



Discharge Guidelines for Ambulatory Surgery Patients

Site	All BCH Sites
Setting/Population	Post Anesthesia Care Unit/All Ambulatory Surgery Patients
Clinician	All Personnel involved in the procedure

Standard

PACU Care and Discharge Criteria

- ▶ Each patient in the PACU who has received general anesthesia, intravenous sedation, or regional anesthesia from the Boston Children's Hospital Department of Anesthesiology, Perioperative and Pain Medicine is monitored and cared for by a staff PACU nurse and under the direction of an anesthesiologist from the department.
- ▶ Patients who have had local anesthesia with or without nurse sedation have their care under the direction of the attending physician who performed the procedure.
- ▶ Each patient has their status documented by the PACU nurse in PowerChart under the Assessment section of Flowsheet using the Post-Anesthesia Recovery score (PAR) which is based on a version of the Modified Aldrete Scoring System (appended). This is a 10-point scoring system for five critical areas (motor activity, respiration, blood pressure, consciousness, and room air saturation) that has been described in the literature and felt to be predictive of successful discharge from the PACU.
- ▶ Patients are alert and oriented appropriate for age prior to discharge. Patients who are cognitively impaired return to their baseline prior to discharge.
- ▶ Vital signs are stable and within acceptable limits and are consistent with the patient's age, condition, surgical procedure performed, and with the patient's pre-anesthetic vital signs.
- ▶ The patient's protective reflexes return to the pre-operative baseline as demonstrated by the ability to swallow, and the patient is either able to cough or demonstrate a gag reflex (if they were intact pre-operatively).
- ▶ Patients has no more than minimal nausea and vomiting, pain, or bleeding prior to discharge.
- ▶ The patient is absent of signs of respiratory distress or is at the patient's pre-operative baseline. Criterion is met if the patient has intact protective airway reflexes and displays no significant signs of respiratory distress such as snoring, stridor, retractions, and/or obstructed respiration (if not present pre-operatively). Room air saturation is appropriate based on the patient's pre-operative baseline.

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- ▶ Patient is able to ambulate if age appropriate unless the procedure and/or a pre-operative condition that prevents them from ambulating.
- ▶ The PACU nurse reviews the appropriate post-anesthetic instructions, the patient or their parent or guardian signs the bottom of the instruction sheet and the PACU nurse gives a copy of the instructions to the patient, parent, or guardian.
- ▶ The PACU nurse reinforces the surgeon's follow-up instructions and reviews any prescriptions left by the surgeon for the patient with the parent(s) or guardian(s) as well as the patient when appropriate.
- ▶ Upon hospital discharge, the patient is escorted to the appropriate exit. Any patient receiving general anesthesia, regional anesthesia, or intravenous sedation, or local anesthesia with pre-operative or intra-operative sedation leaves accompanied by a responsible adult.

Patient Discharge Procedure

- ▶ Anesthesia Physical Status Class (ASA) one and two patients (ASA 1 & ASA 2; scoring system appended) can be discharged by the PACU nursing staff if their PAR score is a 10 or back to the patient's baseline and if the above other criteria are met. For these patients, the PACU nurse determines that the patient meets the discharge criteria and the name of the physician accepting responsibility for discharge is noted on the record.
- ▶ The PACU nurse can request anesthesia consultation and/or request a discharge note if it is felt to be in the best interest of the patient. If the patient has had any abnormality in their peri-operative course or is on a special protocol (e.g., post-angiogram) the patient is discharged by an anesthesiology fellow or attending.
- ▶ Patients who did not receive care from the Department of Anesthesiology, Perioperative and Pain Medicine are discharged by the surgical or medical service that performed the procedure and is responsible to the attending physician of record who performed the procedure.
- ▶ All other patients are discharged by a fellow or staff anesthesiologist after reviewing the patient's status including the PAR score. An anesthesia sign-out order and accompanying note is entered into PowerChart per anesthesia. If the patient does not meet the entire above criteria, discharge is at the discretion of the anesthesiologist in consultation with the primary surgical (procedural) service. Appropriate follow up is also arranged.

Purpose

To provide a means of quantifying and standardizing assessment criteria and parameters which must be met by each patient prior to being discharged from the Post Anesthesia Care Unit. These criteria will improve patient safety and improve flow and efficiency of the PACU. These are guidelines and can be superseded by the judgment of healthcare providers when they believed it is in the best interest of the patient.

References

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Document Attributes

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