

	Policies and Procedures  Title: <b>POST ANESTHETIC CARE UNIT - DISCHARGE CRITERIA</b>  ID Number: <b>1188</b>
Authorization:  [X] SHR Nursing Practice Committee	Source: Nursing Date Revised: May 2017 Date Effective: January 2012 Scope: <b>Saskatoon City Hospital  Royal University Hospital  ST. Paul's Hospital  Humboldt District Hospital</b>

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**1. PURPOSE**

1.1 To facilitate the safe and timely discharge of clients from Post Anesthetic Care Unit (PACU).

**2. POLICY**

**2.1 A Registered Nurse may discharge a client from PACU when:**

- 2.1.1 The client meets the PACU Discharge Criteria which includes the Aldrete Scoring System.
- 2.1.2 Clients must have an Aldrete score of "9/10" to be discharged from PACU (See appendix A)
- 2.1.3 The Anesthesiologist has indicated Protocol Discharge or Signature Discharge on the Post Anesthetic Care Unit Admission Order Set (Form # 103700).
- 2.1.4 In addition to the Aldrete Score the Criteria Outlined 3.2 must also be met.

**2.2** If the client does not meet the PACU Discharge Criteria, the Anesthesiologist must review the client prior to discharge.

**3. PROCEDURE**

**3.1 The Anesthesiologist:**

- 3.1.1 Identifies the discharge as "Protocol" or "Signature" on the Post Anesthetic Care Unit Admission Order Set (Form # 103700)

3.1.2 Protocol – client meets minimum of one (1) Aldrete score of 9/10 plus the criteria listed in 3.2 prior to discharge.

3.1.3 Signature – anesthesiologist is to assess client prior to discharge from PACU and write discharge order.

### 3.2 The Registered Nurse:

3.2.1 Assesses the client's status related to discharge utilizing the Aldrete Score (Appendix A). In addition to the Aldrete Score, the following criteria must be met:

#### 3.2.1.1 Surgical Site:

- Dressing is dry and intact.
- Excessive and/or sanguineous drainage, redness or edema at the operative site has been reported to the surgeon, and orders received.
- Drains are patent with expected quantity and appearance of drainage as per physician orders.

#### 3.2.1.2 Pain/Nausea:

- Clients will have controlled and tolerable levels of postoperative pain.
- Clients should be able to deep breath and cough without severe pain.
- Intense and/or unexplained pain/nausea has been reported to the Anesthesiologist and/or surgeon.
- Clients will have tolerable levels of nausea and be free from vomiting upon discharge.

#### 3.2.1.3 Observation following analgesic administration: heart rate, respiratory rate, blood pressure, SpO<sub>2</sub>, Aldrete score and pain scale scores

- IV analgesic - 30 minutes
- IM analgesic - 30 minutes
- Subsequent IV or IM analgesic - 15 minutes
- If client receiving analgesia via PCA or epidural routes, monitor parameters according to appropriate policies.

#### 3.2.1.4 Observation following sedation administration:

- IV sedation - 30 minutes following last dose

#### 3.2.1.5 Observation following Opioid Reversal Agent

- Minimum of 2 hours observation following administration of a reversal agent in PACU (i.e.: Naloxone).
- Transfer to an observation unit may occur after 1 hour if patient has stable vital signs.

#### 3.2.1.6 Spinal & Epidural Anesthesia:

- The client may be discharged when evidence that the spinal block is receding by at least 2 dermatomes and at minimum level of T10, cardiovascular stability (elevate HOB if not contraindicated without significant decrease in blood pressure), able to protect airway, and turn on side.
- Clients with epidural analgesia will be at ordered levels determined by Anesthesiologist.
- Final discretion is with the attending Anesthesiologist with regards to discharge.

## 3.2.1.7 Oxygen Saturation:

- SpO<sub>2</sub> is greater than or equal to 92% on room air
- If the client is to be discharged on room air, supplemental oxygen administration must be discontinued for at least 15 minutes prior to discharge.
- SpO<sub>2</sub> is greater than or equal to 94% if on supplemental oxygen.
- If client is receiving supplemental oxygen prior to transfer, oxygen should be continued during transfer.

**NOTE:** For clients with pulmonary diseases or those on home oxygen, their SpO<sub>2</sub> should reflect their normal values.

## 3.2.1.8 Vital Signs:

- General anesthesia, moderate sedation, or Regional blocks will have stable vital signs for 2 x 15 minute checks at minimum.
- Local Topical and Local Infiltration Blocks do not require vital signs unless directed by Anesthesia, and may be discharged directly to ward.

## 3.2.1.9 Temperature:

- All clients must maintain a minimum temperature of 36.0°C for discharge.
- All clients must have temperature taken on admission and on discharge to monitor normothermia
- If client was actively rewarmed, a temperature of 36.0°C needs to be maintained for 15 minutes x 2 after discontinuation of warmer.

**NOTE:** When transferring clients to the ward, instruct ward staff not to immediately remove all warmed blankets to avoid temperature drop.

## 3.2.1.10 Drains/Urinary output:

- If client has a urinary catheter in situ, their output should be a minimum of 30 ml/hr (0.5 – 1.0 ml/kg/hr) or as per physician orders.

**NOTE:** This does not apply to clients with continuous bladder irrigation.

- Measure and record all drainage prior to discharge.

3.2.2 Clients unable to be transferred when discharge criteria has been met, will have ongoing assessment and management including vital signs and Aldrete Score q1h, prn and immediately prior to discharge.

3.2.3 Discharge box on the PACU Record must be filled in completely. "Handover Report Given to": can be filled in by the PACU RN or can be signed by the Registered Nurse or Licensed Practical Nurse of the receiving unit.

3.2.4 Upon client discharge from PACU, "end case" on the bedside monitor will be selected. This is done to reset the alarm/monitoring parameters to the default prior to admitting the next client.

3.2.5 Clean and reprocess reusable equipment that has been in direct contact with the patient before use in the care of another patient as directed by Infection Prevention and Control Policy 20-80 Non Critical Patient Care Equipment – Cleaning and Disinfection.

### 3.2.6 Minimally, the discharge report to receiving unit will include:

- Client's name and age
- Client's pertinent history: allergies, precautions, surgeries, hospitalizations, medical history and physical limitations
- Surgeon's name and procedure performed
- Type of anesthesia/sedation, preoperative and intraoperative medications
- Unusual events during procedure
- Level of consciousness/orientation
- Vital signs, including temperature
- Status of dressings/surgical site, drainage tubes (i.e.: ICP drains)
- Medications given and effects
- All pain management interventions (i.e.: PCA/PCEA pump settings), effects, present pain score
- History of recent opioid use or requirement/tolerance
- Previous comfort measures, comfort status (e.g. post-op nausea and vomiting)
- Total of intake and output in OR and PACU:
  - Estimated blood loss and fluid replacement
  - Amount and type of IV fluids infused and amount to be absorbed
- Tests and treatments performed (labs, x-rays, aerosols, etc.)
- Other assessment findings (e.g., breath sounds, neurovascular status, abdominal distention, bowel sounds)
- Review of postoperative orders
- Valuables/sensory aids disposition
- Social support (family, significant others, caregivers)

## 4. REFERENCES:

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**APPENDIX A**

**ALDRETE SCORING**

**Clients must have a score of "9" to be discharged from PACU unless otherwise approved by the Anesthesiologist.**

<b>Respiration</b>	2	Deep breath on command; no added stimuli/no stridor, indrawing, croup or snoring
	1	Breathing spontaneously but effort limited; dyspnea, snoring, stridor; oral or nasopharyngeal airway, LMA or ET tube.
	0	No spontaneous respiratory effort is evident. Bagged or ventilated.
<b>Color</b>	2	Skin pink, warm, dry or color as pre-op i.e. jaundice
	1	Skin pale, ashen, diaphoretic, cool
	0	Skin cyanotic, cold, clammy
<b>Circulation</b> * Use Aldrete Score when less than 10 years of age	2	BP $\pm$ 20 of pre-op systolic.
	1	BP $\pm$ 20-50 of pre-op systolic.
	0	BP $\pm$ 50 of pre-op systolic.
<b>Consciousness</b>	2	Wakes readily; oriented to pre-operative level; opens eyes spontaneously; obeys commands.
	1	Arousable to verbal stimuli
	0	Auditory stimuli fail to illicit any response.
<b>Activity</b>	2	Follows commands, purposeful movement
	1	Non purposeful or weak movement
	0	No movement