Scope: Departmental
Document Type: Policy, Guideline
Approved on: 2019-11-13
Next Review Date: 2022-11-13

Patient Length of Stay and Discharge from the PACU

Version: 2

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Original Date of Issue: December, 2010

This policy and guideline is department specific and only applies to activities supported by the Department of Anesthesia and Pain Medicine.

1.0 Introduction

The purpose of this document is to provide guidance to the health care professional (PACU RN or the responsible anesthesiologist) discharging patients from the PACU to the in-patient units, OICU, or home. The length of time a patient spends in the PACU/Recovery area should be based on the specific needs of the patient rather than on a predetermined length of stay.

2.0 Definitions

Length of stay: the amount of time a patient remains in the PACU. A patient's length of stay in the PACU will be determined based on assessment of the patient's post-anesthetic physiological status.

3.0 Policy

A patient must meet the following criteria prior to discharge, should the criteria not be met, the nurse must consult with the responsible anesthesiologist or delegate.

3.1 Discharge Criteria

3.1.1 A patient in the PACU/Recovery area must be assessed using the following scoring system at time of admission, every 15 minutes during the recovery phase, and upon discharge from the PACU. A score of 12 or more out of 14, with no scores of 0 in any parameter, is acceptable for discharge from the PACU without consultation with the responsible anesthesiologist.[1]

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Simplified Discharge Scoring System for Post-Anesthetic Recovery Room		
Parameter	**Finding**	**Score**
Conscious Level & Activity	• Awake & orientated, or at pre-op level • Rousable with vocal and tactile stimulation, spontaneous movements • Unconscious, unresponsive to vocal or tactile stimuli, including painful stimuli	2 1 0
Respiratory Stability	• Able to cough, deep breathe, or cry • Shallow with increased work of breathing, but able to cough and/or cry, mild hoarseness • Significant stridor, dyspnea or wheeze, apnea, jaw thrust or airway in situ	2 1 0
Oxygen Saturation Cardiac and Tracheostomy Ventilated Patients-use A/B/C	• Maintains>95% on room air- % within MD order — A. Back to baseline • 90-95% on room air — B. Not applicable- no score • Requires O2 to maintain >90% % not within MD order +/- O2 — C. Not back to baseline	2 1 0
Hemodynamic Stability	• HR & systolic BP within 15% of baseline value, or appropriate for age as per vital sign monitoring policy • HR & systolic BP within 15-30% of baseline, or appropriate for age as per vital sign monitoring policy • HR &/or systolic BP outside 30% of baseline, mottled	2 1 0
Post-op Pain	• None, or mild discomfort, acceptable to patient • Moderate to severe, controlled with IV analgesia • Persistent severe pain • Unconscious	2 1 0 U
Post-op Nausea or Vomiting	• None, or mild nausea with no vomiting • Transient vomiting or retching • Persistent moderate to severe nausea & vomiting • Unconscious	2 1 0 U
Surgical / Procedural Site	• No or minimal drainage, or as expected per surgical case • Moderate or more than expected • Severe drainage, increasing hematoma, surgeon notified	2 1 0

3.1.2 All patients who have a prolonged recovery (>2 hours) must be assessed and discharged from the PACU/Recovery area by the responsible anesthesiologist or delegate. The discharge order must documented in the electronic patient chart.

3.1.3 Patients must remain in PACU/Recovery Area for 30 minutes after administration of IV (intravenous) opioids.

3.1.4 Traditional time-based criteria will remain in effect for premature infants, ex-premature infants, term babies, certain co-morbidities, and patients having airway surgery. For example, patients having airway surgery and those

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with MH must stay 2-4 hours. In collaboration with the responsible anesthesiologist, discharge from PACU/Recovery Area will be determined by admission status and individual assessment.

3.1.5 The responsible anesthesiologist or delegate must be contacted if the Bedside Patient Early Warning score (BPEWs) is >=5. A patient must not be discharged from PACU/Recovery Area if BPEWs score is >=8 without an anesthesia sign out.

3.2 Outpatient Discharge Criteria:
- Physiologic discharge criteria have been met
- Both written and verbal discharge instructions provided
- Discharged home with a guardian
- Discharge order from responsible anesthesiologist or delegate

3.3 Patients that have been discharged from PACU/Recovery Area should go to the Emergency Department (ED) if they experience surgical complications and are not to be readmitted back into the PACU/Recovery Area post discharge.

4.0 Guidelines

4.1 The following are guidelines only, the appropriate length of stay for individual patients following an anesthetic will be determined by the responsible anesthesiologist or delegate.

Patient Criterial	Recommended Length of Stay
Infants <4.5 kg	4 hours
Infants 4.5 - 6.5 kg	2 hours
Ex-premature infants <6 months corrected	2 hours
Airway Surgery	2-4 hours (to be determined by individual assessment)
Sickle Cell Disease	2-4 hours (to be determined by admission status and individual assessment)
Malignant Hyperthermia	2-4 hours (to be determined by admission status and individual assessment)

4.2 For patients being discharged from the PACU with a PCA, opioid infusion or epidural please refer to, Intrahospital Transfer of Patients ==>, Care of Patients Receiving Continuous Infusion of Opioids ==>

4.3 For patients being discharged from the PACU during or following a blood component transfusion please refer to, Blood Component Infusions ==>

4.4 Tracheostomy Ventilated Patients will be admitted to PACU with a Registered Respiratory Therapist (RRT) and Anesthesiologist. RRT will manage the patient's ventilator settings, suctioning, and tracheostomy care and lead emergent care if required. PACU RN will monitor patient's vital signs as per policy. The determination for discharge will follow standard Post-anesthetic Discharge Criteria using A/B/C criteria for Oxygen Saturation to determine readiness for home. RRT will remain with patient until ventilator settings are back to baseline as per PACU Discharge Criteria. Families will resume normal care once the child is back to baseline neurological and respiratory status. Once patient has returned to home ventilator settings, baseline neurological and respiratory status, the RN will contact Anesthesia for discharge. Anesthesia will assess the patient prior to discharge home.

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5.0 Related Documents

Blood Component Infusions ==>
Care of Patients Receiving Continuous Infusion of Opioids ==>
Care of the Patient Receiving Regional Anaesthesia: Epidural Infusions or Peripheral Nerve Blocks ==>
Care of the Patient Receiving Patient Controlled Analgesia ==>
Medical Orders ==>
Protocol for Administration of Opioids in the PACU==>
Pain Assessment ==>
Intrahospital Transfer of Patients ==>
Vital Sign Monitoring ==>

6.0 References

American Society of PeriAnesthesia Nurses. (2010). Standards of PeriAnesthesia Nursing.

Armstrong, J.A., Forrest, H., and Crawford, M.W. (2010). Discharge from the Post-Anesthetic Care Unit: A physiologic scoring system vs. traditional time-based criteria in pediatric ambulatory surgical patients. (In Press).

Awad, I.T., and Chung, F. (2006). Factors affecting recovery and discharge following ambulatory surgery. Canadian Journal of Anesthesia, 53, 858-872

White, P.F., and Song, D. (1999). New criteria for fast-tracking after outpatient anesthesia: A comparison with the Modified Aldrete's Scoring System. Anesthesia Analoque, 88, 1069-1072

Tilton, D. Post Anesthesia Care Complications. http://www.nursingceu.com/courses/105/index_nceu.html

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