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# Routine Post Surgical Vital Signs: Time for a Change.

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## Purpose Statement

The purpose of this evidence-based practice project is to evaluate the current routine post operative vital signs and determine if reduced frequency of vital signs is as effective in identifying deterioration after a post anesthesia care unit (PACU) discharge.

## Synthesis of Evidence

- Patient survival in the post operative time period is maximized with the recognition and management of abnormal vital signs.
- Post op periods can carry great respiratory and circulatory complications, which are identified by abnormal vital signs especially heart rate and blood pressure.
- Multiple sources have identified that current frequency of post operative vital signs is based on tradition rather than literature.
- There are minimal resources identifying any standards of practice for post surgical vital sign monitoring after a patient leaves the PACU.

## Team Members

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## Evidence-Based Practice Change

### Current Practice:

Post operative vital signs for medical level patients:

On arrival  
Every 15 minutes x 3  
Every 30 minutes x 2  
Every Hour x 1  
Every 4 hours x 24 hours

### Practice Change:

Post operative vital signs for medical level patients:

On arrival  
Every 15 minutes x 2  
60 minutes x 1  
2.5 hours x 1  
Every 4 hours until 24 hours

### Expectations:

- Medical level surgical patients post PACU stay on Neuroscience/spine and Orthopedic units are included. Those with specific vital sign needs (example angiography) and orders are excluded.
- Capnography and increased monitoring per patient condition will continue as outlined in policy (continuous oxygen and heart rate monitoring).

### Supporting Interventions:

- Program vital signs machines with new frequency
- White Board information cards and write in cards for vital sign timing.
- Education included Neuroscience/spine and Orthopedic unit and patient care support staff via posters, emails, huddles, newsletter and as needed one on one.

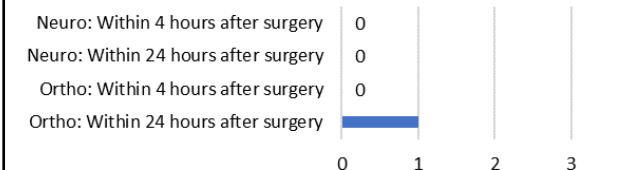
### Shared Governance:

- Department level practice committee approval
- Approval from Department Chairs of Anesthesia, Neurosurgery, and Orthopedic surgery.
- Clinical Patient Care Committee informed of pilot with plans to disseminate findings for consideration of spread.
- Education Committee for dissemination of information.

## Outcomes

- Plan to monitor adverse events within the first four hours of arrival to the Orthopedic or Neuroscience Spine units.
- Goal: To maintain or decrease the number of acute response team, code blue or return to the operating room events in patients with a PACU stay in the past 4 hours.

Average Number of Events per Month  
(Pre intervention)



## References

Burchill, C., Anderson, B., & O'Connor, P. (2015). Exploration of nurse practices and attitudes related to postoperative vital signs. *Medsurg Nursing*, 24(4), 249-255. Retrieved from <http://library.capella.edu/login?url=https%3A%2F%2Fwww.proquest.com%2Fdocview%2F1705664145%3Faccountid%3D27965>

Duus, C. L., Aasvang, E. K., Olsen, R. M., Sørensen, H. B. D., Jørgensen, L. N., Achiam, M. P., & Meyhoff, C. S. (2018). Continuous vital sign monitoring after major abdominal surgery-quantification of micro events. *Acta Anaesthesiologica Scandinavica*, 62(9), 1200-1208. doi:10.1111/aas.13173

Filson, K., Atherholt, C., Simoes, M., DiPalma, M., John, S.,...McGovern, J. (2018). Post-operative vital signs: How often is too often? [Supplement]. *Journal of Clinical Oncology*, 36(30). doi: 10.1200/JCO.2018.36.30\_suppl.210

Kyriacos, U., Jelsma, J., & Jordan, S. (2014). Record review to explore the adequacy of post-operative vital signs monitoring using a local modified early warning score (MEWS) chart to evaluate outcomes. *PLoS One*, 9(1). doi: <http://dx.doi.org.library.capella.edu/10.1371/journal.pone.0087320>