

<b>DISCHARGE POLICY AMBULATORY CARE UNIT/PHASE II</b>	<i>AMBULATORY CARE UNIT POLICY #OP15129</i>	
	Replaces Policy	
	Date Effective	5/81
	Date Revised	12/87, 10/98, 10/03, 8/05, 11/10
	Date Reviewed	2/83, 2/84, 12/85, 10/86, 12/88, 4/90, 2/02, 10/03, 4/05, 8/05, 2/08, 11/10; 10/12
	Applicability	

APPROVAL: /s/ Anne Ertel, RN, DNP  
 Director of Surgical Services

DATE: 10/15/12

/s/ Anthony Miller, MD  
 Chief of Anesthesia

DATE: 10/16/12

**REFERENCE MERCY HOSPITAL VALUE:**

**Excellence:** We strive for the highest standards of care for our patients' physical, mental and spiritual needs. We encourage our associates to do the same in their personal and professional lives.

**PURPOSE:**

Each patient who has had general, MAC, or regional anesthesia for surgical or medical procedures will be evaluated by an anesthesia provider or discharged according to criteria from the OR to Phase I or Phase II care, or from Phase I care to Phase II care.

**PROCEDURE:**

1. The following discharge criteria are applied to determine the readiness of the patient for **discharge from Phase I.**

Before transfer from the OR or Phase I, the patient shall:

- A. Have a stable airway (without any aid, such as a nasal airway).
- B. Have oxygen saturations equal or greater than 93%, or at patient's baseline.
- C. Not require supplemental oxygen greater than 2 liters/minute by nasal cannula.
- D. Have a temperature greater than 36°C.
- E. Have an absence of new onset arrhythmias.
- F. Have vital signs within the normal physiologic range for age or 20% of baseline levels.
- G. Be alert or easily arousable to verbal stimuli and/or returned to baseline orientation/mental status.
- H. Have intact surgical site with minimal bleeding.
- I. Have tolerable level of nausea.
- J. Have acceptable level of comfort.

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<b>Page 2 of 2</b>		

**2. Discharge from OR to Phase II ("PACU Bypass"):**

- A. If the patient meets all of the above criteria in the OR, then he or she may be moved directly to Phase II. However, if there is any uncertainty about the patient's appropriateness for Phase II care, then he or she will be sent to PACU. In addition, the following exceptions require transfer to Phase I rather than Phase II:
  - a. Sensory blocks above T12.
  - b. Orthostatic vital sign changes.
  - c. Severe or profound psychological distress or altered level of consciousness.
  - d. Patients who received reversal agents (Narcan./naloxone or Romaziconflumazenil).
  
- 2. Documentation of discharge readiness or failure to meet discharge criteria will be based on relevant application of approved discharge criteria and will include the name of the physician accepting responsibility for discharge.

Reference: Practice Guidelines for Postanesthetic Care: A Report by The American Society of Anesthesiologists Task Force on Postanesthetic Care. *Anesthesiology* 2002;96:742-52

<b>DISCHARGE CRITERIA FROM PHASE I CARE OR/PACU</b>		
	<b>Date Effective</b>	6/05
	<b>Date Revised</b>	11/10
	<b>Date Reviewed</b>	12/07, 11/10
	<b>Applicability</b>	RN, Anesthesia Provider
<b>Page 1 of 1</b>		

*This policy/procedure is only intended to serve as a guideline to assist staff in the delivery of patient care; it does not create standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgment of the healthcare provider(s) involved with the patient, taking into account the circumstances at that time.*