



# SAIDEEP HOSPITAL

## HOSPITAL MANUAL

Doc No	SDH/COP/01
Issue No	01
Rev No.	01
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### Policy for discharge/transfer of patients from Postoperative recovery and discharge from PACU

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##### Introduction:

- Recovery is a continual and ongoing process that has been traditionally divided into three distinct yet overlapping phases: early recovery, as the patient emerges from anesthesia; intermediate recovery, when the patient achieves criteria for discharge; and late recovery, when the patient returns to their preoperative physiological state.
- Early recovery (phase I) commences on discontinuation of the anesthetic agent, which allows the patient to awaken, recover protective airway reflexes, and resume motor activity. This phase traditionally occurs in the post anesthesia care unit (PACU) in the presence of close monitoring and supervision by the nursing staff.
- Frequency of assessing and documenting vital signs is at least every 15 minutes during the first hour and then every 30 minutes until discharge from Phase I PACU care. The patient is then transitioned to Phase II, the inpatient setting, or the intensive care unit (ICU) for continued care.

##### Discharge of patients after General Anaesthesia

- Modified Aldrete scoring system is used for determining when patients are fit for discharge from the PACU.

Item	Answer choices (points)
Consciousness	Fully awake (2) Arousable (1) Not responding (0)
Mobility	Able to move four extremities on command (2) Able to move two extremities on command (1) Able to move 0 extremities on command (0)
Breathing	Able to breathe deeply (2) Dyspnea (1) Apnea (0)
Circulation	Systemic BP $\neq$ 20% of the preanesthetic level (2) Systemic BP between 20% and 49% of the preanesthetic level (1) Systemic BP $\neq$ 50% of the preanesthetic level (0)
Color	Normal (2) Pale, jaundiced, blotchy (1) Cyanotic (0)
O2 saturation	Maintaining O <sub>2</sub> saturation >90% on room air (2) Needs inhalation to maintain O <sub>2</sub> saturation >90% (1) O <sub>2</sub> saturation <90% despite O <sub>2</sub> supplementation (0)

- When a patient has achieved a score of 9, they are fit to be discharged to a step down unit where phase II recovery occurs until they reach the criteria for discharge.
- Phase II care focuses on continued recovery and is based on facility policy and the needs of the patient. The goal of this phase is to prepare the patient to be transferred home or to an extended care facility.
- The frequency of evaluating vital signs is every hour for the first 4 hours and then every 4 hours for the next 24 hours, it begins on arrival and ends at discharge or transfer to another unit.
- During this phase the patient is able to ambulate, take nutrition, and receive education and instructions necessary for self-management of care at home.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	



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- The drinking of fluids should not be part of a discharge/transfer protocol and may only be necessary for selected patients on a case-by-case basis
- The routine requirement for urination before discharge should not be part of a discharge protocol and may only be necessary for selected patients. When voiding is judged to be an integral part of recovery, patients can be discharged with clear instructions to seek medical help if unable to void within 6 to 8 hours of discharge.

**Role of the Anesthesia Professional in Phase I and Phase II Levels of Care**

Level of Care	Priorities	Possible Complications	Discharge from Phase Considerations
<b>Phase I</b>	<ul style="list-style-type: none"> <li>• Stable airway with adequate ventilation and oxygenation</li> <li>• Hemodynamic stability</li> <li>• Manage analgesia and PONV</li> <li>• Oral intake</li> <li>• Discontinue or adapt IV (enhanced recovery protocol)</li> </ul>	<ul style="list-style-type: none"> <li>• Airway compromise</li> <li>• Cardiovascular depression</li> <li>• Pain</li> <li>• Side effects:               <ul style="list-style-type: none"> <li>o Nausea</li> <li>o Vomiting</li> </ul> </li> <li>• Delirium</li> <li>• Procedure- specific considerations</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate airway and ventilator status</li> <li>• Cardiac and hemodynamic stability</li> <li>• Ability to move extremities on command</li> <li>• Fully awake</li> <li>• Adequate oxygen saturation on room air</li> </ul>
<b>Phase II</b>	<ul style="list-style-type: none"> <li>• Mobility</li> <li>• Oral intake</li> <li>• Adequate analgesia</li> <li>• Education for discharge</li> <li>• Prescriptions</li> </ul>	<ul style="list-style-type: none"> <li>• Pain</li> <li>• Nausea</li> <li>• Vomiting</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate pain relief and comfort</li> <li>• Hemodynamic stability</li> <li>• Nausea addressed</li> <li>• Takes fluids</li> <li>• Ambulates</li> <li>• Understands discharge instructions, medications and management of any issues</li> <li>• Safe transportation from the facility</li> </ul>

- Phase III recovery occurs after discharge/transfer in ward (for extended stay cases) or at home and continues until the patient has resumed usual everyday activities

**After regional anesthesia**

- Patients who have received a regional anesthetic need to meet the same discharge criteria as patients who have undergone general anesthesia (GA).

**Spinal anesthesia**

- Before patients are allowed to walk, it is important to assess whether the motor block has regressed. If there is normal perianal (S4 – 5) sensation, plantar flexion of the foot and proprioception in the great toe, the patient can safely begin to ambulate.

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#### Major limb nerve blocks

- These are mainly used in ambulatory procedures (An ambulatory procedure is a nonemergency procedure, performed on carefully selected patients, which is undertaken with all its constituent elements (admission, operation, and discharge home) on the same day, procedures requiring extended stay (i.e. 23-hour stay) cannot be considered true ambulatory surgery). But if the patient is intended to stay in the hospital for > 24 hours then immediate transfer to the recovery / ward is initiated post operatively bypassing PACU.
- Long-acting peripheral nerve blockade results in loss of proprioception and the protective reflex of pain and an insensate extremity has the risk of injury. Also the patients who have received lower extremity nerve block have the risk of fall.
- Such patients are transferred from PACU with clear instructions to monitor pain and protect them from a fall.
- Postoperative pain and postoperative nausea and vomiting may prolong stay after ambulatory surgery hence appropriate drugs/measures are taken to hasten the discharge by overcoming these factors.

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