

**Name of Policy:** **Admission and Discharge of Post-Anesthetic Patients**

**Policy Number:** 3364-125-05

**Approving Officer:** Chief Nursing Officer

**Responsible Agent:** Nursing Director, Endoscopy and Surgical Support Services

**Scope:** PACU



**Effective date:** June 1, 2023

**Original effective date:** February 1989

Key words:

|  |                                   |                                     |   |
|--|-----------------------------------|-------------------------------------|---|
|  | New policy proposal               | <input checked="" type="checkbox"/> | Minor/technical revision of existing policy |
|  | Major revision of existing policy |                                     | Reaffirmation of existing policy            |

**(A) Policy statement**

All post-anesthetic patients will meet specific admission and discharge criteria.

**(B) Purpose of policy**

To promote the safe recovery of patients from general or regional anesthesia.

**(C) Procedure**

(1) Admission to, and discharge from, the post anesthesia care unit (PACU) will be the responsibility of the chairman, department of anesthesiology, or his designee, according to current institutional practice, and will usually include all patients who have received a general or regional anesthetic, intravenous sedation for a local anesthetic, or who are otherwise in need of PACU support.

(2) PACU admission may occasionally be advisable for patients who have had local anesthesia and/or sedation administered by the surgical team without need for an anesthesiologist. In such instances, PACU admission may be approved by the chairman, department of anesthesiology, or his designee, but PACU discharge will be the responsibility of the surgical team when the situation requiring the PACU care is deemed stable. Except in very unusual circumstances, PACU care for these patients would be restricted to normal hours and should not involve "on-call" PACU coverage.

(3) Patients whose surgical or anesthetic convalescence will necessitate intensive care may be transferred, with proper attention and precautions, directly from the operating room to the appropriate intensive care unit. Post-anesthetic reanimation will be accomplished in that unit, utilizing the personnel, policies and procedures appropriate to that location. Occasionally a patient will need to be transferred from the operating room to the PACU en route to an intensive care unit. This routing decision will be made by the anesthesiologist and may require additional staff in the PACU until the patient can be safely moved to the ICU or until appropriate ICU transfers make available the designated bed.

(4) All patients, before discharge from the PACU, must meet specific discharge criteria. The patient may be discharged with a PACU (aldrete) score of 8-10 or return to pre-op state, and anesthesiologist approval, other than those with local or no anesthesia, in which case the attending must place the order for discharge.

|  |  |
|--|--|
| <p><b>Approved by:</b></p> <p><u>/s/</u></p> <p>Kurt Kless, MSN, MBA, RN, NE-BC<br/>Chief Nursing Officer</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by:</i><br/><i>Revision completed by: Michelle Mallett, MSN, RN, CNOR, Director of Surgical Services</i></p> | <p><b>Policies Superseded by this Policy:</b></p> <ul style="list-style-type: none"><li>• 1-R-5</li></ul> <p>Initial effective date: February 1989</p> <p>Review/Revision Date:</p> <p>August 1996<br/>March 1999<br/>April 2002<br/>July 2005<br/>May 20, 2008<br/>March 20, 2009<br/>August 27, 2012<br/>June 17, 2014<br/>May 1, 2017<br/>July 1, 2020<br/>June 1, 2023</p> <p>Next review date:<br/>June 1, 2026</p> |
|--|--|