

Phase II Guidelines

B. Ryan 2013

- Patient meets Discharge Criteria for Phase I Recovery (see criteria grid below).
- Patient is ready for Phase II Recovery (ASU or In-patient unit) care ratio (1RN:4-6patients).
- Documentation that the patient has met Phase I Discharge Criteria must be noted on the Anesthesia Record.
- Surgeon agrees to transfer patient directly to inpatient unit from the OR.
- Patient report is given by OR nurse to ASU or Inpatient unit nurse.
- Surgical post-op orders must be entered and all now or stat orders completed prior to transfer.
- Age restriction: children < 10yrs not accepted for direct admission to Phase II (1:1 Nursing observation not available).

Assessment Parameter	Criteria
Neurological	Return to pre-procedural level of consciousness: arouses easily to voice, answers questions, able to follow commands
Neurovascular	Return of pre-procedure level of motor/sensory function (i.e. moving all extremities); Regional blocks to extremities accepted.
Respiratory	Patient maintains patent airway.
	Patient maintains respiratory rate \geq 10 breaths/minute, patient able to deep breathe and cough.
	Patient maintains oxygen saturation 92% on Room Air or on 2-4 lpm O ₂ via nasal cannula.
Cardiovascular	Patient's systolic blood pressure is within 20 mm Hg pre-procedural level.
	Patient's heart rate and EKG rhythm is within patient's baseline.
	Patient's temperature is \geq 36C or at pre-procedural baseline.
Pain	Pain level well controlled: small or tolerable amount by description, should not require aggressive pain management (i.e. IVP medication every 5 minutes) once transferred to Phase II.
Surgical Dressing	Patient has no significant bleeding <u>or</u> amount of drainage is appropriate to procedure.

Note: If RN caring for the patient has any concern regarding patient safety the Anesthesiologist on pager #4800-0610 should be notified. If patient assessment deviates from the above Assessment Parameters and a higher level of observation is necessary, transfer to the PACU may be indicated, this should be determined by the Anesthesiologist assessing the patient.

Notification of the Rapid Response Team should be determined by the RN caring for the patient.