

## Policies and Procedures

### TITLE: Discharge Criteria from XYZ ASC

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Endorsed by: \_\_\_\_\_ Effective Date: \_\_\_\_\_

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**PURPOSE:** To ensure that all patients meet a standardized Discharge Criteria before leaving the Center Post-operatively.

- The patients will meet criteria in Phase 1 recovery before being transferred to Phase 2 recovery, as well as meeting medical discharge and physical discharge from the ASC.
- The discharge criteria will be documented by the PACU nursing staff and reported to the Anesthesiologist when patient has met the following criteria.
- The Surgeon that performed the procedure will be notified to obtain a physical discharge order.

*Source: ASC Durango (Colo). Adapted and reprinted with permission.*

Description		Medical Discharge Criteria
<b>Extremity CSMT</b> <b>Intact=√</b> → <b>Color</b> =pink-Capillary refill< 3sec, <b>Sensory</b> =intact or appropriate for block, <b>Motion</b> = intact or appropriate for block, <b>Temp</b> = warm. Otherwise: <b>NN</b> = See Nursing Notes. <b>NA</b> = Not Applicable		<b>Intact</b>
<b>1. Level of Consciousness Score</b> Awake and oriented Arousable with minimal stimulation Responsive only to Tactile Stimulation (TS)or Unresponsive (U)	2 1 0	<b>Score = 2</b>
<b>2. Physical Activity Score</b> Able to move all extremities on command Some weakness in movement of extremities Unable to voluntarily move extremities	2 1 0	<b>Score = 2</b> (if patient has a peripheral nerve block, the extremity movement should be appropriate for the blocked limb)
<b>3. Hemodynamic Score</b> Within 20% of preoperative value 20-40% of preoperative value >40% from of preoperative value	2 1 0	<b>Score = 2 or 1</b> Must be stable and consistent with age and preoperative baseline. The preoperative baseline may be adjusted to patient's usual hemodynamics when appropriate (e.g. for patients with relative hypertension compared to their usual BP on admission)
<b>4. Respiratory Score</b> Able to breathe deeply Tachypnea with good cough Dyspneic with weak cough	2 1 0	<b>Score = 2</b>
<b>5. Oxygenation Score</b> Maintains >90% or within 2% of baseline on RA Requires supplementary oxygen to maintain > 90% or within 2% of baseline Maintains < 90% or < 2% of baseline with oxygen	2 1 0	<b>Score = 2 or 1</b> If the patient has not returned to within 2% of baseline within an hour of otherwise being fit for discharge, call physician to evaluate and consider discharge with home O <sub>2</sub> .
<b>6. Pain Score</b> None or mild discomfort (0-3) Moderate pain (4-6) Persistent severe pain (7-10)	2 1 0	<b>Score = 2 or 1 (or near baseline if chronic pain)</b> -Level of pain must be acceptable to patient for discharge -Pain should be controllable with oral analgesics -The location, type and intensity of pain should be consistent with the procedure performed
<b>7. PONV Score</b> None or mild nausea with no active vomiting Transient vomiting or retching Persistent mod-severe nausea and vomiting	2 1 0	<b>Score = 2</b> Level of nausea and vomiting must be acceptable to patient
<b>Total PACU Score ( ∑ 1-7)</b>	<b>A minimum score of 12 (with no score less than 1 in any individual category) is required for a patient to bypass the PACU or be discharged from the PACU after general anesthesia.</b>	
<b>8. Ambulation Score (Phase II)</b> Steady gait/ no dizziness With assistance None/dizziness	2 1 0	<b>Score = 2 or patient must be able to ambulate at preoperative state</b>
<b>9. Surgical Bleeding Score</b> Minimal (Does not require dressing change) Moderate (Up to 2 dressing changes with no further bleeding) Severe (More than 3 dressing changes with continued bleeding)	2 1 0	<b>Score = 2</b> Surgical bleeding should be minimal and consistent with bleeding expected for the surgical procedure
<b>Total Medical Discharge Score ( ∑ 1-9) Minimum Score = 16 (Max=18)</b>		
<b>Voiding Criteria</b>	<b>Patients with surgeon order to void prior to discharge must void per order</b> <b>High risk patients (should void 300ml prior to discharge)</b> 1. Pelvic surgery (rectal, gynecological, urological) with physicians order to void prior to discharge 2. A positive history of urinary retention or spinal cord disease 3. Spinal/epidural anesthesia with agents of long duration and/or if vasoconstrictors are added to short-acting local anesthetics <b>Low risk patients do not have to void prior to discharge</b> 1. General anesthesia, peripheral n. block or MAC 2. Non-pelvic, non-urologic surgery 3. Most outpatient gynecologic surgeries (transvaginal, or pelvic laparoscopy who undergo intraoperative bladder drainage) but check physician's orders 4. Most patients having spinal/epidural with short acting local anesthetics without the use of vasoconstrictors	
<b>Special Conditions Discharge Criteria</b>	<b>OSA</b> Patients with OSA should be monitored until adequacy of respiratory function is demonstrated and documented 1. SpO <sub>2</sub> has returned to baseline while the patient is unstimulated or sleeping 2. A least 2 hrs following administration of opioids	
	<b>Malignant Hyperthermia (MH)</b> 1. Any patient considered at increased risk for MH may be discharged on the day of surgery if the non-triggering anesthetic has been uneventful. 2. A minimum period of 1.0 hour in PACU monitoring vital signs at least every 15 minutes and an additional hour in phase 2 is required prior to discharge.	
	<b>Droperidol</b> Patients who received droperidol may be discharged after being uneventfully monitored by ECG for two hours (intra-operative time + PACU time + Phase II time) after last administration.	
<b>Medical Discharge</b>	<b>Medical Discharge Criteria are met when all of the above conditions are met</b>	
<b>Physical Discharge Criteria</b>	<b>Medical Discharge Criteria Met</b>	
	<b>Patient evaluation for recovery from anesthesia complete and signed by anesthesiologist if applicable</b>	
	<b>O<sub>2</sub> therapy initiated when indicated</b>	
	<b>Pain medication scripts given if applicable</b>	
	<b>Written and verbal discharge instructions given</b>	
	<b>Discharge order received by the surgeon that performed the procedure</b>	
<b>Patient discharged with a responsible adult or a written order from physician for an exception</b>		