SUBJECT: VI-131 DISCHARGE FROM POST ANESTHESIA CARE UNIT (PHASE I)	POLICY # : 1167 VERSION: 2
APPROVED BY:	
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- **PURPOSE:** To define the process of evaluating for safe discharge from the Post Anesthesia Care Unit (PACU).
- **POLICY**: All patients who have received anesthesia will be discharged from the PACU by an anesthesiologist.

PROCEDURE:

- I. Responsibilities:
 - A. The anesthesiologist is responsible for the decision to discharge a patient from PACU.
 - B. When nursing discharge criteria from PACU have been met, the anesthesiologist will be notified to determine the readiness of the patient for discharge.
 - C. The anesthesiologist will write a discharge note, stating the patient's course in the PACU, and will sign the discharge order.
- II. Discharge Criteria
 - A. Patients are ready for discharge from the PACU when they have sufficiently recovered from the effects of anesthesia, have stable vital signs, are alert and conscious (or returned to their pre-operative level), have a patent airway and have adequate pain relief. The PACU nurse assesses the following, and rates their return to normal, using the Aldrete Scoring System (see below), every 15 minutes and at discharge:
 - 1. Airway patency and respiratory function
 - 2. Stability of vital signs, including temperature
 - 3. Level of consciousness and muscular strength
 - 4. Mobility
 - 5. Patency of tubes, catheters, drains, intravenous lines

SUBJECT:	POLICY # : 1167	
VI-131 DISCHARGE FROM POST ANESTHESIA CARE	VERSION: 2	
UNIT (PHASE I)	VERGION: 2	

- 6. Skin color and condition
- 7. Condition of dressing and/or surgical site
- 8. Adequate pain management and comfort
- B. It is at the discretion of the Anesthesiologist as to the length of stay in the PACU after the Aldrete score has been met.

PACU ALDRETE SCORE	In	15'	30'	45'	60'	75'	Out
ACTIVITY							
Able to move 4							
extremities2							
Able to move 2							
extremities1							
Able to move 0							
extremities0							
RESPIRATION							
Deep breathe/cough							
freely2							
Dyspnea or limited breathing1							
Apneic0							
CIRCULATION							
$BP \pm 20\%$ Pre-Anes.							
Level2							
BP \pm 20-50% Pre-Anes.							
Level1							
$BP \pm 50\%$ Pre-Anes.							
Level0							
CONSCIOUSNESS							
Awake2							
Arouse on							
calling1							
Unresponsive0							
COLOR (MUCOUS MEMBRANES)							
Pink2							
Pale, Dusky, Blotchy1							
Cyanotic0							
TOTALS							

SAMPLE ALDRETE SCALE

C. Additional Criteria after regional anesthesia include:

1. <u>Spinal and other regional anesthetics</u>: Patients recovering from regional anesthesia must meet the same discharge criteria as patients recovering from general anesthesia. However, these patients must also meet additional criteria to ensure safe ambulation if they were administered a central neuraxis blockade or a major nerve block involving a lower extremity. With spinal anesthesia, it is generally accepted that motor and sensory functions return before sympathetic nerve function. Residual blockade of the sympathetic nerve supply to the bladder and urethra can

SUBJECT:	POLICY #: 1167
VI-131 DISCHARGE FROM POST ANESTHESIA CARE	
	VERSION: 2

cause urinary retention. It is advisable that patients void prior to discharge after spinal anesthesia or instructions should be given to go the ER if not voided after 8 hours.

- 2. <u>Bier block</u>: At least 45 minutes after release of tourniquet.
- D. Patients with a preoperative O₂ saturation < 92% on room air should have at least equal O₂ saturation upon discharge.
- E. The anesthesiologist will be notified when the time period and Aldrete Score criteria have been met.
- F. Patients with persistent pain, not relieved with the ordered pain medication, need to be evaluated by anesthesiologist.
- G. Upon discharge from the PACU, a hand-off communication report is given to the Perioperative Holding Area nurse and will include:
 - 1. Patient's name & age.
 - 2. Pertinent patient history including allergies or physical limitations.
 - 3. Type of Surgery, estimated loss of blood.
 - 4. Type of Anesthesia
 - 5. Current vital signs
 - 6. Medications given and their effects
 - 7. Fluid replacement and output
 - 8. Any special equipment needed
 - 9. Any problems encountered
 - 10. Any additional clinical history

REFERENCES:

The Manual of Operating Room Management

AORN Standards and Recommended Practices, 2016

Perianesthesia Nursing Practice Standards, 2010

SUBJECT:	POLICY # : 1167	
VI-131 DISCHARGE FROM POST ANESTHESIA CARE	VERSION: 2	

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