

**Beth Israel Deaconess Medical Center
Perioperative Services Manual**

Title: Post Anesthesia Discharge Criteria

Policy # PSM 300-8

Purpose

To provide evidenced-based discharge criteria that ensures consistent, individualized care throughout the patient's transition to the next phase of recovery.

Policy Statement:

The Post Anesthesia Recovery Score (PAR) and the Post Anesthesia Discharge Scoring System (PADSS) are used to complete an assessment of readiness for the transfer of care through the Post Anesthesia Care Unit (PACU). The PAR is used to assess the transfer of care from the Phase I PACU. The PADSS is used to assess readiness from Phase II PACU for discharge home.

A. Definitions:

I. Post Anesthesia Score (PAR)

The **Post Anesthesia Recovery Score (PAR)** is used to evaluate patients in Phase 1. Patients are evaluated on admission and no less frequently than 30-minute intervals for the first 90 minutes, and hourly thereafter until a score of 8 is reached. Elements include:

- 1) ACTIVITY: Muscle activity is assessed by observing the ability of the patient to move his/ her extremities spontaneously or on command.**

Able to move 4 extremities = 2
Able to move 2 extremities = 1
Able to move 0 extremities = 0

- 2) RESPIRATION: Respiratory efficiency evaluated in a form that permits accurate and objective assessment without complicated physical tests.**

Able to take deep breathe and cough = 2
Dyspnea, shallow or limited breathing = 1
Apnea, obstructed airway = 0

- 3) CIRCULATION: A measurement of cardiovascular homeostasis and a comparison with previous blood pressures.**

Blood pressure \pm 20mm Hg of pre-anesthesia value = 2
Blood pressure \pm 20 - 49mm Hg of pre-anesthesia value = 1
Blood pressure \pm 50mm Hg of pre-anesthesia level = 0

- 4) CONSCIOUSNESS: Determination of the patient's level of consciousness.**

Fully awake =2
Arousable on calling = 1

Non-responsive = 0

5) OXYGEN SATURATION: Measurement of arterial oxygen saturation using pulse oximetry.

Maintains > 92% on room air = 2

Requires supplemental oxygen to maintain O₂ saturation > 90% = 1

Oxygen saturation < 90% even with O₂ supplement = 0

II. Post Anesthesia Discharge Scoring System (PADSS)

The Post Anesthesia Discharge Scoring System (PADSS) is used to evaluate patients in Phase II. Patients are evaluated on admission, and no less frequently that every 30 minutes until a score of 8 is reached. Elements include:

1) VITAL SIGNS: A measurement of cardiovascular homeostasis and a comparison with previous blood pressures.

BP and pulse within 20 % of pre-anesthetic value = 2

BP and pulse 20 – 40 % of pre-anesthetic value = 1

BP and pulse >40 % of pre-anesthetic value = 0

2) ACTIVITY LEVEL: Prior to discharge home, the patient's activity level must be at baseline. Patient must be able to ambulate at preoperative level.

Steady gait, no dizziness, or meets preoperative level = 2

Requires assistance = 1

Unable to ambulate = 0

3) NAUSEA & VOMITING: Prior to discharge, the patient must have minimal to no N/V.

Minimal / treated with P.O. medication = 2

Moderate / treated with parenteral medication = 1

Severe / continues despite treatment = 0

4) PAIN: Pain/ discomfort must be at a level identified by the patient as tolerable. The location, type and intensity of pain should be consistent with anticipated postoperative discomfort.

Pain acceptable = 2

Pain not acceptable = 1

5) SURGICAL BLEEDING: The surgical site must be free from excessive or unexpected bleeding/ drainage.

Minimal / no dressing changes = 2

Moderate / up to two dressing changes required = 1

Severe / more than three dressing changes required = 0

B. Guidelines for Implementation:

- 1) The **PAR** Score is used to evaluate patients in Phase I. A score of 8 or greater is required for discharge from Phase I.
- 2) The PADSS score is used to evaluate patients in Phase II who will be discharged home. A PADSS score of 8 is required for discharge home.
- 3) A post-anesthesia note is **completed** by an Anesthesia provider for all patients who have received anesthesia.

C. In-Hospital Transition of Care:

- 1) Discharge data collected and documented about the patient's status will include, but is not limited to:
 - a) Post Anesthesia Scoring System: **PAR Score**
 - b) Airway patency, respiratory function, oxygen saturation, **and if applicable, Obstructive Sleep Apnea (OSA) assessment**
 - i. Refer to **Policy CP 47, Guidelines for Perioperative Screening and Management of Patients with Obstructive Sleep Apnea.**
 - ii. **Patients requiring continuous oxygen saturation monitoring will be accompanied by an RN.**
 - c) Cardiac and hemodynamic status
 - i. Patients requiring telemetry or vasopressors will be accompanied by an RN.
 - ii. Patients receiving blood products may be transferred 30 minutes after initiation of the transfusion, and are accompanied by an RN.
 - d) Thermoregulation - Discharge temperature is **96.8 F** or greater via temporal artery (TA), and may be altered according to physician preference or service.
 - e) Pain / Comfort level
 - i. Refer to **PeriAnesthesia Nursing Policy PSM # 300-106, PeriAnesthesia Pain Assessment and Management**
 - ii. Patients receiving parenteral and / or oral narcotics must remain in the PACU for 30 minutes after their first dose.
 - f) Patency of tubes, catheters, drains, intravenous lines
 - g) Condition of dressing and / or surgical site
 - h) Intake and output

- i) When alerted that the patient is ready to transfer, the PACU Resource will text the receiving floor to arrange a time. The discharging RN will complete and fax a written PACU handoff. The accepting RN may call with any questions prior to the patient's arrival.

D. Transition from Phase 2 Level of Care to Home:

- 1) Discharge data collected and documented about the patient's status will include, but is not limited to:
 - a) Post Anesthesia Discharge Scoring System: PADSS
 - b) Airway patency, respiratory function, oxygen saturation, and if applicable, Obstructive Sleep Apnea (OSA) assessment
 - i. Refer to **Policy CP 47, Guidelines for Perioperative Screening and Management of Patients with Obstructive Sleep Apnea.**
 - c) Thermoregulation
 - i. Discharge temperature is **96.8 F** or greater via temporal artery (TA), and may be altered according to physician preference or service.
 - d) Pain / Comfort level
 - i. Refer to **PeriAnesthesia Nursing Policy PSM # 300-106, PeriAnesthesia Pain Assessment and Management**
 - ii. Patients receiving parenteral and / or oral narcotics must remain in the PACU for 30 minutes after their first dose.
 - d) PO intake
 - i. Only patients with Diabetes Mellitus will be required to tolerate oral clear fluids prior to discharge. Mandatory drinking or feeding for any other patient is not a requirement for discharge.
 - e) Voiding
 - i. Requiring a patient to void is at the discretion of the surgeon. Patients who have undergone the following **may** be required to void prior to discharge:
 - 1. Spinal Anesthesia
 - 2. Rectal Procedures
 - 3. Inguinal Hernia repair
 - 4. GU Procedures
 - f) Arrangements for safe transportation from the Medical Center.
 - i. Patients who have had General, Regional, Monitored Anesthetic

Care (MAC), anesthesia, or moderate sedation must be accompanied home by a responsible adult.

g) Safety following a Regional Block

- i. Patients who have received a femoral nerve block will be discharged with a knee immobilizer in place. **Refer to PeriAnesthesia Nursing Policy PSM 300-109 Care of Patient with a Femoral Nerve Block**
- ii. A colored safety sticker will be affixed to the limb that received a nerve block
- iii. An RN will escort a patient who received a femoral nerve block to their **car** at discharge

h) Discharge Information

- i. Discharge instructions are reviewed with and a copy provided to the patient, and/ or family member or designee.
- ii. Patients will receive an updated medication list, with prescriptions, if indicated prior to discharge home. Refer to **PeriAnesthesia Nursing Policy PSM # 300-303, Outpatient Surgery Discharge Teaching**

References

American Society of PeriAnesthesia Nurses. 2017-2018. *Standards of Perianesthesia Nursing Practice*. Cherry Hill, NJ; 2017.

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