasing.
    - Respiratory Rate
    - MM color and CRT
    - Evaluation of mentation/anesthetic depth.

Patient Care

- All procedures to be performed in the recovery unit are to be performed prior to extubation.
    - SQ fluids; Microchipping; Ear Cleaning; Nail Clipping; Administration of injectable medications; etc.
- Ensure all patients are cleaned up while still under the effects of anesthesia/sedation to limit possible pain and discomfort.
    - All incision/surgical sites should be inspected and cleaned appropriately.
    - Ensure patient is thoroughly cleaned up
        - Face/Mouth/Eyes
        - Rectal and Genetal Areas
        - Feet are clean and free of debris

    - Hair coat is clean and free of odor and debris
    - Check ears - clean if necessary.
    - Nails are trimmed.

Extubation

- With the exception of brachycephalic breeds and/or patients with respiratory complications/conditions, all patients are to be extubated with the presence of a palpebral reflec. No patient should be left intubated until swallowing - this can cause unnecessary pain and discomfort and could even result in damage to the trachea.
- ET tubes should be removed slowly without veering off to the sides and in following the curvature of the neck.

Stimulation and Repositioning

- Patients recovering from anesthesia/sedation are hyper-sensitive to their environment. Noise, light, and physical touch can actually be painful in some situations. It is very important to limit these environmental factors in the recovery period.
- Stimulating a patient with physical touch should be very gentle. This should never occur as slapping or patting the patient. Physical stimulation should only occur through petting or through gentle and minimal range of motion.
- Stimulating a patient verbally should also always be gentle. Talk in a quiet and calm tone or whisper. Never speaking at normal volume or yelling for the patient.
- Again, the recovery unit in its entirety should always remain quiet, calm, and dim. Team members should not be conversing with one another during a patient's recovery; however, if it is require, the team members should speak quietly, if not in a whisper, and should never be speaking right next to a recovering patient.

Recovery Unit Release

- Ensure patient's IV Catheter has been removed, unless otherwise indicated, and proper bandage has been applied.
- Patients are able to be returned to their beds once their vital signs are within normal parameters and the patient is able to lift their head and control their movements to prevent injury.
- If a patient is unable to remain in the recovery unit due to behavior but their temp remains <99 degrees F, a DVM should be alerted and a plan discussed. Ideal plan will involve seeking assistance to safely monitor the patient in the recovery unit 1:1; however, if the patient is required to return to their bed the entire surgical team, and inpatient team, should be notified to monitor the patient closely to ensure a smooth recovery. Temp/vitals will need to continue to be monitored while in their bed, Patient should be placed in their bed wrapped in their blanket and emergency blanket and a card present on their bed to identify they need close monitoring.
- Patients should be carried to and from recovery in a straight line supporting the head and neck, and hind quarters, to prevent additional trauma, pain, or discomfort. Whenever this is not possible, ask for help and/or utilize transport products. A patient should NEVER be transported in a curled up position, or in a position that bend the neck or spine.

Documentation

- The recovery professional should be assessing every patient's chart to ensure all requested services have been completed and documented prior to the patient waking up from anesthesia.
- Document all findings/procedures performed during recovery period.
- Ensure initial vitals and follow up vitals are documented.

Communication

- Inform the attending DVM and the team of any concerns during recovery.

Safety Considerations

- All staff working in the recovery unit are required to be trained in emergency procedures related to anesthesia and recovery.
- Maintain a clean and organized recovery area to reduce the risk of infection.
- Regularly check and maintain monitoring equipment.

Conclusion

- Following this SOP will help ensure the safety and comfort of patients during the anesthetic recovery process. Continuous staff training and adherence to these guidelines are essential for effective patient care.

Notes

- Always use the client and pet's name when known.
- If busy, acknowledge the client and let them know you'll assist them shortly: "Hi there, I'll be right with you in just a moment!"

Quality Assurance

- Regular review and monitoring of team members.
