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	Document Title:	DISCHARGE POLICY FOR POST-ANESTHESIA CARE UNIT

PURPOSE:

1. To define the physiological criteria that must be met for the safe discharge of patient from Post-Anesthesia Care Unit (PACU).
2. To discharge patient from PACU when he or she meets established transfer criteria.

LEVEL:


Surgeon, Medical Doctor, Anesthesiologist, Registered Nurse and Attendant

DEFINITION OF TERMS:

Phase I- This phase focuses on providing postanesthesia patient care to the patient in the immediate postanesthesia period, transitioning them to Phase II, the in-patient setting, or to an intensive care setting for continued care. Basic life sustaining needs of the patient are of the highest priority and constant vigilance is required during this phase.¹

Phase II- This phase focuses on preparing the patient, family, and/or significant other for care in the home, or an extended care environment. ¹

Fast Tracking- Transferring a patient directly from the Surgical Complex to Post Anesthesia Care Unit (PACU) phase II, by passing PACU phase I.

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POLICY:

- The following shall be the adopted **CRITERIA FOR FAST-TRACKING AND DISCHARGE** for the PACU of Dr. Pablo O. Torre Memorial Hospital:

1.1 Post Anesthesia Recovery Score (Aldrete Score)

Activity	
2	Moves all extremities voluntarily on command
1	Moves two extremities
0	Unable to move extremities


Respiration	
2	Breathes deeply and coughs freely
1	Dyspneic, shallow or limited breathing
0	Apneic

Circulation	
2	BP \pm 20mm of pre-anesthesia level
1	BP \pm 20-50mm of pre-anesthesia level
0	BP \pm 50mm or pre-anesthesia level

Consciousness	
2	Fully awake
1	Arousable on calling
0	Not responding

Oxygen Saturation	
2	SpO ₂ >92% on room air
1	Supplemental O ₂ is requires to maintain SpO ₂ >90%
0	SpO ₂ <92% with O ₂ supplementation

Patients scoring 9 or greater are eligible to be discharged from PACU.

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1.2 Post Anesthesia Discharge Scoring System (PADSS)

Vital Signs (BP and Pulse)	
2	Within 20% of preoperative baseline
1	20%-40% of preoperative baseline
0	>40% of preoperative baseline


Activity	
2	Steady gait, no dizziness or pre-op level
1	Requires assistance
0	Unable to ambulate

Nausea and Vomiting	
2	Minimal; treated with per orem medications
1	Moderate; Treated with intramuscular medication
0	Continues after repeated treatment

Pain	
2	Acceptable to patient controlled with per orem pain medication
1	YES
0	NO

Surgical Bleeding	
2	Minimal; No dressing change required
1	Moderate; up to 2 dressing changes
0	Severe; more than 3 dressing changes

Scores of 8 and 9 reflect discharge readiness. Scores less than 7 are considered dangerous and reassessment should be done at least every 30 minutes.

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1.3 Ramsay Sedation Scale

Score	Criteria
1	Anxious, agitated, or restless
2	Cooperative, oriented, and tranquil
3	Responds to commands
4	Asleep, but with brisk response to light glabellar tap or loud auditory stimuli.
5	Asleep, sluggish response to light glabellar tap or auditory stimuli
6	Deep sleep, no response


Patient scoring 3 - 1 is ready to be transferred if have met other scoring criteria.

1.4 Bromage Scale

Score	Criteria
1	Complete Block
	Almost complete block
3	Partial block
4	Detectable weakness of hip flexion while supine
5	No detectable weakness of hip flexion while supine
6	Able to perform partial knee bend

Patient scoring 5 - 6 is ready to be transferred if have met other scoring criteria.


- The patient shall be discharged from PACU when he or she meets established transfer criteria and gets a maximum score as indicated in the Aldrete Scoring. Depending on the type of surgery and the patient's condition, the patient may be admitted to either a general surgical floor, the intensive care unit, or to their home.

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- 3 All patients who have received general anesthesia, regional anesthesia, or monitored anesthesia care shall meet discharge criteria for Phase I and Phase II recovery.

A. Discharge Criteria for Inpatients and Outpatients from Phase I Post Anesthesia Care¹


- 1 Patients must score 9 or greater using the Post Anesthesia Recovery Score (Aldrete Score) to be discharged from PACU. Assessment scores shall be documented on the PACU record upon admission, 30 minutes and one hour after arrival, hourly thereafter and upon discharge.
 - 1.1 If the patient's Post Anesthesia Recovery Score does not meet the minimal discharge criteria within 2 hours, an anesthesiologist must be consulted. The PACU Nurse will document the consultation on the PACU record. A verbal with written order from the physician must be obtained before discharge and documented in the chart.
 - 1.2 Patients with a physician's order for transfer to the ICU do not require a minimum Post Anesthesia Recovery Score or a discharge order.
- 2 Oxygen therapy has been discontinued for a minimum of 30 minutes before discharge patients who had general anesthesia.
- 3 The last dose of respiratory depressant drug was administered a minimum of 15 minutes (IV, epidural, or intrathecal bolus) or 30 minutes (IM) prior to discharge from PACU.
- 4 Temperature is between $>35.5^{\circ}\text{C}$ and 38.5°C or pre- operative baseline.

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- 5 The pain level will be assessed according to the verbal or nonverbal pain scale of 0 (no pain) through 10 (maximum pain) at rest, using the appropriate scoring according to the patient's status.
 - 5.1 Pain score must decrease from the level indicated upon admission to PACU and/or return to pre-operative level or patient states adequate control while at rest.
- 6 Patients that have received spinal or epidural anesthesia must be able to bend knees and lift buttocks.
- 7 The anesthesiologist must be notified 15 minutes prior to discharge of the patient to allow adequate time for a post-operative visit, if the order for discharge is not previously indicated.
- 8 Nursing documentation is completed, inclusive of a PARS score, initial nursing assessment and discharge summary.

B. Discharge of Outpatients from Phase I to Phase II Post Anesthesia Care¹


- 1 Outpatients discharged to the Phase II Recovery Area will meet the same discharge criteria as above and including the following:
 - 1.1 Pre-anesthesia orientation level has returned and/or the patient is awake and alert.
 - 1.2 Patient tolerates sitting in an upright position without signs or symptoms of orthostatic hypotension.
 - 1.3 Patients who received (spinal/epidural) anesthesia must have full return of sensory and motor function to lower extremities and demonstrate the ability to stand and walk with minimal assistance.
- 2 Patients who received upper arm regional block (brachial plexus blocks) must have an arm sling applied prior to return of full sensory and motor control.

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- 3 Patients who received a femoral, popliteal, sciatic, or ankle block will be given crutches and be instructed to be non-weight bearing until full sensory and motor control have returned.

C. Discharge of Outpatients to Home¹

- 1 To assure that outpatients are discharged home safely and efficiently. Outpatients shall meet the following criteria before home discharge.
 - 1.1 Patient is awake, alert, responds to commands appropriate to age, or returned to pre-procedure status.
 - 1.2 SpO₂ greater than 95% or pre-procedure baseline on room air for 30 minutes without airway support. Breathing even and unlabored. Respiratory rate greater than 10 and less than 30 for adults.
 - 1.3 Able to sit in an upright position without signs and symptoms of orthostatic hypotension. BP +/- 20 Hg mm of pre-procedure range or within patient's stated normal range. No active bleeding.
 - 1.4 Able to ambulate with minimal assistance or at pre-procedure level.
 - 1.5 Pain score at rest is < 4 or at pre-procedure level at rest and patient states adequate pain control. No IV opioids or sedatives given within 30 minute, any IM agents within 1 hour.
 - 1.6 Patient is not actively vomiting and nausea is mild in severity.
 - 1.7 Patient is able to void if patient had spinal or epidural anesthesia, or use of contrast media.
 - 1.8 IV/ saline lock is discontinued unless ordered to the contrary.
 - 1.9 Discharge medication prescriptions are given to the patient.
 - 1.10 Patient discharge teaching and written instructions are provided to the patient and/or companion. It should reflect the patient's individual informational needs specific to home care, response to unexpected events, and follow-up by the physician.
 - 1.11 Patient is discharged with a responsible adult and escorted out of the hospital.

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DOCUMENTATION:

New Policy

DISSEMINATION:

1. Post Anesthesia Care Unit Policies and Procedure Manual
2. Orientations

REFERENCE:

¹Adapted from Stanford Hospital and Clinics. (n.d.). *Discharge Criteria for Phase I & II Post Anesthesia Care*. Retrieved October 13, 2021, from

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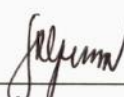



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PURPOSE:

To ensure continuous care of post-operative patient until patient has fully recovered from the sedation given or until criteria for discharge has been met.

SCOPE:


Applies to all Post-Anesthesia Care Unit staff, Department of Imaging Sciences staff of Dr. Pablo O. Torre Memorial Hospital

PERSON RESPONSIBLE:

Attending Physician, Anesthesiologist, Registered Nurse, and Technician

PROCEDURE:

1. Assess patient using to the adopted criteria.
2. Observe for post-operative complications such as hypotension, bradycardia, bradypnea, hypothermia/ hyperthermia, postoperative nausea and vomiting, or any other untoward signs and symptoms.
3. Evaluate for signs of recovery from anesthesia such as stable vital signs, patient is fully awake, oriented, able to breathe properly without of less oxygen support, and pain-free.
4. Ensure that the criteria for discharge are met and patient is cleared by AROD
5. For Inpatients:
 - 5.1. Endorse to ward/ ICU nurse in-charge
 - 5.2. Transfer to room per stretcher/ patient's bed
6. For Outpatients:
 - 6.1. Patient should be cleared from the Billing Section with confirmation
 - 6.2. Discharge medication prescriptions are given to the patient/companion.
 - 6.3. Patient discharge teaching and written instructions are provided to the patient and/or companion.

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- 6.4. Patient is discharged with a responsible adult.
- 6.5. Patient is discharged per wheelchair and escorted out of the hospital.

REFERENCE:

¹Coté, C. J., MD, FAAP, & Wilson, S., DMD, MA, PhD. (2019). Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures. *Pediatric Dentistry*, 41(4), E33.
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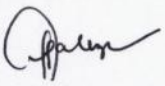
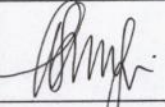

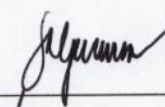
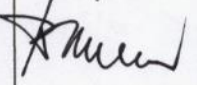
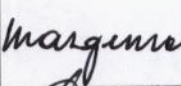
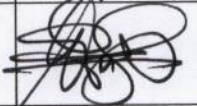
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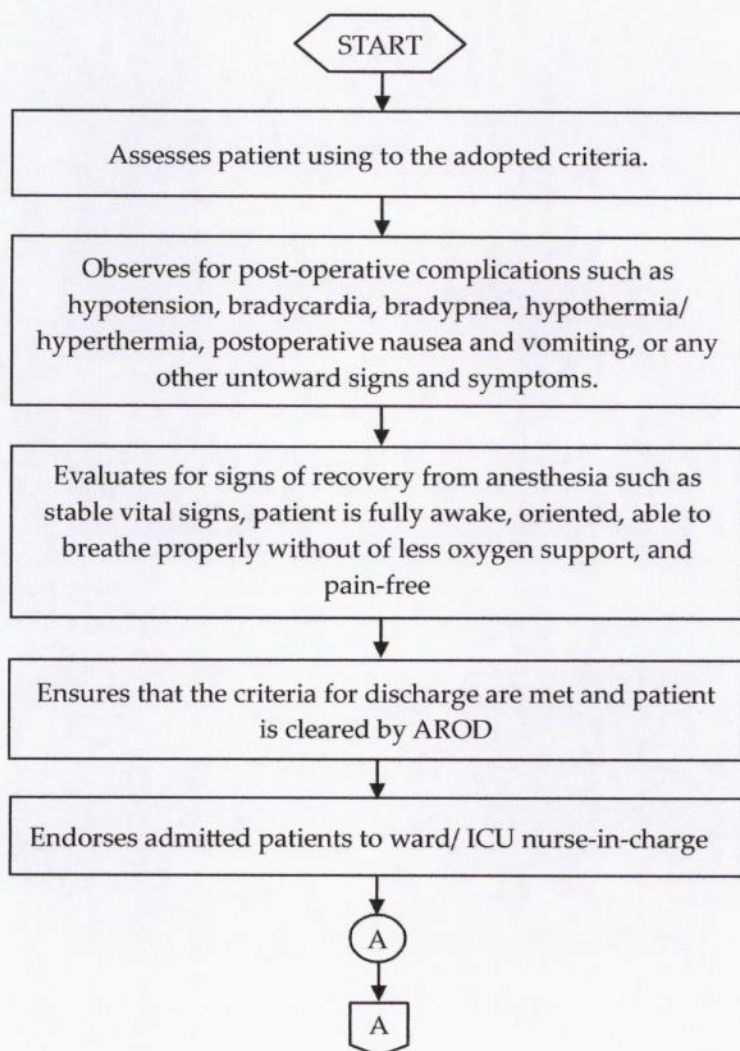


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FLOWCHART

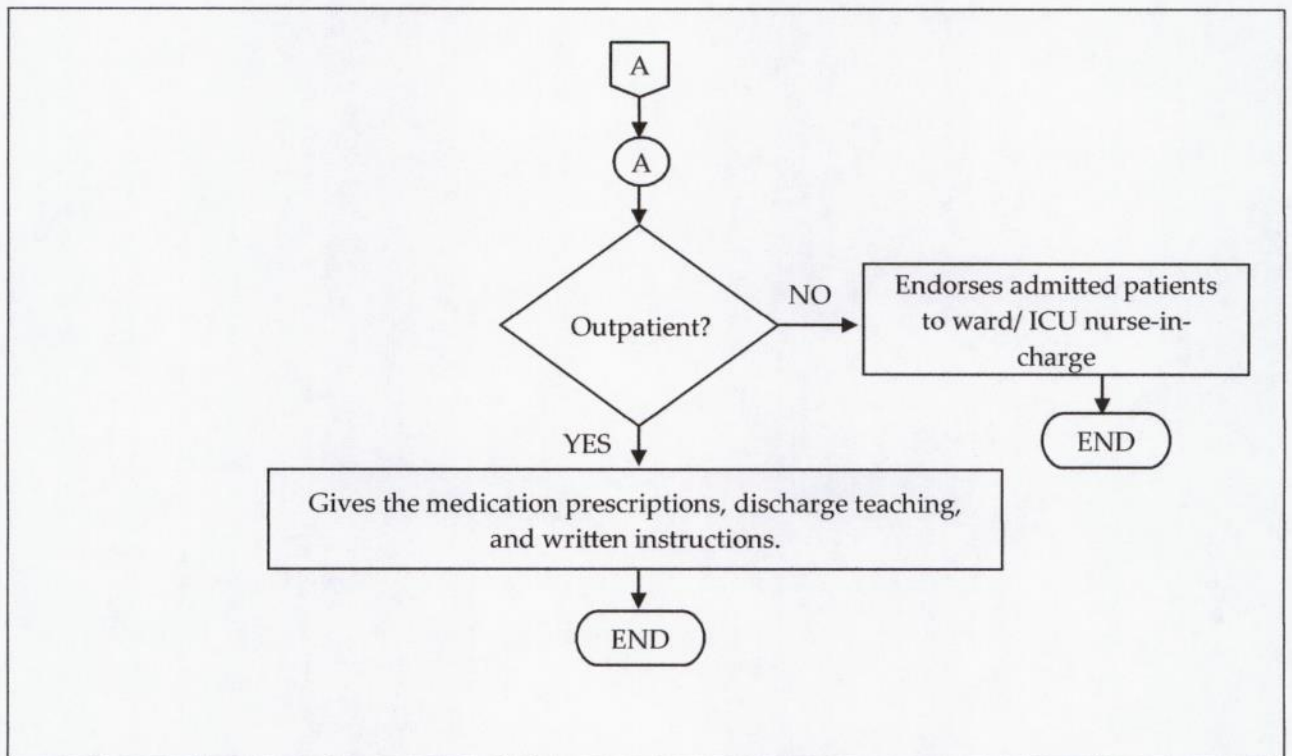





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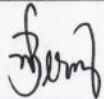
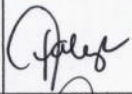
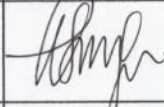

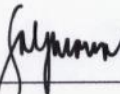
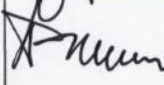
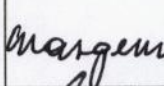
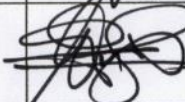
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
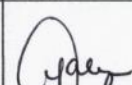
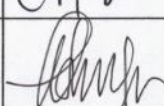

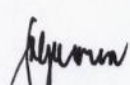
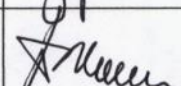
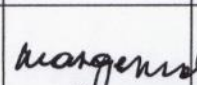

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KEY TASKS	PERSON RESPONSIBLE
1. Assesses patient using to the adopted criteria.	PACU Staff
2. Observes for post-operative complications such as hypotension, bradycardia, bradypnea, hypothermia/ hyperthermia, postoperative nausea and vomiting, or any other untoward signs and symptoms.	PACU Staff
3. Evaluates for signs of recovery from anesthesia such as stable vital signs, patient is fully awake, oriented, able to breathe properly without of less oxygen support, and pain-free	PACU Staff
4. Ensures that the criteria for discharge are met and patient is cleared by AROD	PACU Staff
5. Endorses admitted patients to ward/ ICU nurse-in-charge	PACU Staff
6. For outpatients: Gives the medication prescriptions, discharge teaching, and written instructions.	PACU Staff

 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p>	Document Code:	DPOTMH-I-34-P04-WI01
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