


Name of Policy: <u>Escort Policy - General Anesthesia, Opioid, Sedative Administration</u> Policy Number: 3364-87-45 Approving Officer: Chief of Staff Chief Medical Officer Responsible Agent: Chief Medical Officer Scope: University of Toledo Medical Center	 Effective Date: 02/01/2020 Initial Effective Date: 02/01/2020
<input checked="" type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

Impairment of cognitive, memory, and psychomotor function related to the administration of anesthesia, opioids, and/or sedatives may affect the ability to carry out normal daily activities such as driving. There are potential risks to the patient if an escort is not available.

(B) Purpose of Policy

The University of Toledo Medical Center is dedicated to patient safety, recognizing that after-hospital care is an essential part of the patient’s care. Because of this, coordinating transportation by a responsible adult requires a certain amount of planning on the patient’s part.

(C) Procedure

Emergency Services, Bedded Outpatients:

1. Prior to the administration of opioids or sedatives, the patient should be educated that an escort is needed after receiving any opioid or sedative. This needs to be documented in the Emergency Department (ED) or patient’s record.
2. Opioid / sedative medications will be administered as ordered. Prescribed treatments should NOT be withheld until an escort is physically present.
3. After administration and discharge by the responsible physician, the patient shall leave with an escort.
4. If the patient does not bring an escort with them to assist them upon completion of the operation, the hospital staff will assist in arranging for services to meet the patient’s needs after discharge which include, but are not limited to, transportation services.
5. If the patient continues to refuse, they will be made aware by staff that it will be documented in their record that they left “Against Medical Advice” (AMA) and that it could potentially impact their insurance coverage for the operation by doing so
6. In addition, please see Appendix 1 “**Patient Contract for Bedded Outpatients**”

Operating Room / Perioperative Services / Invasive Radiology Procedures:

1. To ensure the safety of our patients, elective outpatient surgery cases or invasive radiology procedures requiring anesthesia, opioids, and/or sedation, will be canceled if the patient does not have a responsible adult to escort them home.
2. For elective outpatient surgery, the patient will be told by the surgeon’s clinic, hospital brochures, the Pre-admission Testing Center (PAT) reminder call, and the preoperative nursing staff that a responsible adult must be available to drive the patient home and stay to care for them for a period of time postoperatively in order to report on any postoperative complications. If no one is available to drive and care for the patient the surgery will be cancelled.¹ The provider responsible for the patient’s care reserves the right to refuse discharge until a responsible person is present to accompany the patient.²
3. It is requested that the person driving the patient home remain on the campus during the surgery to be available to speak with the physician when the case is finished. However, as this is not always a feasible option, the alternative will require a documented phone number for the person escorting the patient home prior to the start of the surgery. The preoperative nurse will make one attempt to reach the driver and if this results in failure to reach the individual, the case will be cancelled. Exceptions to this procedure may be made by the Nurse Manager/ Operations Supervisor or his/her designate.

Appendix 1 – Patient Contract for Bedded Outpatients

By signing this agreement, I agree to refrain from operating a motor vehicle for at least 2 hours following the last dose of opioid pain medication.

Patient Signature: _____ **Date:** _____

Physician Signature: _____ **Date:** _____ **Time:** _____

Printed Name: _____