

# LINEE GUIDA PER INFERMIERI PER LA CHIRURGIA AMBULATORIALE NEGLI STATI UNITI

MAIMONIDES MEDICAL CENTER  
DEPARTMENT OF NURSING  
PERIOPERATIVE SERVICES

## PRE-ADMISSION TESTING (P.A.T)

### I. POLICY:

To facilitate a more efficient admitting process, Maimonides Medical Center will operate pre-Admission Program for elective medical and surgical patients. This process is designed to obtain the necessary clinical tests, as well as the assessment, teaching, prior to the patient's scheduled admission.

Elective patient's whose date of surgery is less than one week will be phoned and scheduled for appointments by the Pre-Admission Testing Center at least seventy-two hours but not more than six days prior to surgery. Elective patient's whose date of surgery is greater than two weeks will receive a letter from Pre-Admission Testing with appointment date and time.

### II. RESPONSIBILITY:

#### A. The referring surgeon is responsible for the following:

1. Booking reservations on a timely basis so that there is sufficient time to schedule the patient for Pre-Admission Testing. A minimum of three working days prior to the date of admission is required.
2. Providing the following information at the time of booking, patient's O.R. and/or bed reservations: via O.R. Scheduling
  - a. patient's name and address
  - b. patient's age, date of birth
  - c. patient's home telephone number
  - d. telephone number where patient can be contacted during the day
  - e. admitting diagnosis
  - f. Insurance Information

#### B. The Department of Nurse Case Management is responsible for:

1. Processing all Pre-Admission Utilization Review forms (#1487) and notifying the Admitting Office and Pre-Admission Testing Center of their decision to approve or deny the patient's admission prior to the scheduled Pre-Admission Testing.
2. Monitoring and enforcing physician compliance in the Pre-Admission forms prior to admission.

---

Original Date: 8/02  
Revised: 2/08

**C. The Financial Department is responsible for:**

- 1. Placing the surgical reservation into the “American Healthware System and assigning the medical record number.**
- 2. Obtaining medical insurance information from patient and then financially clearing the patient for their Pre-Admission Testing visit and surgical admission into the hospital.**
- 3. Notifying the patient and the Pre-Admission Testing Center of any funds due prior to admission.**

**D. The Department of Radiology is responsible for:**

- 1. Obtaining, reading and reporting chest x-rays. (CXR)**
- 2. Forwarding any CXR reports to Pre-Admission Testing Center.**
- 3. Bringing any stat CXR over to the main department for immediate reading and returning preliminary results back to the Pre-Admission Testing Center.**
- 4. On confirming with O.R. Booking that a Radiologist will be present for any patient undergoing a breast biopsy with needle localization.**
- 5. Reporting any abnormal results to the referring physician and document reports within a twenty-four period into 1 DX rad.**
- 6. Delivering a copy of the Radiology report to O.R. supervisor whenever requested.**

---

Original Date: 8/02  
Revised: 2/08

**E. The Personnel in the Department of P.A.T. is responsible for:**

- 1. Notifying the patient of the scheduled appointment for Pre-Admission Testing.**
- 2. Notifying the physician of the inability to reach the patient or the failure of the patient to keep the appointment.**
- 3. Processing all patients through Pre-Admission Testing.**
- 4. Insuring all appropriately ordered tests are completed as per UR form.**
- 5. Maintain a file of test results for each patient.**
- 6. Forwarding a completed file for each patient to Same Day Admission, Ambulatory Surgery and Pediatric Ambulatory Surgery at least twenty-four hours prior to the patient's schedule date of admission.**
- 7. Assisting patient with scheduling appointments to obtain their medical clearance as warranted age, medical condition and surgeon.**
- 8. Calling patients the evening prior to admission with the time for arrival and pre-operative instructions.**
- 9. Documenting via nursing history, and MAC's computer system; the height, weight, vital signs, allergies, alert and patient's self-determination request.**

**III. PROCEUDRE:**

**A. Location: The Pre-Admission Testing Center is located at 947-49<sup>th</sup> Street, Brooklyn, New York 11219.**

**B. Days and Hours of Operation:**

**The P.A.T. is open:**

- Monday thru Friday**
- Monday, Thursday and Friday from 7:00AM-7:00PM**

**There will be certain exceptions correlated with the days when there is no surgical schedule and/or patient census.**

---

Original Date: 8/02

Revised: 2/08

Process:

- A. The referring physician will make the reservation with O.R. Scheduling and will provide the necessary patient information at least four working days prior to the anticipated date of surgery if the patient can be admitted in a shorter day of admission.
- B. The O.R. Scheduling Office will provide the Admitting Office/ Finance Office and the Pre-Admission Testing Center with a copy of the Audit Trail as the cases are scheduled.,
- C. The Admitting Office will provide the Pre-Admission Testing Center with a list of those patients booked directly through the Admitting Office (Medical Admissions).
- D. The referring physicians will complete and submit form 1487 Attending Admission Forms to Case Management for all elective appointments. All tests required on a pre-admission basis should be requested on the Pre-Admission form. If a patient is unable to go through Pre-Admission Testing, the O.R. at the time of reservation and the patient will then be processed through Pre-Admission Testing on the day of admission for an inpatients admission. All other patients are required to be seen by Pre-Admission Testing.
- E. Case Management will process all Pre-Admission forms and notify the Admitting Office and the Pre-Admission Testing Center or their decision to approve or deny a patient's admission.
- F. The Pre-Admission Testing staff will process all necessary paperwork, and perform ordered tests on each patient. If no testing is ordered, minimal testing will be followed along with all standard protocol orders submitted by attending the patient's admission process will be initiated at the time of the Pre-Admission Testing visit. This process includes the required history and physical, nursing and anesthesia, along with the surgical consents, and anesthesia consents. Pre and post-op testing will be initiated and documented. If the patient requires any further services prior to discharge such as home care, Case Management, Nutritional Support, O.R. and Rehabilitation, these services will be initiated at the time of Pre-Admission Testing.
- G. All diagnostic testing and medical clearance will be retrieved from outside P.M.D. and faxed to the Pre-Admission Testing area.

---

Original Date: 8/02  
Revised: 2/08

IV. CONTROL:

**The Assistant Director/Team Leader or Designee is responsible for ensuring compliance of policy/procedure in the Operating Room.**

MAIMONIDES MEDICAL CENTER  
DEPARTMENT OF NURSING  
**PRE ADMISSION TESTING CENTER**

SUBJECT: Pre-operative telephone calls to ambulatory and same day admit (SDA) patient on the day prior to surgery.

PURPOSE: **The patient scheduled for an Ambulatory Surgical Procedure or as a (SDA) will receive a telephone call from the Pre-admission testing staff/ ASU pediatric nurse the day prior to surgery, between the hours of 3:00 pm – 7:00 pm.**

**To instruct the patient to arrive at the ASU or (SDA) area the following day and to reinforce the Pre-Operative teaching.**

PROCEDURE:

- 1 **The Pre-admission testing staff /ASU pediatric nurse receives the OR schedule at approximately 1:00 pm the day before surgery. Based on the schedule, the nurse will devise approximate times for each ambulatory or SDA patient to arrive at the ASU. Generally, patients are instructed to arrive 2 hours prior to the scheduled O.R. time.**
- 2 **The staff then contacts the patient at home or place of business. The telephone call accomplishes the following.**
  - a) **Instructs the patient as to what time to arrive at the ASU, SDA Area.**
  - b) **The patient is instructed to take nothing by mouth after 12 midnight. An exception to this rule would apply if the patient has been instructed by his medical doctor to continue his medication with a sip of water the morning of surgery.**

**Pediatric Patients: The patient's are instructed to remain NPO 6 hours prior to the procedure for all solid foods and liquids including breast milk. The patients may drink clear liquids up until 2 hours prior to surgery.**
  - c) **Pediatric pt-NPO status is dependent upon the child's age.**
  - d) **Ensures that the patient has not developed any illness between the day of the PAT visit and the day prior to surgery.**
  - e) **Instructs the patient not to bring any valuables with them on the day of surgery.**
  - f) **Ensures that the Ambulatory surgery patient has made plans to be escorted home by a responsible adult.**

---

Original Date: 8/02

Revised: 2/08

- g) Allows the patient to voice any concerns or ask any questions regarding the patient's surgical process.**

**CONTROL: The Assistant Director will ensure compliance with the following policy/procedure**

**MAIMONIDES MEDICAL CENTER**  
**DEPARTMENT OF NURSING**  
**AMBULATORY SURGERY**

**SUBJECT: ADMISSION PROCESS OF AMBULATORY SURGERY UNIT**

**PURPOSE:**

- 1. To provide a comfortable reassuring, and timely admission and progression the patient through the Ambulatory Surgery Unit**
- 2. To insure accurate patient identification; complete pre-operative records**
- 3. To assess each patient's special problems and needs and communicate information to the appropriate member of the interdisciplinary team**

**RESPONSIBILITY:**

**Ambulatory Surgery Nurse will assess the patient and their record for operating room readiness.**

**DOCUMENTATION:**

**Medical record consisting of:**

- a) Correctly filled out surgical and anesthesia consent, and Universal Protocol ("Time Out")**
- b) EKG tracing (if required)**
- c) Chest X-Ray report (if required)**
- d) Necessary Laboratory Data**
- e) Completed history and physical**
- f) Pre-Anesthetic evaluation**
- g) New York State Department of Health Sterilization form if necessary in any operation resulting in permanent sterilization of the male / female patient.**
- h) Patient's identification bracelet**
- i) Patient's allergy bracelet**

---

Original Date: 8/02  
Revised: 2/08

PROCEDURE:

**A. A.S.U.:**

On the day of surgery the patient will arrive to the ASU reception area. Patients who are ambulatory are directed to the male or female locker rooms where they will be given slipper socks, a hospital gown, and a robe. They will be assisted by a member of the ASU staff as needed. All clothing and belongings are placed in the locker. The patient is then directed to the holding area where they will receive the pre-operative assessment from the nurse

**B. The Ambulatory Surgery nurse properly identifies the patient:**

1. Ask the patient his / her name, date of birth. If the patient is not alert and oriented, the nurse will check the armband for the name and medical record number
2. **Identification bracelet is checked against the name given and medical record number then placed on the patient's arm. They nurse checks the chart for any known allergies. An assessment is made for the presence of an allergy bracelet. An allergy label must be placed on the outside of the chart**

3. **The nurse will assess the patient for any communicable diseases. If identified, the nurse will call the attending surgeon and anesthesiologist to determine if the patient should be isolated and if surgery can proceed. If the surgery is cancelled based on the determination of the medical team, the appropriate disposition will be made to either the primary medical doctor or a Maimonides Clinic.**

**C. The nurse / PCT takes and records a set of vital signs (temperature, pulse, blood pressure, respirations) on nursing history and enters vital signs, allergies and patient alerts into electronic record.**

**D. The nurse checks and records the NPO status of the patient**

**E. The nurse ascertains that the patient has a responsible adult to escort him / her home after surgery. ASU patients must have an escort (age 18 or older) to accompany them home post-operatively. If a patient does not have an escort, the surgeon must be notified. If the proper arrangements cannot be made, the surgery will be cancelled**

**F. If applicable, the nurse asks the patient to remove dentures and eyeglasses**

**G. The nurse also questions the presence of loose or broken teeth. If present, this is recorded in the nurses notes and the anesthesiologist is notified.**

**H. The nurse will assess pain level using pain score guide 0-10**

---

Original Date: 8/02

Revised: 2/08

I. The nurse checks the chart to insure the following:

- The results of all pre-operative procedures are present and within normal limits
- All pre-operative physician's orders are picked up
- Anesthesia and surgical consent, as well as universal protocol will be on chart. Consents should correspond to the surgeon's pre-operative record. Consents should be properly stamped, dated, witnessed and signed by the patient if they are physically, psychologically, mentally, and legally competent. If the patient is unable to sign for any given reason, or is a minor, the next of kin or legal guardian's signature is acceptable. The relationship of the person signing the consent must be written below the signature
- The presence of the New York State Department of Health Sterilization form in the event of any operation which will result in permanent sterilization of the male / female patient. The form has consent, a reaffirmation, and the recognition of full awareness of the procedure by the patient. It should be dated, and witnessed. The procedure must not take place before a 30-day period from the time a consent has been obtained, and the surgeon has explained the procedure to the patient. The procedure must not exceed a 180-day period of time from the signing of the original consent.
- The RN reviews pre-op and post-op procedure with the patient and / or family
- Pre-operative teaching is initiated
- The operating room nurse will then come and escort the patient into the O.R.
- Family members are directed to wait in the reception area where the surgeon will speak to them post-operatively
- The RN will review with the patient:
  - a) Relevant pre-operative emotional, safety and psychological needs and individual coping mechanism
  - b) Patient's and family anesthesia history including complications
  - c) An understanding of the proposed procedure
  - d) An understanding of the proposed anesthesia
  - e) Availability of accompanying responsible adult
  - f) Availability of safe transport home
  - g) Responsible adult help at home after discharge
  - h) An understanding of pre-procedural teaching and discharge instructions

CONTROL: The nurse manager will ensure compliance with this policy / procedure

---

Original Date: 8/02  
Revised: 2/08

**MAIMONIDES MEDICAL CENTER**  
DEPARTMENT OF NURSING  
**AMBULATORY SURGERY CENTER**

SUBJECT: Admission of patient to the ambulatory surgery post-anesthesia recovery area (PACU Phase I)

PURPOSE: Upon admission to the Phase I recovery area, the patient can expect a post-operative assessment that takes into account airway status, vital signs, level of consciousness, surgical site, and skin condition during this acute recovery period.

RESPONSIBILITY: Nursing personnel will perform the post-operative assessment in the post-anesthesia care unit.

PROCEDURE:

- I. All patients receiving anesthesia are assessed as per the following criteria:
  1. Receive report from an anesthesiologist
  2. Assessment of level of consciousness
  3. Administration of oxygen via mask or cannula (administration of oxygen is at the discretion of the nurse and anesthesiologist)
  4. Placement of patient on a cardiac monitor
  5. Placement of patient on a pulse oximeter
  6. Monitoring of vital signs (BP, Pulse, Respiration) on admission, then in 5 minutes, followed by every 15 minutes x 4, for 1 hour, every 30 minutes x 4, for 2 hours then every 1 hour and prn until discharge. If the patient is unstable, frequent vital signs are done until the patient is stable.
  
- II. FOCI OR CARE:
  1. Where patient regains physiologic homeostasis / critical evaluation and stabilization of post-operative patients with emphasis on anticipation and prevention of complications resulting from anesthesia or the operative procedure
  2. To provide a safe environment for the patient experiencing limitations in physical, mental and emotional functions
  3. To observe the patient's physiologic status and to intervene appropriately in a way that encourages uneventful recovery from anesthesia and surgery
  4. To avoid or immediately treat complication in the immediate post anesthesia period
  5. To uphold the patient's right to dignity, privacy, and confidentiality
  6. To encourage a sense of wellness and self-confidence needed for early discharge

---

Original Date: 8/02  
Revised: 2/08

**III Post-anesthesia care for the ambulatory surgery patients:**

Primary:

- ✓ Maintain patient airway
- ✓ Monitor and support respiratory and cardiovascular system (e.g. oxygen, positioning, deep breathing, I.V. fluids, vital signs)
- ✓ Prevent aspiration
- ✓ Encourage return of consciousness and orientation
- ✓ Protect patient from injury
- ✓ Prevent or treat pain, nausea and vomiting
- ✓ Prevent or treat shivering
- ✓ Provide for warmth and comfort
- ✓ Prevent or treat emergence delirium
- ✓ Provide care applicable to procedure
- ✓ Monitor operative site

Specific for ambulatory patients:

- ✓ Place particular stress on preventing pain, nausea, and vomiting
- ✓ Encourage patient's sense of wellness
- ✓ Promote self care
- ✓ Avoid heavy sedation
- ✓ Encourage ambulation
- ✓ Encourage early family reunion and involvement in care

Nurse to Patient Ratio (PACU phase I) American Society of Peri-Anesthesia Nurses:

**Class 1:2 (one nurse to two patients)**

- a) One unconscious, stable without artificial airway and over the age of 9 years, and one conscious, stable, and free of complication
- b) Two conscious, stable and free of complications
- c) Two conscious, stable, 11 years of age and under with family or competent support staff present

**Class 1:1 (one nurse to one patient):**

- a) At time of admission, until the critical elements are met
- b) Requiring mechanical life support and / or artificial airway
- c) Any unconscious patient 9 years of age and under
- d) A second nurse must be available to assist as necessary

**Class 2:1 (two nurses to one patient):**

- a) One critical ill unstable complicated patient

---

Original Date: 8/02  
Revised: 2/08

\* Critical elements met:

- a) Vital functions including physiological data
- b) Patient's level of consciousness and comfort level
- c) Untoward complications
- d) Airway obstruction
- e) Respiratory depression
- f) Cardiac arrest
- g) Circulatory collapse
- h) Aspiration
- i) Hemorrhage
- j) Renarcotization or reparation from inadequate reversed narcotics or muscle relaxants

IV. Guidelines for safe discharge following regional anesthesia:

- A) Patient must meet the same discharge criteria as the patient who has had general anesthesia
- B) The patient's ability to walk to the bathroom and urinate is the best recovery test for regional (spinal) anesthesia since these abilities reflect the recovery of motor and sympathetic function
- C) The post anesthesia care nurse should test the patient for the presence of motor block. No motor block is present when a patient can move the legs freely. To this, the nurse and / or anesthesiologist can ask the patient to touch both the right and left heel to the opposite big toe and to run each heel up and down the opposite legs to the knee. Likewise, any extremity that has received a motor block should also be assessed for return of motor function
- D) It is important for the nurse / anesthesiologist to warn the patient who has spinal anesthesia about the possibility of spinal headache
- E) Written and verbal instructions for the post-operative course at home will be provided to the patient in the presence of an escort. Again, the patient must be made aware of possible complications that may arise. The appropriate telephone numbers in the event of an emergency will be provided
- F) The patient must have a responsible adult to escort him / her home.
- G) If necessary, date time and location of follow up visit will be provided (i.e. clinic patients)

---

Original Date: 8/02  
Revised: 2/08

**V Geriatric Patients Nursing Interventions:**

- 1) Avoid disturbing noises
- 2) Remain in visual, tactile, or voice contact  
with patient
- 3) Maintain warmth
- 4) Position slowly and gently
- 5) Protect from skin and tissue injury
- 6) Provide extra time for arousal, oxygen  
support, and slower ambulation
- 7) Monitor vital signs closely
- 8) Monitor closely for untoward effects of  
medications and anesthetic agents
- 9) Avoid fluid overload
- 10) Avoid sedation when possible
- 11) Provide analgesia as appropriate
- 12) Reorient patient to frequent surroundings

**VI Pediatric Patients:**

- 1) Pediatric patients who have been given anesthesia are classified as a  
1:1 nurse-patient acuity until consciousness and reflexes return
- 2) Protect child from injury (bumpers, cribs, youth beds)
- 3) Returns to baseline status
- 4) Assess level of consciousness
- 5) Monitor vital signs (BP, Pulse, Respiration, O<sup>2</sup> sat) as per ambulatory  
surgery protocol on admission, then 5 minutes later, then every 15 minutes x 4,  
then every 30 minutes x 4, and then every hour until discharge
- 6) Administer O<sup>2</sup> via face mask or cannula
- 7) Temperature upon arrival to PACU
- 8) Assess dressing
- 9) Assess skin condition
- 10) Patients are assessed by anesthesiologist for discharged home or  
transfer to pediatric unit

**CONTROL: The nurse manager will ensure compliance with this policy / procedure**

---

Original Date: 8/02  
Revised: 2/08

**MAIMONIDES MEDICAL CENTER**  
DEPARTMENT OF NURSING  
**AMBULATORY SURGERY CENTER**

**SUBJECT:** Admission of patient to the ambulatory surgery post-anesthesia recovery area (PACU Phase II)

**PURPOSE:** Upon admission to the Phase II recovery area, the patient can expect their physical, emotional, social and educational needs met during this sub-acute recovery period. Patients are generally ambulatory and able to take part in their own care and recovery process.

**RESPONSIBILITY:** Nursing personnel will perform the nursing interventions for patient discharge

**GOALS:**

1. To provide close assessment and attention to the patient's physical, emotional and educational needs during the post-operative period
2. To provide an environment and personnel who are prepared for emergency intervention at all times
3. To provide family oriented care that stresses the concept of wellness and acknowledges the integral relationship of the patient and family or other supporting adult
4. To encourage the patient toward as much self sufficiency as possible, given the type of surgery and anesthesia performed

**PROCEDURE:**

- II. The nurse will:
  1. Assess stability of vital signs, including cardiovascular and respiratory parameters
  2. Assess progression and encouragement of ambulation
  3. Assess nutrition and encourage fluids when indicated
  4. Prevent or aggressively treat nausea and vomiting
  5. Provide adequate analgesia
  6. Observe the operative site and associated symptoms
  7. Provide psychosocial support, including a speedy reunion with the supporting adult
  8. Assess educational needs of patient and provisions for responsible adult escort
  9. Evaluate patient progress toward home readiness
  10. Determine abilities of responsible adult to provide adequate home support

---

Original Date: 8/02  
Revised: 2/08

II. Initial Nursing Assessment:

7. **Critical areas:**

- airway
- respiratory adequacy
- cardiovascular status

8. Check all vital signs including blood pressure, heart rate, temperature and respiratory effort

9. General appearance and level of consciousness

10. Neurovascular and muscle strength assessments as appropriate

11. Inspection of the operative site and associated areas or drainage devices

12. Level of comfort

13. Gastrointestinal (GI) status

14. Urinary bladder status

15. Intravenous fluids and / or site

16. Skin condition and position

III. Ongoing Assessment:

1. Identification of patient

2. Monitor and maintain respiratory function

3. Monitor and maintain circulatory function

4. Promote and maintain physical and emotional comfort

5. Monitor surgical / procedural site

6. Administer analgesics, as necessary, record results

7. Administer other medication, as ordered, record results

8. Provide maximum degree of privacy

9. Provide for confidentiality of information and records

10. Encourage fluids by mouth (as indicated)

11. Ambulate with assistance

12. Ask patient to urinate prior to discharge (when indicated)

13. Review discharge planning with patient, family, accompanying responsible adult as appropriate, provide written home care instruction

14. Provide follow-up for extended care as indicated. Follow-up phone call to evaluate status

IV. Phase II Recovery:

**ASPAN Standards of peri-anesthesia nursing practice**

**Class 1:3 (one nurse to three patients)**

- a) Over 5 years of age within ½ hour of procedure
- b) 5 years of age and under within ½ hour of procedure discharge from phase I with family present

**Class 1:2 (one nurse to two patients)**

- a) 5 years of age and under without family or support staff present
- b) Initial admission of patient

**Class 1:1 (one nurse to one patient):**

- a) Unstable patient of any age requiring transfer

---

Original Date: 8/02

Revised: 2/08

V. **Pediatric Patients:**

- 1) Patient fully returns to baseline level of functioning
- 2) Post-operative instructions and education are reviewed and given to parents / guardian
- 3) Patients are discharged home and escorted from Phase II by appropriate nursing personnel

VI. **Geriatric Patients Nursing Interventions:**

- 1) The RN will assist patient to ambulate carefully
- 2) As soon as possible patient will:
  - ✓ Dress in clothes wellness-concept, warmth
  - ✓ Have returned belongings and sensory aids
  - ✓ Reunite with support person
- 3) Include support person in instruction
- 4) Verify plans for home support
- 5) Avoid sedating patients
- 6) Provide clear verbal and written instruction
- 7) Instruct on resumption of usual medication routine
- 8) Ascertain patient's understanding of instruction and ability for self-care through demonstration of skills and verbalize understanding of instruction
- 9) Contact within 48 hours and identify caller clearly and slowly

**CONTROL:** The nurse manager will ensure compliance with this policy / procedure

MAIMONIDES MEDICAL CENTER  
DEPARTMENT OF NURSING  
**AMBULATORY SURGERY UNIT**

**LEVELS**  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_  
8 \_\_\_\_\_  
9 \_\_\_\_\_  
10 \_\_\_\_\_

---

Original Date: 8/02  
Revised: 2/08

**SUBJECT:** PEDIATRIC AMBULATORY SURGERY RECOVERY AREA

**PURPOSE:**

**The pediatric ambulatory surgery recovery area is designed for pediatric patients who have undergone uncomplicated surgical procedures under general anesthesia. The pediatric patient can expect a post-operative assessment that takes into account airway status, vital signs, level of consciousness, surgical site and skin condition. Following the recovery period, the pediatric patient will be discharged home on the day of surgery or in the morning from Aron 6 (if overnight recovery is required).**

**RESPONSIBILITY:**

Nursing personnel will perform the post-operative assessment in the recovery area.

**PROCEDURE:**

All pediatric patients receiving anesthesia are assessed as per the following criteria:

1. Receive report from an anesthesiologist
2. Assessment of level of consciousness
3. Placement of patient on a pulse oximeter
4. Monitoring of vital signs (BP, Pulse, Respiration, Oxygen Saturation) as per ambulatory surgery protocol. Vital signs will be taken on admission, then 5 minutes later, then every 15 minutes x 4, then every 30 minutes x 4, and then every hour until discharge.
5. Administer O<sub>2</sub> via face mask or cannula. Administration O<sub>2</sub> is at the discretion of an R.N. and / or an anesthesiologist
6. Temperature upon arrival into recovery area
7. Assessment of dressing
8. Assessment of skin condition
9. Patients are assessed by an anesthesiologist for discharge home
10. Post-operative instructions and education are reviewed and given to the parents
11. Patients are discharged home and escorted from unit by nursing personnel

**CONTROLE:** Nursing Manager will monitor compliance with policy / procedure

---

Original Date: 8/02  
Revised: 2/08

**MAIMONIDES MEDICAL CENTER**  
DEPARTMENT OF NURSING  
**AMBULATORY SURGERY CENTER**

SUBJECT: Discharge criteria for ASU following general anesthesia, local anesthesia with sedation, and regional anesthesia.

PURPOSE: The success of ambulatory surgery depends on the appropriateness in time of patient's discharge after anesthesia. The anesthesiologist and the post-anesthesia nurse must collaborate in order to assess the patient for home readiness. The nurse must relay her clinical observations and judgments to the anesthesiologist. These observations along with the anesthesiologist examination and written order will determine whether the patient can be safely discharged.

RESPONSIBILITY: The ambulatory surgery post-anesthesia care nurse will assess the patient for home readiness using the following criteria as guidelines.

I. Patient discharge goals following ambulatory surgery:

- ✓ To promote patient satisfaction by minimizing disruptive influences associated with the patient's peri-operative care
- ✓ To optimize quality patient care in such manor that patients can be safely discharged from the facility
- ✓ To educate patients regarding the anticipated recovery process, thus facilitating patient participation and compliance with post-operative care plus early recognition of problems
- ✓ To proficiently manage patients to minimize costs to the patient medical facility, and third party payers

II. Guidelines for safe discharge after anesthesia:

- ✓ Patient's vital signs must be stable
- ✓ Patient must be able to maintain orally administered fluids (recommended, not mandated)
- ✓ Patient must be able to void (according to specific procedure)
- ✓ Patient must be able to ambulate to pre-procedure status
- ✓ Patient must not have excessive pain
- ✓ Patient must not have excessive bleeding
- ✓ Patient must be oriented to person, place, and time
- ✓ Patient must not have more than minimal nausea and vomiting
- ✓ Patient must be able to dress with minimal assistance
- ✓ Surgeon and anesthesiologist must discharge the patient. It is not mandatory that they be present upon discharge if a discharge not is signed
- ✓ Written and verbal instructions for the post-operative course at home must be provided to the patient and their escort. The patient must be instructed to recognize any possible complications that may arise. The appropriate telephone numbers in the even of an emergency will be included
- ✓ Date, time and location of follow up visit will be provided (if necessary)

---

Original Date: 8/02  
Revised: 2/08

- ✓ **Patient must have a responsible adult to escort them home**

**III.**                    Transfer to inpatient status considerations:

Patients who do not meet the outpatient discharge criteria outlines and require a higher level of care require the surgeon or designee's order to convert the patient to an inpatient status. The RN will contact the admitting office and request the appropriate inpatient bed. If a bed is unavailable, then the patient is transferred to Gellman 4 PACU.

**IV.**                    Key education for discharge:

- ✓ **Medications**
- ✓ **Activity restrictions**
- ✓ **Diet**
- ✓ **Surgical and anesthesia side effects**
- ✓ **Possible complications and symptoms**
- ✓ **Treatment and tests (dressing changes)**
- ✓ **Access to post-discharge care**
- ✓ **Follow-up care**

CONTROL: **The nurse manager will ensure compliance with this policy / procedure**

---

Original Date: 8/02  
Revised: 2/08

**MAIMONIDES MEDICAL CENTER**  
DEPARTMENT OF NURSING  
**AMBULATORY SURGERY CENTER**

- SUBJECT:** Post-operative follow-up telephone call
- PURPOSE:** The follow-up telephone call allows for the continuation of post-operative assessment and intervention.
- RESPONSIBILITY:**
- A) The nurse will question the patient regarding the following:
    - 1. Presence / location of pain
    - 2. Effectiveness of prescribed pain medication
    - 3. Presence of drainage from incision / bleeding
    - 4. Presence of nausea / vomiting
    - 5. Presence of sore throat, hoarseness or cough
    - 6. Ability to tolerate liquids and solid foods
  - B) The nurse will direct the patient to contact the surgeon regarding any unforeseen complication. If patient cannot contact his / her surgeon, he / she will be instructed to go to the nearest emergency room
  - C) The nurse will, to the best of her ability, answer any further question the patient may have regarding his / her post-operative course
  - D) The patient's medical record will be updated to include evidence of the post-operative telephone call and patients condition at the time
  - E) The peri-operative nurse will inform the surgeon's office when unable to reach parents / guardians within 72 hours after procedure.
- CONTROL:** The nurse manager will ensure compliance with this policy / procedure

---

Original Date: 8/02  
Revised: 2/08