



A Competency Based Clinical Orientation for Adult PACU Practice

Core and Advanced Competencies

Designed PS,2024/jnh 2025 = Review 2027

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The AAGBI document UK National Core Competencies for Post-anaesthesia Care [2013] has provided the framework for these competencies. ASPAN – A Competency-Based Orientation Program for the Registered Nurse in the Perianesthesia Setting [2019] has also been consulted. The competencies include practical skills, and theoretical knowledge and understanding. The competencies develop and test the practitioner’s ability to critically assess the patient and provide timely, appropriate management. Risk analysis plays an important role in this. It can be used as part of the orientation process for the nurse new to perianaesthesia care as well as a reference of best practices for the entire team. As a generic document it does not encompass specific local policies.

Part One : Core Competencies provides the minimum level required for all practitioners working in the PACU. Expectations of minimum level of practice must align with RCN Standards (2024) of **Enhanced Level** of skills and knowledge in a specialist unit. The document, Parts One and Two, should be completed within 6 weeks of starting work in PACU. Core competencies include essential skills, professional competencies, management of environment, infection control, knowledge of anaesthesia + surgery, patient admission and discharge. It is advisable to arrange for the trainee to spend a week in the anaesthetic room and in theatre prior to starting on their core competencies for PACU. If not possible, then when possible the trainee should be allowed to follow the perioperative journey of the patient from admission to discharge from PACU. This is invaluable experience and will help the trainee to understand the risks inherent in PACU care.

Clinical competencies are divided into Airway, Breathing, Circulation, Disability [Neurological, Pain, PONV] and Exposure [Integumentary System, Thermoregulation].

Part Two : Advanced Competencies should be completed within 6 months [less time if practitioner has prior experience] and more time needs allocating depending on how often the practitioner has exposure to caring for patients with complex needs. Expectation of Advanced level of practice must align with RCN Standards (2024) of **Advanced Level** of skills and knowledge in a specialist unit.

Part Three: Specific Procedural Competencies. These should be completed within 12 months, or as and when exposure to the speciality area has been enabled. Specialties may be added as innovations and services are engaged.

Progression from Enhanced to advanced will be in the form of professional and personal pathways dictated by the specialty in collaboration with mentors, supervisors, the education teams and unit managers, supported by the 4 Pillars of nursing (RCN 2023).

Part One does not require completion before attempting skills in Part Two. Flexibility is to be encouraged as and when exposure to skills is present and in agreement with supervisors.

Supervisor Record

There may be more than one supervisor engaged in teaching and assessing the student. All practitioners involved in this process must be recorded on this grid.

Supervisor Name	Signature	Initials	NMC Number

Agreed next meeting date:		
Supervisor Name:	Signature:	Date:
Trainee Name:	Signature:	Date:

Formative [progress] meetings

Formative meetings will be agreed between the supervisor and trainee and the number will be determined by the trainees progress and learning needs. Formative meetings may be actioned to check progress on any given competency [section]. More than one supervisor may be involved. This form may be copied.

Skills and knowledge acquisition is supported by appropriate mentorship by the bedside, in-house training sessions, self-directed learning. The use of BARNA ABCDE Trainee Workbooks will help the student and supervisor track student progress and understanding. BARNA ABCDE Learn and Teach packs supply content designed to match the competencies and workbook exercises and are available to all BARNA members.

The log book will record meetings, which will be dated and signed.

Trainee Reflection on progress		
Supervisor/Assessor Feedback		
Competency achieved at Enhanced/Advanced Level (delete as required)	Competency not achieved at Enhanced/Advanced Level (delete as required) Action Plan for Learning Needs:	
Agreed next meeting date		
Assessor Name	Signature	Date
Trainee Name	Signature	Date

Part One : Core Competencies

Professional Competencies

1. Professional Competencies	Sign-off Signature / date
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a.Prioritises people - Ensures that patient's physical, social, emotional and psychological needs are assessed and responded to - Demonstrates empathy for the patient at all times - Acts as patient advocate up to the point where patient awake and able to speak for himself • Respects and protects patient's right to privacy and confidentiality	
b.Practices effectively - Practices in line with the best available evidence - Is accountable for own decisions and actions and for delegating tasks and duties • Shares skills, knowledge and experience	
c.Preserves safety - Recognises the limits of own competence - Raises concerns if a patient is at risk promptly - Offers prompt and effective help in emergency - Reduces any potential for harm associated with individual practice • Delegates care appropriately	
d.Promotes professionalism and trust - Acts as registered nurse / ODP within the scope of professional practice - Acts autonomously by bedside taking over care from anaesthetist but refers back to anaesthetist whenever necessary • Fulfils all registration requirements - Responds to any complaints against oneself	
e.Communication - Adopts an open, professional and empathetic approach when communicating with patients or relatives - Applies the principles of confidentiality, data protection and privacy policies when sharing information about patient - Promptly refers patient concerns to MDT to ensure patient safety - Uses clear, concise and logical communication structure [SBAR] to relay information to MDT members - Assesses understanding of other during communication, clarifying where necessary	
f.Documentation Keeps accurate and comprehensive records, compliant with local and national policies	

Essential Skills [Mandatory Training]

2. Essential Skills [Mandatory Training]	Sign-off Signature / date
Has completed mandatory corporate training.	
Has completed and achieved competency ILS; ALS as advanced skills.	
Is familiar with PACU National Operational Policies, local unit guidelines, policies and procedures	
Is working towards specific mandatory PACU training, e.g. access to digital documentation, medication prescriptions, etc	
Allocated to preceptorship programme, and professional supervisor.	
Has escorted at least 3 patients on perioperative journey [anaesthesia, surgery, PACU].	
Is familiar with the Nursing Process : Assessment/Implementation/Evaluation cycles and applies this at all stages of patient care [Appendix 1]	
Is familiar with ABCDE prioritisation of care and applies this at all stages of patient care	
Is familiar with risk analysis as part of planning patient care	
Is familiar with first, second, third line management protocols for airway/respiratory management [Appendix 2]	
Is familiar with Difficult Airway Society(DAS)guidelines	

Management of Environment

3. Management of Environment	
a.Infection control	Sign-off Signature / date
Demonstrates understanding and knowledge of safe infection control and maintenance principles specific to the theatre/PACU environment, • Universal precautions • Clinical Waste Management [implications of COSHH and safe handling of substances hazardous to health] • Appropriate personal protective equipment [PPE] dependant on task • Ensures daily damp dusting and routine deep clean	
Maintenance of environment	Sign-off Signature / date
b. PACU environment • Ensures the working environment is free from hazards and equipment stored correctly • Understands the significance of ventilation in the PACU [danger of exhaled gases]	

• Ambient temperature is within health and safety guidance • Ensures checking of expiry dates and stock rotation [consumables and drugs] • Ensures all digital access for safe patient care is functioning • Collects lists for the day to assess for any potential specific patient care • Ensures PACU keys are collected and kept safe according to policy • Ensures inclusion in Team brief	
• Ensures daily safety checks performed and documented [emergency call bell, resus trolley, emergency equipment] - Bedside equipment stock levels - Piped Oxygen, air and suction clean and functioning - All emergency boxes checked, ie. Nebuliser, anaphylaxis, etc - Blood glucose monitor, heamacue - Patient warming devices - Patient temperature monitoring devices - Medication stock checks, and controlled drugs (as per policy)	
c. Prepares PACU bed space for patient admission • Checks monitors functioning [capnograph, pulse oximeter, NIBP, ECG; invasive monitoring] • Oxygen delivery equipment(face mask, Mapleson system (for patients over 20kg), attached as per safety protocols (sealed to the point of use) and functioning. • Capnography line attached and functioning • Suction tubing correctly attached with Yaunker sucker • Gloves (S,M,L) • Tissues • Vomit bowls	
• Understands the importance of appropriate escalation of potential problems • Feels enabled to use the escalation process.	

Anaesthesia and Surgery

4. Anaesthesia	Sign-off Signature / date
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a. Is able to explain the anaesthetic chart in relation to patient particulars : • Relevant pre-operative investigations • Co-morbidities • Medical/surgical history • ASA grading	
b. Understands the principles of general anaesthesia - The Triad of Anaesthesia giving eg of drugs used] - Unconsciousness - Analgesia - +/- muscle relaxation. • Induction [example of induction agent] , - indications for intravenous or gas induction - induction process - monitoring • Maintenance • Muscle relaxants - Depolarising - nondepolarising • Reversal • Level of general anaesthesia	
c. understands the principles of sedation and difference from general anaesthesia • Medications in sedation • Levels of sedation	
d. understands the principles of local anaesthesia • Types medication in the use of local anaesthetics and their uses • Signs of toxicity and its management	

e. Understands the principles of Regional anaesthesia • Types of medication in the use of regional anaesthesia • Difference between local anaesthesia and regional anaesthesia • Signs of toxicity and its management	
f. Understands the principles of • Spinal - Types of medication - potential complications - post procedure monitoring • Epidural - Types of medication - Potential complications - Post procedure monitoring	
g. Post anaesthesia emergencies Understands the clinical and non clinical skills to assist the anaesthetist during anaesthesia emergencies in the PACU. • Emergency equipment - resus, intubation equipment, difficult airway equipment • Difficult airway guidelines • teamwork	
5.Surgery	Sign-off Signature / date
a.Demonstrates knowledge and understanding of the impact of surgery on body systems • Pain • Temperature • Fluid balance • Stress	
b.Completes 3 follow through patient perioperative journeys from admission to theatre to discharge from PACU. Ask questions at appropriate times. Reflect on what you have learned and write up at least one journey as a patient care study	

Patient Admission, Stabilisation and Discharge

6.Patient Admission	Sign-off Signature / date
• Demonstrates an understanding of the safety process of initiating the 'pause' prior to the SBAR handover - Attaches oxygen and monitoring equipment [oximetry, blood pressure equipment] - Assesses airway, breathing, circulation while setting up patient • Demonstrates an understanding of safe patient admission using SBAR handover • Demonstrates the importance of communicating readiness for handover. • Receives comprehensive handover from the anaesthetic team and scrub handover to include:	
7.Patient Stabilisation [maintenance]	Sign-off Signature / date
• Understands how to plan and deliver care using ABCDE prioritisation • Able to perform ongoing physical assessment of airway, breathing, circulation, level of consciousness until fit for discharge, recording all vital signs and monitoring trends • Risk assesses patient for possible complications from anaesthesia, surgery, medical history • Plans patient care using information from physical and risk assessment • Regularly assesses patient and intervenes in care appropriately. • Utilise continuous visual and technical assessment to pre-empt risks escalating into complications until the patient is fit for discharge	
8.Patient Discharge	Sign-off Signature / date
• Demonstrates an understanding of NEWS2 scoring in relation to patient discharge from Stage 1 to Stage 2 care • Ensures ward receiving patient is appropriate for their needs • Ensures documentation is complete and an accurate reflection of the patients care. • Ensures documentation is available to enable continuous patient care in Stage 2 • Ensures all devices (catheters, drains, cannula, IV, etc) are patent and functioning • Initiates handover to ward staff using SBAR. Ensures all relevant anaesthetic, surgical , any interoperative events and post operative instructions are communicated • Manages safe transfer of patient to ward.	

Clinical Competencies

A - Management of Airway

9.Basic Sciences	Sign-off Signature / date
a.Describes the airway structures + function explaining how they enable gases to pass to and from the lungs to atmosphere and adding how GA and surgery may impede that passage of gases • Skeletal framework • Nasal passages • Oral cavity structures • Pharynx • Larynx / Epiglottis • Vocal cords • Oesophagus • Trachea, bronchi, bronchioles • Alveoli	
b.Explains the role of the protective reflexes	
10.Airway Assessment	Sign-off Signature / date
a.Demonstrates knowledge and understanding in ongoing assessment of airway using look, listen, feel technique	
i.Observe and assess for effective gas exchange / patent airway - misting mask, - SAO₂, - ETCO₂,	
ii.Listen for signs of partial / complete airway obstruction - Stridor - Gurgling - Snoring - Wheezing - complete silence	
iii.Feels for exhaled air at nose and nostrils	
b.Explains how the above signs enable accurate assessment of airway patency	

c.Explains why the following may put the airway at risk: • Semi or unconscious state • Supine position • Obesity • ENT, dental surgery Discusses how risk factor analysis can pre-empt airway complications	
11. Airway management for deteriorating patient	Sign-off Signature /date
a.Rationalises the need for rapid assessment, intervention and evaluation in airway management	
b.Demonstrates skill in carrying first line interventions , explaining the rationale for their use : • Increasing oxygen flow • Inserting oro-pharyngeal airway • Performing head tilt, chin lift, jaw thrust • Placing patient in recovery position • Use of oral cavity suction with yankauer sucker and or soft catheter	
c.Discusses at what point help should be called any of the above do not open up airway	
d.Demonstrates skill in carrying out second line intervention • delivering oxygen with use of positive pressure and use of bag-valvemask	
e.Able to organise call for help and locate, assembles emergency intubation equipment and drugs	
f.Demonstrates knowledge and skill in checking and preparing equipment and drugs	
g. Demonstrates skill in assisting the anaesthetist in emergency intubation, insertion of LMA or SAD - Third line intervention	
12.Routine airway management and skills	Sign-off Signature / date
a.Able to size, insert and remove oropharyngeal and naso-pharyngeal airways	
b.Demonstrates safe care of the patient with LMA / SAD	
c.Discusses when to safely remove LMA / SAD and demonstrates skill in removal and disposal	
d.Demonstrates skill in using yankauer suction and soft catheter suction in oral cavity	
e.Understands flow rates of oxygen from flowmeter with the percentage of oxygen they deliver	

Clinical Competencies

B - Management of Breathing

13.Basic Sciences	Sign-off Signature / date
a.Demonstrates understanding and knowledge of the function of breathing in enabling metabolism	
b.Explains what happens in external and internal respiration	
c.Describes the structure and function of the lungs, specifically : • proximity of the lungs to the heart • lobes of lung • trachea : L & R main bronchi • bronchioles – terminal bronchioles • alveolar network and blood supply	
d.Understands and describes how breathing is controlled by explaining the following : • role of central and peripheral chemoreceptors • primary stimulus for breathing • action of the Respiratory Centre • identifies factors that impact on breathing [associated with GA]	
e.Explains how these structures enable inspiration/expiration • ribs • intercostal muscles • pleurae • diaphragm	
f.Explains the relationship between tidal volume, respiratory rate and minute volume, dead space and relates this to clinical practice	
g.Explains the importance of surface exchange area and alveolar ventilation rate for efficient gas exchange	
h.Describes the role of the pressure gradient in transfer of gases at the alveolar-capillary junction and between blood and body cells.	
i.Explains the role of haemoglobin in the carriage of oxygen and how pulse oximetry measures saturation of oxygen in practice	
j.Understands how arterial blood gas analysis measures partial pressures of oxygen and carbon dioxide and discusses how this is useful in clinical practice	
k.Understands what is meant by ventilation and how capnography measures carbon dioxide clearance in practice	

I.Discusses the dangers of hypoxia to body cells	
14. Breathing Assessment	Sign-off Signature / date
a.Demonstrates knowledge and understanding of the signs of normal respiratory function [using look : listen : feel] as second priority	
b.Able to risk assess patient for factors that may lead to respiratory complications [i.e. residual effect of anaesthetic drugs]	
c.Plans respiratory care from physical assessment and risk analysis to pre-empt problems	
d.Demonstrates safe and judicious use of oxygen appropriate for patient's needs	
e.Understands the features, demonstrates use of oxygen delivery systems providing rationale for their choice : • nasal cannulae • face mask • anaesthetic face mask • breathing circuits • T bag • piped gases and oxygen flowmeters / cylinders • nebulisers	
f.Demonstrates skill in optimising respiratory function providing rationale for their use: • use of stir-up regime • patient positioning • assisting patient in coughing + deep breathing • pain management • incentive spirometry / CPAP where necessary	
g.Recognises signs of respiratory impairment including : • level of consciousness • limited mask misting • deterioration in colour • falling SaO₂ • rise in ETCO₂ • slow shallow breathing • abnormal breathing pattern • use of accessory muscles /tracheal tug • dyspnoea	
15. Breathing Management	Sign-off Signature / date

a.Is able to perform first line management techniques • ensures clear airway • increases oxygen • effective positioning, stir up regime, pain control • use of spirometry/CPAP • delivers nebulised medication [salbutamol] Uses continuous ABCD assessment at all stages of evaluating effect of interventions	
b.Is able to initiate second line management of breathing • Calls for help • Delivers oxygen under positive pressure - breathing circuit • Prepares emergency trolley/drugs	
c.Is able to initiate third line management • Assists the anaesthetist in intubating patient or inserting LMA, SAD • Delivers oxygen under positive pressure ventilation	

Clinical Competencies

C. Management of Circulation

16. Basic Sciences	Sign-off Signature / date
a.Explains how circulation enables external and internal respiration	
b.Describes the structure and function of the gross anatomy of the heart: • Heart chambers • Pericardium • Myocardium • Endocardium • Heart valves • Major blood vessels to and from the heart • Coronary artery circulation	
c.Explains the electrical conduction system of the heart during one cycle [PQRST] in stimulating systole and diastole	

d.Describes the structure and function of the arterial system [aorta – to capillaries]	
e.Explains the arterial pressure gradient system and why the arterial system is called the ‘resistance’ system	
f.Describes how the capillary network enables gas exchange at tissue cell level	
g.Describes the structure and function of the venous system [capillaries – large veins]	
h.Explains how the veins return blood to the right heart against gravity	
i.Explains why the venous system is called the ‘capacitance system’	
j.Explains the relationship between flow and pressure which determine blood pressure BP = Cardiac Output V Peripheral Vascular Resistance	
k.Explains the following equation and give normal values for adult at rest Cardiac Output = Stroke Volume X Heart Rate	
l.Stroke Volume is dependent on venous return [preload], contractility and afterload. Discuss this and state how venous return is measured in clinical practice	
m.Contractility is the pumping power of left ventricle. Identify three factors that affect it	
n.Describe the function of the autonomic nervous system detailing its two major nerve systems	
o.Explains how the diameter of the blood vessels and heart rate, contractility Is controlled by the autonomic nervous system	
p.Identifies two common cardiac arrhythmias and explain how they can affect the blood pressure	
q.Explains the role of the baroreceptors and cardio-vascular centre in the medulla in controlling blood pressure	
r.Explains what is meant by the negative feedback system	

17. Assessment of Circulation	Sign-off Signature / date
a.Demonstrates skill in physically assessing circulatory status on patient arrival and ongoing until discharge including the following signs : • Airway, breathing, level of consciousness • Blood pressure • Heart rate • ECG rhythm • CVP [if available] • Core and peripheral temperature • Patient colour • CSM [colour, sensation, movement] -distal joints • Skin turgor [dry of wet] • Fluid balance [urine output]	

b.Demonstrates skill in assessment of clinical risk factors for circulatory complications : • Patient age • Cardio-vascular medical history • Anaesthetic impact [drugs and techniques employed] • Surgical factors	
18. Management of Circulation	Sign-off Signature / date
a.Able to plan ongoing care integrating physical and risk assessment to pre-empt complications using continuous assessment.	
b.Demonstrates skill in optimising circulation by effective positioning, pain, fluid and temperature management	
c.Recognises the signs of circulatory impairment: • Cerebral hypoperfusion [restlessness/confusion] • Hypotension • Hypertension • Tachy/bradycardia • Arrhythmia • Falling in central venous pressure • Signs of peripheral hypoperfusion [cool extremities / peripheral temperature / CSM] • Cool, clammy skin • Falling urine output • Signs of haemorrhage	
d.Considers risk factors for deterioration • Patient age + previous history [cardiac]	
• Residual effect of anaesthetic drugs • Use of spinal, epidural [vasodilation] • Fluid loss [dehydration / surgical blood loss] • Pain and anxiety – hypertension • Cardiac injury	

e.Acts promptly to stabilise circulation [considering physical signs and risk factors] General measures include : • Fluid therapy • Increase oxygen • Analgesia • Position [elevation of legs] • Check on drains – operative site Call for help if above interventions fail to stabilise circulation Anaesthetist will instigate specific measures dependent on likely cause of deterioration	
f.Assists the anaesthetist in escalation of treatment	

Fluid Management	
19. Basic Sciences	Sign-off Signature / Date
a.Understands how water is distributed within the intracellular and extracellular [interstitial and intravascular] compartments	
b.Discusses how diffusion and osmosis work to equilibrate water between the body compartments	
c.Understands osmolality and can list particles that exert osmolality in fluid	
d.Describes the difference between colloids and crystalloids giving an example and rationale for the use of each in clinical practice	
Recognises how anaesthesia and surgical intervention may disturb normal fluid homeostasis : • Blood loss [surgery] • Clear fluid loss [dehydration / surgery] • Peripheral vasodilation	
e.Assesses fluid status on patient arrival from physical examination, information from anaesthetic handover and chart	
f.Considers risk factors for patient dehydration including pre-operative causation, effect of anaesthetic and surgery	
g.Plans care to maintain healthy fluid balance	
• Ongoing assessment of input/output [including drainage from NG tube] • Careful fluid administration as ordered by anaesthetist	

h.Recognises quickly signs of dehydration / bleeding and calls for help: • Falling blood pressure, with associated tachycardia • Impaired mental status • Thin-thready pulse, dry skin, sunken eyes, furred tongue • Falling urine output • Diminished central venous pressure	
i.Assists the anaesthetist in checking serum U/E's and implementing fluid regime [fluid challenge / ongoing intra venous therapy] if dehydrated	
j.Assists the anaesthetist if patient is bleeding : • Checks for bleed [dressing, drain, abdominal girth, PV loss] • Delivers colloid/crystalloid infusion as directed [using blood warmer, pressure bag if needed] • Elevates legs to increase venous return • Increases oxygen delivery • Maintains accurate record of input-output • Prepares the patient for return to theatre if necessary	
k.Recognises volume overload and calls for help : • Ankle oedema • Pulmonary oedema [dyspnoea, crepitations] • Ascites • Confusion	
l.Assists the anaesthetist, maintaining careful assessment of respiratory and cardio-vascular status and accurate charting of fluid input output.	
m.Demonstrates skill in setting up equipment to commence intra venous fluids + caring for patient with intra-venous infusion in situ	

Clinical Competency

D. Disability - Neurological Management

20. Basic Sciences

Sign-off Signature / date

a.Understands the basic structure and function of the central nervous system	
b.Discusses the planes of general anaesthesia and normal emergence from the unconscious state	
c.Identifies the drugs • which have a long term sedative effect • which stimulate patient to wake : reversal agents	
d.Understands the importance of risk assessment for current or past surgery / medical condition, e.g. • Carotid Endarterectomy may result in neurological impairment • medical history : embolism – use of anti-coagulation • Hypertension • diabetes	
21. Assessment	
a.Is able to monitor and assess normal return to full consciousness following GA: • Assess level of consciousness [arousal methods to test level of consciousness, calling name, gentle rub] • Assesses the patient's level of orientation [stimulate patient to awareness of surroundings, repeat information until patient reorientated]	
b.Recognises signs of delayed return to consciousness and performs a full neurological assessment • Assess post operative vital signs • Level of consciousness + orientation by responses to verbal, tactile stimuli – using Glasgow Coma Scale • Postoperative facial muscle movement + strength of upper and lower extremities • Pupillary response to light • Evaluate for signs of increased intracranial pressure • Identify and describe epileptic fit	
c.Identify and describe post operative delirium (POD) • Risk factors • Clinical features • Management strategies	
d.Reports any neurological deficit promptly to anaesthetic team	

22. Pain Management

Basic Sciences	Sign-off Signature / date
a.Describes pain transmission from site of injury to brain via pain pathways	
b.Understands the 'gate theory' of pain and how painful stimuli can be blocked along the pathways	
c.Understands the risk of pain dependent on type of surgery, patient pain threshold	
d.Identifies how the anaesthetist calculates risk of pain and uses balanced analgesia and techniques to ensure pain relief lasting into the post operative period	
e.Explains how pain can escalate cardiac, respiratory, neurological symptoms	
f.Discusses the therapeutic and potential side effects of opioid use and management of complications	

23. Assessment of Pain	
a.Is able to perform a basic pain assessment - Assesses location of pain - Notes pain intensity using validated pain assessment tools - Obtains description of quality of pain, onset and duration - Obtains information on aggravating or alleviating factors - Assess causes of pain/discomfort other than surgery	
24. Pain management	
a.Selects appropriate analgesia to achieve adequate pain relief using WHO analgesia ladder	
b.Evaluates the effect of the analgesia given + gives further drugs as appropriate	
c.Uses distraction therapy to alleviate patient distress while analgesia works	
d.Uses comfort measures to help settle patient [position, warmth, mouth care]	
e.Management of analgesic infusions according to local policy - PCA - Epidural - Continuous local anaesthetic infusions.	
f.Management of epidural infusion : - Able to measure sensory and motor blockade using dermatome chart and document appropriately - Ensures that patient has IVI in situ and monitors BP carefully	
g.Demonstrates skill in using infusion pumps	
h.Collaborates with acute pain team and anaesthetist to ensure optimal care	

24. Post Operative Nausea and Vomiting	Sign-off Signature / date
Assessment and Management	
a.Describes where the vomiting centre is situated and its function	
b.Demonstrate knowledge of the numerous stimuli which may induce vomiting in the perioperative journey	
c.Discuss factors which may put the peri-anaesthesia patient at risk for vomiting	
d.Explains how vomiting may cause aspiration in the unprotected airway and discuss how to ensure airway protection	
e.Demonstrates knowledge of the antiemetics used to treat PONV and their multi-modal use in practice. Give an example of each class of drug	
f.Identifies non- pharmacological interventions and management of nausea and vomiting : position / comfort measures / splint abdominal wound / advance oral fluids judiciously	
g.Identifies non- pharmacological interventions and management of nausea and vomiting : position / comfort measures / splint abdominal wound / advance oral fluids judiciously	

Clinical Competency

E. Exposure

25.Integumentary System [skin]	Sign-off Signature / date
Basic Science	
a.Describes the structure of the layers of the skin • Epidermis • Dermis	

b.Discusses the major functions of the skin : • Barrier between internal and external environment • Protection body from infection by bacteria • Regulates temperature and fluids • Prevents loss of water, electrolytes to atmosphere • Vit D production • Sensation and appearance	
c.Rationalises why surgery presents a major risk for skin integrity	
d.Checks dressings for excess exudate throughout patient stay	
e.Discusses the importance of aseptic technique when handling dressing, inserting IVI in PACU	
f.Rationalises why prolonged stasis in surgery may cause pressure points leading to skin damage [especially at sacrum, hips, heels, shoulders]	
g.Identifies patients at risk of developing pressure sores + protects pressure points by redistribution of pressure [gel pads]	
h.Assess patient's skin carefully for signs of pressure points on arrival [for those at risk / prolonged surgery]	
j.Assesses tourniquet, BP cuff site and diathermy plate site for skin damage	
k.Ensures skin is kept dry	
j.Manages active and passive drains : checks and secures drains, measures output	
m.Manages patient with [range of] splints, collars, frames	
n.Checks distal toes, fingers if Plaster of Paris in situ [CSM checks] and loosen plaster if too tight	

26. Thermoregulation	Sign-off Signature / Date
Basic Science	
a.Explains how body temperature is kept constant around 37 degrees by the following mechanisms • Hypothalamus • Thermal receptors • Core and peripheries • Skin blood vessels, sweat glands, shivering • Heat loss balanced to heat gain	
b.Discusses why the perioperative pathway poses a significant risk of inadvertent hypothermia for each patient [GA, exposure, pre op starvation]	

c. Defines which patients are particularly at risk of hypothermia	
d. Assesses the core temperature on admission and discharge from PACU and at intervals if warming interventions are in place	
e. Discusses the complications when a patient is hypothermic on arrival in PACU	
f. Identifies patients at risk and acts to prevent hypothermia [blankets, forced air warming device, close windows, warm fluids]	
g. Demonstrates knowledge of gradual rewarming, both passive and active, with the use of appropriate warming devices	

27. Drug Management	Sign-off Signature / date
a. Completed in house Medicine Management Tests • Drug calculation Test • IVI competency • Epidural competency • PCA competency • Volumetric infusors and pumps • Controlled Drug (mandatory training)	
b. Understands how the following drugs work : classification, use, side effect, dose i. Analgesia • Morphine • Fentanyl	
• Tramadol • Paracetamol • Co-Codamol	
ii. Local Anaesthetics • Lignocaine • Bupivacaine	
iii. Anti-emetics • Stemetil • Ondansetron	
iv. Anaesthetics - IV • Diprivan [Propofol]	

Anaesthetics – Gas • Sevoflurane • Isoflurane	
v.Sedatives • Midazolam	
vii.Neuro-muscular blocking agents - non depolarising/depolarising • Atracurium • Rocuronium • Suxamethonium	
viii.Reversal Agents • Neostigmine • Naloxone • Doxepam • sugamadex	
ix.Anti-cholinergics • Atropine • Glycopyrrolate	
x.Vasopressors / emergency drugs • Ephedrine • Adrenaline	
xi.Demonstrates an understanding in the use of Magnesium in anaesthesia	

Part two : Advanced Competencies

Clinical Competency

A.	
28. Advanced Airway Management	Sign-off Signature / date
a. Identifies indications for advanced airway support	
b. Demonstrates knowledge of use and preparation of intubation equipment	
c. Demonstrates knowledge of use and preparation of supra-glottic airway device [SAD]	
d. Demonstrates skill in insertion of LMA / i-GEL [if trained for this]	
e. Assesses for proper placement of airway supra-glottic airway device post insertion and secures airway	
f. Demonstrates knowledge and skills in caring for the patient with the following complications • Aspiration • Laryngospasm • Residual Paralysis • Bronchospasm	
29. Demonstrates care of a patient with a tracheostomy	Sign-off Signature / date
a. Identifies indications for tracheostomy	
b. Demonstrates knowledge of anatomical placement of tracheostomy airway adjunct	
c. Demonstrates knowledge of tracheostomy tubes and manufacturers care	
d. Demonstrates knowledge and skills in caring for the patient with a tracheostomy	

e. Assesses the patient with tracheostomy for potential complications	
f. Able to assist in emergency reinsertion of tracheostomy	
G. Demonstrates knowledge and skills caring for patient with long-term tracheostomy • Breathing • Talking • Eating • risks	
30. Removal of Subglottic Airway – Endotracheal Tube – completed and competent specific training	Sign-off Signature / date
a. Demonstrates knowledge of all subglottic airways and relationship to anatomical placement	
b. Demonstrates knowledge and use of anaesthetic intubation equipment	
c. Demonstrated competent patient intubation technique, x3	
d. Demonstrates knowledge of extubating criteria	
e. Able to assess extubating criteria prior to extubation	
f. Demonstrates competent extubating skill	
g. Demonstrates knowledge of potential complications post extubation. Able to	
h. Able to initiate airway management techniques	
i. Able to initiate escalation for assistance in an appropriate and timely fashion.	
j. Assists the anaesthetist in endotracheal intubation	

Clinical Competency

B.	
30. Advanced Breathing Management	Sign-off Signature / date
Non Invasive Positive Pressure Ventilation (NIV) BiPAP, CPAP, Nippy)	
a. Demonstrates skill in assembling and placing a attaching a NIV circuit to patient	
b. Demonstrates skill in caring for the patient using NIV	

Invasive Mechanical Ventilation	
a. Demonstrates knowledge of • Pressure support Ventilation(PSV) • Synchronised Intermittent Mandatory Ventilation (SIMV) • Continuous Positive Airway Pressure (CPAP)	
b.Understands key components / settings of the ventilator	
c.Prepare ventilator for use setting controls at instruction of anaesthetist	
d.Demonstrates safe practice in caring for the ventilated patient as follows • Demonstrates skill in monitoring and assessing patient's lung function [hourly observations] • Demonstrates proper suctioning techniques • Discusses how ventilator settings may be change in response to patient condition • Demonstrates assembly of equipment necessary for extubation • Demonstrates proper extubation technique	
e.Discusses how you would reassure/communicate with the conscious ventilated patient	
f.Identifies indications for weaning and extubation of ventilated patient	
g.Demonstrates knowledge and skill in caring for the patient with the following complications • Respiratory depression • Residual paralysis • Atelectasis • Pneumthorax • Pulmonary embolism • Pulmonary oedema • Asthma • Chronic obstructive airways disease	

Clinical Competency

C.	
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31. Advanced Circulatory Management	Sign-off Signature / date
Central Venous Pressure (CVP)	
a.Demonstrate knowledge & skill caring for patient with central venous monitoring	
b.Demonstrates knowledge of the anatomical placement of Central Venous Pressure Line	
c.Demonstrates knowledge of specific uses of colour coded ports	
d.Demonstrates knowledge and skill in the removal of Central Venous Lines	
Invasive arterial monitoring	
a.Demonstrate knowledge & skill caring for patient with invasive arterial monitoring	
b.Demonstrates knowledge of the anatomical placement of Arterial Line	
c.Demonstrates knowledge and skill obtaining sample for blood gas analysis	
d.Demonstrates knowledge of potential complications	
E.able to interpret blood gas analysis results and escalate	
ECG	
Demonstrate knowledge and understanding in interpretation of a cardiac rhythm strip	
Demonstrate knowledge & skill in caring for the patient experiencing cardiac dysrhythmias	
Demonstrate knowledge & skill in caring for the patient for cardiac output studies	
Demonstrate knowledge & skill in caring for the patient receiving inotropic support	
Demonstrate knowledge & skill in caring for the patient with - hypovolaemic shock septic shock - neurogenic shock - cardiac failure - cardiac arrest	
Other emergencies	

Demonstrates knowledge & skill in caring for patient with anaphylaxis	
Demonstrates knowledge and skill in caring for patient with malignant hyperpyrexia	
Demonstrates knowledge and skill in caring for patient with scoline apnoea	
Demonstrates knowledge and skill in caring for patient with local anaesthetic toxicity	
Demonstrates knowledge and skill in caring for patient with latex allergy	

Part Three: Specific PACU skills - anaesthetic and surgery – local specialities

Example of Part Three competency. Specialties can be added by organisations to reflect local skills required

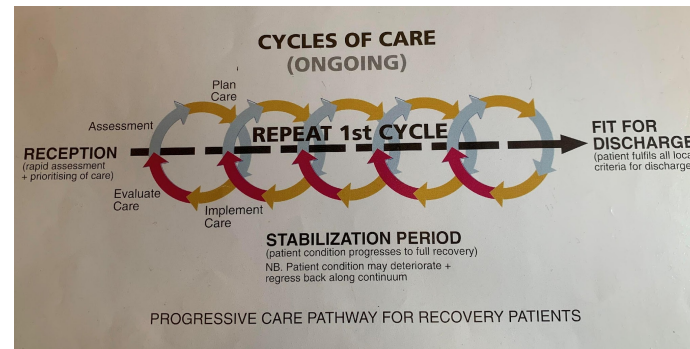
Specialty	Sign-off Signature / date
Ophthalmology	
Anaesthetic	
a.Demonstrates knowledge of anaesthesia used in ophthalmology	
Surgery/Procedure	
b.Demonstrates a knowledge of surgical procedures in ophthalmology	
PACU	
c.Demonstrates knowledge and skills in post operative care of ophthalmology patients	
d.Assesses for potential complications and escalates appropriately	
Cardioversion	
Anaesthetic	
Surgery/Procedure	
PACU	

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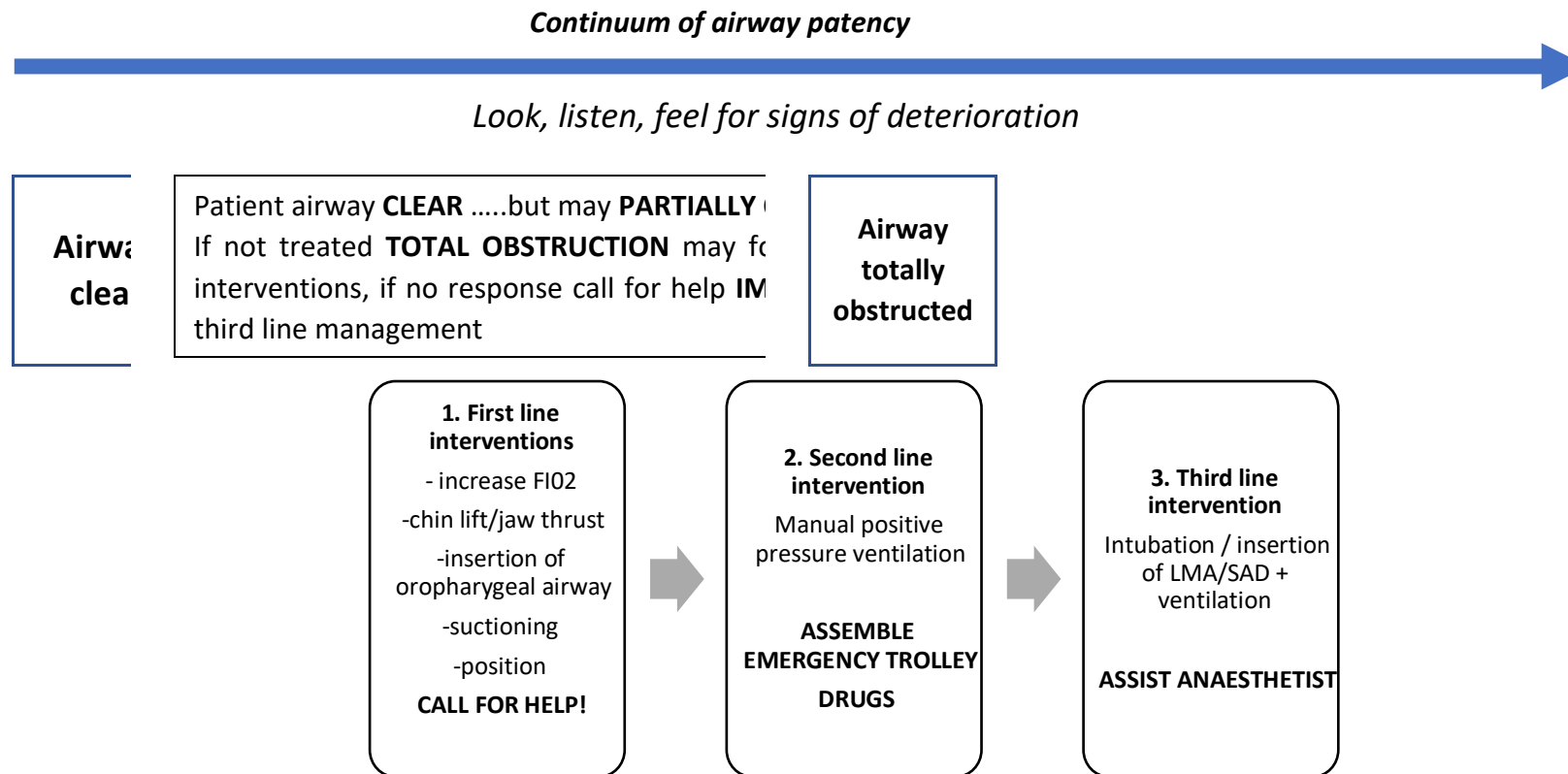
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Appendix 1 : Progressive Care Pathway for Recovery Patients [Nursing Process]



PACU is a critical care area. Patient acuity changes rapidly as the body systems recover from the anaesthetic and surgical assault. On admission fast cycles of the nursing process will ensure the safety of the patient. As the patient becomes more stable he enters the maintenance phase as homeostasis returns. Constant vigilance and ongoing nursing process cycles are essential to ensure that complications do not arise during this period. The practitioner judges when the patient is safe and fit for discharge.

Appendix 2 : Airway Management : Escalation of care : 1st, 2nd, 3rd line intervention



The unprotected airway requires constant vigilance. Understanding the risk factors of obstruction enables the PACU practitioner to take steps to pre-empt or to treat complications [first line intervention]. When these fail, HELP must be summoned immediately and care escalates to second, and third line management.

