**MEDICAL STUDENTS ELECTIVE AT T7 and WMS POST-ANAESTHESIA CARE UNIT: PACU**

PACUs at T7 and WMS are 8-10 bedded Intensive Cares. PACU differs from other ITUs as we mainly deal with postoperative patients after anaesthesia and major surgery. Patients arrive on PACU either after major surgery or because they have significant medical co-morbidities. Care is based around observing patients overnight after major surgery, ensuring their vitals are within normal limits, checking postop investigations, optimizing fluids/electrolytes and analgesia and intervening.

**What does a day shift at T7/WMS look like?**

* Manned by a PACU consultant, PACU registrar, a SHO, our nursing and MDT colleagues.
* The shift begins at 8am. We first head to the team huddle in the coffee room to meet the team working that day and introduce ourselves.
* The nursing team and medical team then branch out to get handovers from their respective colleagues. Handover involves getting an overview of the patients on the unit, significant events overnight and discussing outstanding tasks.
* The PACU registrar and SHO will then examine each patient in detail and come up with a plan for each patients care.
* The PACU consultant will then conduct a ward round (WR) with the reg/SHO/Nurse in charge and confirm plans made for the patients care. We also discuss with the bedside nurses to address any issues they may have.
* We call the next of kin of each patient to update them about the patients current condition after the WR.
* There is a Multidisciplinary team (MDT) discussion where the physiotherapy, pharmacy, dietician teams liase with the PACU team to discuss the patients care. This usually happens around 1200.
* Various teams visit the PACU at different times to offer their input for the patients care, eg- surgeons, microbiologists, physiotherapy, dieticians etc.
* Teaching is conducted on the PACU usually after the morning WR. This could be bedside teaching, nurses teaching or teaching within the medical team themselves.
* By this time we have a list of patients arriving to PACU that day, we will use this time to look up their notes and familiarize ourselves with their past medical history.
* When a patient arrives to PACU, we take a handover from the accompanying anaesthetist, introduce ourselves to the patient and perform a detailed examination of the patient. We then write up a plan on Epic, finish any outstanding tasks and call patients’ relatives to inform them about their relatives’ arrival to PACU.
* Evening WR is conducted to check on new patients and to ensure that plans made in the morning WR are followed.
* Shift ends at 8pm with night team handover.

**What you can do here? Everything is a learning opportunity!**

* Join us for the 8am handover to get an overview of the patients on the unit. Introduce yourself to the lead nurse: ‘Sister or Charge Nurse’- that’s a key thing once you’re an FY!
* Shadow the PACU Reg/SHO while they examine the patients before the morning WR and see how they come up with a plan. You can then go and examine patients on your own under remote supervision.
* Join the afternoon MDT to see how different teams work together to look after a patient.
* Watch when the Reg/SHO clerks a new admission to PACU. You can then clerk a new admission on your own.
* Interpret postop lab investigations, ECG, CXR etc.
* Learn to insert IV cannulas, nasogastric tubes and perform blood collection.
* Gain a basic understanding of the multiparameter monitor on the bedside, infusion pumps, ventilators, arterial and central lines, patient-controlled analgesia pumps (PCA) and epidural catheters.
* Participate in bedside and nurses teaching. We can also conduct direct teaching based on your needs and requirements.
* Other options include
	+ Go to theatre to see how patients are doing before they come- you’ll get a unique insight into their care
	+ Call relatives to update them- maybe start with the patients just arrived after an uncomplicated surgery
	+ Talk to MDT members about their role- something Doctors/Med schools are not great at
	+ Take part in any clinical care… go to CT, talk with patients, nurses, practice your chat etc
	+ Anything you can think of: go seek knowledge, be part of the team and enjoy it!

**Other things**

Look at our [Guide to the ICU](https://rise.articulate.com/share/kmg3F3bvkQSnUKnyZ1geaaaTDKJ0bgJ1)

If you have any down time, do work through our [Perioperative Medicine teaching](https://rise.articulate.com/share/deBYrKHHdMM5lDVP865ckwK3FFcPW-lB)