

**Recovery in ICU or PACU?** The written policy does not cover every possible contingency. The decision is best handled on a case-by-case basis using the following considerations regarding safety and turnover time, in addition to PACU staffing concerns:

- Patients that are remaining on a vent should go straight to the ICU
- Patients that are highly critical (e.g. on more than one infusion) should go straight to the ICU
- Stable patients that came from the ICU should go back to ICU if they had a minor quick case because such cases can be quickly dropped off, possibly without giving report if the intensivist is not immediately available
- Patients being extubated at the end of a major case do not lend themselves to a quick hand-off. Therefore, if the anesthesia provider has another case to follow, these patients should go to PACU, which allows for another anesthesiologist to provide oversight
- If it has been decided to go direct to ICU, but the room is not ready, the patient should go to PACU if there is another case to follow and there is sufficient PACU staff and the patient is stable