The post-anesthesia recovery room – reflecting on the past to change the future?

A sala de recuperação pós-anestésica – refletindo no passado para modificarmos o futuro?

La sala de recuperación postanestésica: ¿reflexionar sobre el pasado para cambiar el futuro?

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The post-anesthesia care unit (PACU) is part of the Surgical Center facility, and its existence dated from ancient recommendations to modern Nursing, also being mentioned by Florence Nightingale[1,2]. It is intended for patient recovery after surgical anesthesia, has equipment for invasive and non-invasive hemodynamic monitoring; care that includes anesthetic emergencies such as the patient's ventilatory needs and other events, even after minor surgical interventions[2].

The length of stay of the patient in the PACU may vary according to the expected evolution of recovery from the anesthetic-surgical procedure, or even to the availability of vacancies in other units of the hospital, as well as of personnel to provide care, ensuring safe flow to patients after PACU discharge.

Thus, the nurse in this sector is the professional destined to accompany the patient from the end of the surgical anesthesia (Sign out), planning and executing the transport, admission, safe stay and provision of adequate care in PACU, recording all actions through the Perioperative Nursing Care System. Finally, the nurse plans the patient's discharge along with the anesthesiologist, and it is up to the nursing team to carry out the safe transport and referral of patients to their destination and/or origin sector.

It is also worth noting, when possible, the joint work between the PACU nurse and the reception nurses of the Surgical Center and Operating Room (OR) when planning the care and needs of patients in the intraoperative period, which will add patient safety regarding the assembly of the room and its equipment.

The PACU is also recognized as a place for a specialized nursing team, where adequate care is provided in the first hours of the immediate postoperative period (IPO). This timeframe after discharge from the OR is considered critical and subject to possible complications and discomfort, which justifies and required a qualified, prepared team.

Despite the extensive scientific nursing literature, including national theses and dissertations, national and international articles highlighting the need for a PACU and a specialized team to care for this critical, delicate moment of the surgical patient, there are still several real and concrete challenges to be overcome by these professionals.

Among these, we highlight recognizing the importance of specialized nursing, trained to care for patients in the POI, as well as the need to maintain these exclusive nurses in the PACU and the presence of an exclusive anesthesiologist in the PACU, regardless of the surgical flow, as well as the creation of minimum standards for a quality care to patients in this sector.

Among challenges highlighted above, professional training for PACU care deserves attention because it is linked to a broad knowledge of the anesthetic process, mastery of anesthetic categories, knowledge about drugs directly or indirectly associated with this period, and also about vital functions changes during surgery and anesthesia, which can

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lead the patient to imminent complications. In addition, the nurse must manage the patient's recovery process, monitoring parameters and proposing quality measures and advanced care practices. Therefore, a highly qualified professional specialized in the process of care of patients experiencing the post-surgical anesthetic procedure is needed.

All these challenges become even more relevant when one observes the time allocated to professional training, since, in undergraduate Nursing courses, the workload allocated to perioperative nursing is insufficient and, eventually, non-existent for training with minimum criteria of quality and that enables the recent graduate to assume functions in this unit considered critical.

Currently, if we look at most undergraduate curricula and at the three areas that make up the Operating Room—PACU, Surgical Center (SC) and Central Sterile Services Department (CSSD)—, we can see the evident devaluation of professional training for the PACU; although the content is minimal, themes related to SC and CSSD are privileged, often not addressing the essential aspects related to nursing care in the PACU.

Professionally, it is no different. The professional is hired to perform their duties at the SC and CSSD, and when necessary, to assist the patient in the PACU, without having been prepared in most graduations or, at least, received specific training from the contracting institution to work in that area.

Thus, there are several parties responsible for this current scenario: the gap in curricula, the contracting institution that does not qualify for specialized assistance and, finally, the nursing professional, who needs to have or acquire experience to start exercising their profession in this specialty,

This situation becomes more serious when the number of nurses is not enough to work in the SC and CSSD units, and a nursing technician is assigned to the care of critical patients in the PACU without the supervision of a nurse.

So, the recurring question is: why does this happen, if the safety of surgical patients throughout their perioperative trajectory should be the priority?

With the SARS-CoV-2 (COVID-19) pandemic between 2020 and 2022, we had to transform many of our PACUs into intensive care units, and professionals had to be trained and qualified to care for severe and complex patients. However, serious and complex conditions are present in PACUs on a daily basis.

The pandemic is expected to trigger a process of reviewing and redefining the profile of professionals who works in the PACU into a specific and specialized nurse to take care of patients in critical condition, and duly prepared for this demand.

Important to note that the professional who will work in the PACU is not the one who should go to the Intensive Care Unit, or the one who had their demands in the SC completed, but one with the correct profile to work in the sector.

In this way, how does one train and mobilize professionals for PACU? What is the future of and what is intended for the PACU and its team?

The society must be attentive and mobilized, seeking alternatives in current legislation, as well as curricular and perioperative teaching guidelines. In this sense, the Brazilian Association of Surgical Center Nurses, Anesthetic Recovery and Material and Sterilization Center (SOBECC) has sought to value and highlight perioperative specialties, including the constant concern to discuss the practice and training of professionals to work in the PACU, since training and updating professionals is a priority for better results.

The existence of discussion spaces for PACU and anesthetic processes is in line with the creation of specific committees within SOBECC, such as the Anesthetic Process Nursing Committee (CEPA), valuing and giving prominence to the perioperative and PACU nurse.

The role of *lato sensu* postgraduate courses is also important, as they can offer and deepen content that are rarely addressed in undergraduate courses, collaborating in preparing and engaging professionals to take on this complex sector.

Finally, it is up to the PACU professional not to forget that our attitudes today, such as specializing and building knowledge, will promote recognition and professional growth tomorrow.

Are we ready for these challenges?

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