

Recovery Rooms : Their Advantages and Requirements

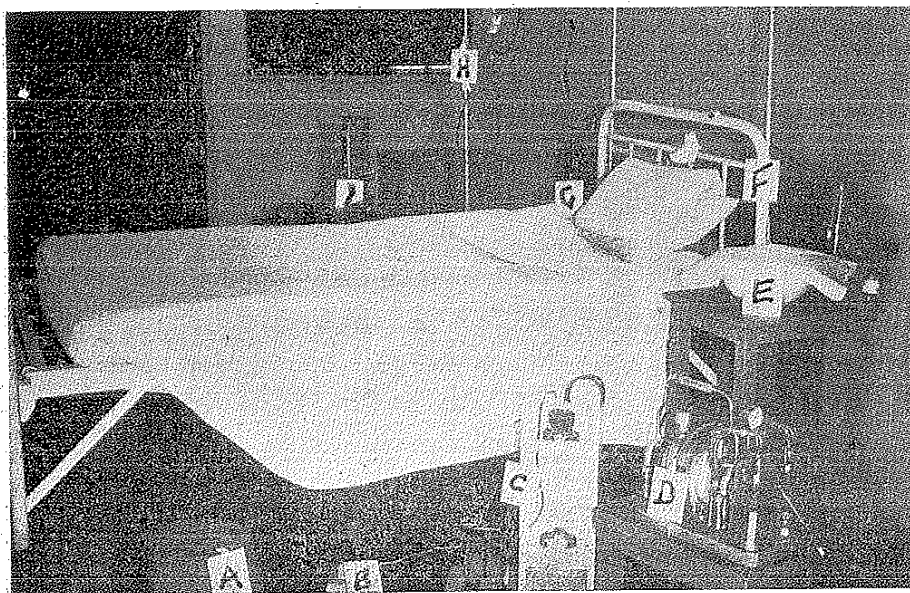
By

Devadas M. Peter R.N.

Formerly of Wanless Sanatorium, Wanlesswadi and now in Saudi Arabia.

The importance of good patient care during the immediate post-operative and post anaesthesia hours decreases the surgical morbidity and

mortality, cannot be over emphasised. Where many major operations are being performed daily, a special arrangement for the care of patients in the



Photograph of a post-operative Recovery Room set-up

- (A) Shock blocks of solid wood 18" high and with groves in top to fit the feet of the bed.
- (B) Dim light for use at nights.
- (C) Suction pump for chest drainage (not required for general cases. Wangenstein suction would probably be used in its place for abdominal surgical cases).
- (D) Suction pump for aspirating nasopharyngeal and tracheobronchial tree.
- (E) A bowl of sterile rubber nasal catheters in sterile normal saline.
- (F) Oxygen tank with tubing and fine nasal catheter ready for use.
- (G) Push button at patient's hand for electric signal at nurses' station to summon assistance.
- (H) Intravenous stand and set.
- (I) Sphygmomanometer and stethoscope. A heavy rope, omitted from the photo, is tied to the foot of the bed to assist patients in sitting up and turning. The patients' bed, previously warmed with hot water bottles to receive the post-operative patient should be Gatch type bed to allow easy changing of patient's position.

immediate post-operative period would seem worth planning. Where such special arrangements exist, they are called "recovery rooms". In countries where such facilities have been available for years, they have been found to be extremely useful, for they are especially staffed and equipped to meet the needs of these patients. In India very few institutions provide for such special care.

What is a Recovery Room ?

It is a room or unit, having one or several beds according to the need of the particular hospital, where patients are cared for immediately after operations, until they recover completely from anaesthesia, and from the immediate effects of surgery. Such a unit is staffed with experienced nurses and is equipped to meet any likely emergency situation. When the patient's condition is quite stable (anywhere from 2-3 hours to 10 days after operation), he is sent back from the Recovery Room to his former room or ward for convalescence and routine surgical care, dressing, etc.

What are the advantages of a Recovery Room ?

1. It gives an assurance to the patients and to their relatives that the patient will be given special attention immediately following operation ; this assurance strengthens the morale of both patient and his family.

2. Other patients are spared the unpleasant sight and sounds of the surgical patient who is emerging from anaesthesia, and who may require emergency treatment.

3. The unit may be arranged in a quiet part of the hospital. This is helpful for the post-operative patient who benefits by being shielded from the traffic and noise of the general surgical ward. Preferably the Recovery Room should adjoin the Theatre Block. Patients remaining there for 2 to 8 hours before being transferred elsewhere.

4. Qualified personnel are available at all times, and, in effect, provide "special" nursing simultaneously for several patients, at a time when they need it most. This also effects a saving for "special" nurses.

5. It is especially equipped to meet such surgical emergencies, as haemorrhage, shock, respiratory obstruction, anoxia, urinary retention, etc.

6. Fewer nurses are needed as each one can take care of more patients when they are conveniently grouped and near one another.

7. Better care is assured with less risk to the patient and less loss of time for the nursing personnel.

8. It is easier for the surgeons to visit their patients in one area instead of having to hunt for them in several wards scattered throughout the institution.

9. It provides a good opportunity for nurses to get intensive experience in post-operative nursing care and makes an excellent teaching unit for senior student nurses.

There are Recovery Rooms in use in this Sanatorium and they have been very useful over a period of years. The needs of a recovery room, or block of rooms, for patients following thoracic surgery are quite similar in many respects to the needs of a general surgical recovery room. This unit should be situated in a part of the hospital easily accessible to the operating room. It should be dust proof, mosquito, fly and rat proof.

The following are the items needed :

1. Oxygen and carbondioxide cylinders with rubber tubing, mask, nasal catheters etc., for administration.

2. Suction pump with tubing and connections and catheters and a bowl of saline, for aspirating the nasopharynx and tracheobronchial tree, should be readily available. In this connection airways, tongue depressors, tongue forceps, mouth gags and a

laryngoscope may be life-saving.

3. Protected pillows, to maintain special positions of post-operative patients are essential.

4. Intravenous sets for administering parenteral fluids and whole blood should be available, as well as a "cut down" set (phlebotomy set), to enable the surgeon to cut down upon a vein, if one is not available for per-cutaneous puncture. An I. V. stand, arm board, etc., should be included here.

5. Shock blocks to put the patient in Trendelenburg's position, or Fowler's position whichever may be indicated. This is also useful for postural drainage positions, in cases of bronchiectasis or lung abscess.

6. Sphygmomanometer, stethoscope and clinical thermometer and hypodermic needles and syringes.

7. Hot water bottles, ice caps and heating pads are useful.

8. Wangenstein suction apparatus for gastric suction, and a selection of gastric and duodenal tubes are essential items of equipment. The Miller Abbott tube might well be stored in the Recovery Room. All these are items for use in abdominal distension, intestinal obstruction, or for gastric or duodenal drainage, following abdominal surgery.

9. Urethral catheters both ordinary and self-retaining, should be available for urinary retention problems.

10. Sterile masks, towels, gloves and gowns for use by surgeons or assistants in performing certain post-operative procedures such as trans-nasal tracheal aspiration, chest aspiration; sterile dressings in drum.

11. Towels, wash cloths, wash basins, and covered vomitus basins. Bed pans and urinals.

12. Miscellaneous items would include: bandage scissors; safety pins; adhesive tape; note paper and pencil; a supply of hospital record sheets; tables and chairs, for the use

of nurses and doctors while recording; linen such as bed sheets, draw sheets, pillow cases and rubber sheets.

Emergency drugs.

A small supply of drugs to be used for emergencies for post-operative care should include: (1) Cardiac stimulants or supportive drugs: epinephrine, ephedrine, nor adreneraline, intravenous forms of digitalis or its related compounds, such as cedilanid, etc.

(2) Respiratory stimulants and antispasmodics; coramine, aminophylline.

(3) Narcotics and sedatives for parenteral administration.

(4) Miscellaneous items: prostigmine, parenteral antibiotics, parenteral anti-histamines antagonists (such as nalline), parenteral solutions e.g., saline and glucose and volume expanders such as plasmosan or dextran or polyvinyl pyrrolidine.

For thoracic surgical cases, we have found certain special items and treatment sets of great value, and have them on hand day and night, in sterile wraps, ready for instant use. These items include:—

1. Bronchoscopy set with aspirator and head shield.
2. Tracheotomy set.
3. Thoracotomy tube removal set.
4. Chest aspiration set.
5. Closed thoracotomy set.
6. Thoracic surgical pump.
7. Sputum cups (for collecting and measuring sputum); toilet paper for covering the mouth on coughing; disposable paper bag for waste paper following cough.

We have illustrated most of these items in the photograph. Other plans and ideas can easily be developed to adapt to varying conditions. It is also desirable to have facilities for

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