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Intraop 26) And EBL 600cc. UOP Not Measured Y PACU ± 140/36, HR 92, 100% R15. Patient Appears Comfortable. Y He Gets Progressively Tachycardic (110-140s) With PVCs - Treated With Esmolol . Hct Checked - 31.8 Y Patient Appears Euvolemic With Moist Mucous Membranes And Normal Capillary Refill Time. UOP 400cc Over Several Hours. Mar 1th, 2024. PACU Handover TimeoutSubmitted Patient Safety Report Forms Day Shift RN Given Report At 0700 By Previous Night Shift RN. Day Shift RN Was Told Specifically That Patient Did Not Receive Toradol In OR Prior To Coming To PACU. Prev RN Had Contacted Anes For Medication Order As Pt Was Rating Pain 5/10. Day Shift RN Then Paged Anes Again To Ask For Pain Med. Feb 8th, 2024Pacu Guidelines For DischargeDischarge To The Appropriate Care Environment. 2,5,10,11 Following A Structured, Systematic Guideline Process For PACU Discharge Provides The Nurse With The Highest Strength And Quality Of Evidence ... Patient Readiness For PACU Discharge: Nursing2020 ... Discharge From The PACU Standard Aldrete Apr 3th, 2024Improving Patient Flow Process From The PACU To The ... Thomas Jefferson University Hospital Methodist Division Clinical Nurse Specialist Philadelphia, Pennsylvania USA Author Summary: H. Lynn Kane Is A Clinical Nurse Specialist At Thomas Jefferson University Hospital Methodist Division. Lynn Has Been A Certified Critical Care Nurse Since 1979. Apr 3th, 2024.

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