

Patient Selection and Discharge

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Selection Criteria for the Day Surgery Setting

- How to "select" patients for day surgery
- Policies and written criteria
- ASA Physical Status classification
- Simple to complex procedures
- How to manage the more "complicated" patient

Examples of Selection Criteria

- Surgical
 - Operation of moderate duration
 - Associated with minimal blood loss or fluid shifts
 - No specialized equipment needed
 - No specialized postoperative care
 - Few postoperative complications anticipated
 - Pain manageable at home orally
- Smith 2003, UK Guidelines

- Social
 - Responsible adult escort for first 24 hours
 - Patient understands instructions
 - Reasonable access to a telephone
 - Reasonable access to general medical practitioner
 - Able to return to hospital in reasonable time frame
 - Not expected to care for children or perform hazardous tasks
- Smith 2003, UK Guidelines

- Medical
 - Healthy or
 - Preexisting condition stable and well-controlled
 - Symptoms relatively stable
 - Patient understands disease
 - Disease unlikely to be adversely affected by surgery
- Smith 2003, UK Guidelines

Preassessment Clinic

- In USA, may be staffed by specialized nurses who follow written protocols
- Complete assessment based on protocol
- Anesthesia provider may be consulted to assess patients

Goal

- Evaluate and optimise treatment of any preexisting conditions

ASA Physical Status

- Anesthesia risk classification
- Introduced in 1963
- Does not include surgical procedure or other preoperative factors

ASA Physical Status Classification

- ASA 1: A normal healthy patient.
- ASA 2: A patient with a mild systemic disease.
- ASA 3: A patient with a severe systemic disease that limits activity.

- ASA 4: A patient with an incapacitating disease that is a constant threat to life.
- ASA 5: A moribund patient (not expected to survive 24 hours)
- ASA 6: Brain-dead patient whose organs are being harvested
- E - emergency procedure

What about preoperative testing?

Preoperative Testing

- Avoid shotgun testing
- Testing based on history and physical examination
- Appropriate to type of procedure

Preoperative Condition	HGB		WBC	PTI	PLT	Elect	Creat	Blood	SGOT/ALT	X-ray	ECG	Test	Albumin	T/S
	M	F					BUN	Glucose	PT/ase					
Neonates	X	X												
Physiologic age ≥ 75 yr	X	X					X	X		X	X		X	X
Class C procedure	X	X					X	X		X	X		X	X
Cardiovascular disease							X			X	X			
Pulmonary disease										X	X			
Malignancy	X	X	†	†						X	X			
Radiation therapy			X							X	X			
Hepatic disease				X						X				
Exposure to hepatitis										X				
Renal disease	X	X					X	X						
Bleeding disorder				X	X									
Diabetes							X	X	X				X	
Smoking ≥ 20 pack-yr	X	X								X				
Possible pregnancy													X	
Use of diuretics							X	X						
digoxin							X	X					X	
steroids							X	X						
anticoagulants	X	X		X										
CNS disease			X				X	X	X				X	

Simple to Complex Procedures

- From cataract to shoulder repairs, carpal tunnel repairs to myomectomies
- What has changed?
 - Equipment
 - Anesthetic agents
 - Pain management

The Complicated Patient

- The patient with diabetes
- The patient with cardiac disease
- The patient on anticoagulants
- The patient on herbal supplements

The Complicated Patient

- The patient with respiratory disease
- The patient with OSA
- The patient who is morbidly obese
- The patient with history of MH/MH susceptible

Other Issues Related to Patient Selection

- What are the issues?
- Suggestions for improvement?
- What else can you do?

Discharge Issues, Answers, & Ideas

The Old Way....

- Time....is on my side
- A few situations where time is still used as a criteria for discharge
 - T&As
 - H/O laryngospasm

The Better Way....

- Base discharge on patient meeting defined criteria
- Criteria applied objectively
- Consider variations and “misfits”

Discharge Criteria - ASPAN

- Discharge Assessment - PACU Phase I
 - Airway patency, respiratory function & O₂ saturation
 - Stability of VS
 - Hypothermia resolved as defined by Resource 14
 - LOC & muscular strength
 - Adequate pain control

- Mobility
- Patency of tubes, catheters, drains, IV lines
- Skin color and condition
- Condition of dressing and/or surgical site
- Intake & output

- Comfort
- Anxiety
- Child-parent/significant others interactions
- Numerical score if used

*Resource 4, ASPAN Standards for
Perianesthesia Nursing Practice 2002*

Discharge Criteria - ASPAN

- Discharge Assessment: PACU Phase II
 - Adequate respiratory function
 - Stability of VS
 - Hypothermia resolved as defined by Resource 14
 - LOC & muscle strength
 - Ability to ambulate consistent with baseline/procedural limitations

- Ability to swallow
- Minimal nausea & vomiting
- Skin color & condition
- Adequate pain control
- Adequate neurovascular status of operative extremity

- Ability to void as indicated
- Patient & home care provider understand discharge instructions
- Written discharge instructions given to patient/accompanying responsible adult
- Verify arrangements for safe transportation home

- Provide additional resource to contact if any problems arise
- Verify correct phone number for follow-up phone call
- The professional perianesthesia nurse will complete a discharge follow-up to assess and evaluate patient status

Resource 4, ASPAN Standards for Perianesthesia Nursing Practice 2002



Discharging the Patient: Using Scoring Systems

Discharge Criteria

- Scoring Systems
 - Aldrete
 - Modified Aldrete
 - REACT
 - PADSS
 - PARSAP

Aldrete and Modified Aldrete

- Introduced 1970
- Modified in 1992
- Limitations include
 - Cardiac dysrhythmias with no BP effect
 - Incisional bleeding
 - Pain
 - Persistent nausea and vomiting

Aldrete, J. A. Modifications to the postanesthesia score for use in ambulatory surgery. J Perianesth Nurs, 1998,13:3, 148-155.

Aldrete and Modified Aldrete

- “On arrival to PACU, higher total scores were noted in patients anesthetized by anesthesiologists in private practice than in those cared for by attending academic anesthesiologists, and even lower scores were observed when the care was given by trainees.”

Aldrete, J. A. Modifications to the postanesthesia score for use in ambulatory surgery. *J Perianesth Nurs*, 1998,13:3, 148-155

Discharge Criteria

- Medically approved discharge criteria
- ASPAN Standards for Perianesthesia Nursing Practice 2002
- ASA Standards for Postanesthesia Care
- JCAHO

What's Needed?

- Appropriate application of criteria
 - Does everyone in your institution know what PACU discharge criteria are?
 - My question to the anesthesia care provider:
 - Does this patient meet Phase I discharge criteria?
 - If so, they can go to the general care unit or Phase II...

What's Needed?

- Patient safety
- Improving the system
- Dealing with delays

Delays in Discharge

- The Patient
 - “10” but not ready to go
- The Nurse
 - Pavlin et al 1998 “duration of Phase II recovery significantly affected by nurse”
- The System
 - Lack of support: surgeons, administration, anesthesia department

Patient Issues

- Pain
 - NRS \leq 4
- PONV
 - What will a little movement do?
- CV stability
 - Significant intraop blood loss
- Monitoring needs
 - Dysrhythmias, O₂ sat

Patient Issues

- Emotional/psychological needs
 - Readiness difficult to quantify
- Educational/teaching needs
 - e.g., ISC teaching, SQ injections of anticoagulants, wound or drain care
- The responsible adult companion
 - Often left to the nurse to resolve

Patient Safety

- What is safest for the patient?
- Where can the patient receive the best possible care?

Nursing Issues

- Education and experience
- Who are your PACU Phase I nurses?
- Who are your PACU Phase II nurses?
- Who administers the PACU/DSU?

Nursing Issues

- Cross training: perianesthesia to perioperative? Consider your own situation...
- How can we enhance efficiency without compromising care?
- The nurses provide the monitoring and observation and determine the level of care

System Issues

- Lack of physical space in PACU Phase I/II
- Lack of nurses (ICUs, general care, PACU)
- Lack of administrative support
- Lack of surgeon support

System Issues

- Redesign your space
- Reinforce policies and procedures
- Work together to resolve the resolvable issues

Communication/Team Issues

- “Dump and run” - no or minimal report
- Education: increase understanding
- Support: be available
- Be consistent



Working Together

- Share the patient's “story” with the nurse
- Stop the blame game

Always think...

What would be best for this patient?

What's Next?

- No simple or easy answers
- Communicate with one another
- Educate nurses and physicians about costs of care
- Encourage nurses to join specialty nursing organization (ADSNA, ASPAN)