POST-ANESTHESIA EVALUATION NOTE

The elements of an adequate post-anesthesia evaluation should be clearly documented and conform to current standards of anesthesia care, including (§482.52(b)(3)):

- Respiratory function including respiratory rate, airway patency, and oxygen saturation;
- Cardiovascular function including pulse rate and blood pressure;
- Mental status;
- Temperature;
- Pain;
- Nausea and vomiting; and
- Postoperative hydration.

Depending on the specific surgery or procedure performed, additional types of monitoring and assessment may be necessary.

For those patients who are unable to participate in the postanesthesia evaluation (e.g., post-operative sedation, mechanical ventilation, etc.), a postanesthesia evaluation should be completed and documented within 48 hours with notation that the patient was unable to participate. This documentation should include the reason for the patient’s inability to participate as well as expectations for recovery time, if applicable. For those patients who require long-acting regional anesthesia to ensure optimum medical care of the patient, whose acute effects will last beyond the 48-hour timeframe, a postanesthesia evaluation must still be completed and documented within 48 hours. However, there should be a notation that the patient is otherwise able to participate in the evaluation, but full recovery from regional anesthesia has not occurred and is not expected within the stipulated timeframe for the completion of the evaluation.

Documentation of the Post-Anesthesia Evaluation may be found in the following:

- Statement on Documentation of Anesthesia Care (Approved by the ASA House of Delegates on October 15, 2003, and last amended on October 16, 2013)

Sample Post-Anesthesia Evaluation Forms may be found in the following:

- Manual for Anesthesia Department Organization and Management (MADOM)