



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

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|--------------------------|--|-------------------------|---------------|
| Department: | Anesthesia Care | | |
| Document: | Departmental Policy and Procedure | | |
| Title: | Post – Anesthesia Recovery Room and Discharge Policy | | |
| Applies To: | All Anesthesia Staff, Medical, and Nursing Staff in Operating Room | | |
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1. PURPOSE:

- 1.1 To provide the Post Anesthesia Care Unit (PACU) staff with guidelines to the patient's condition following surgery and anesthesia.
- 1.2 To provide criteria for safely discharging patients from the recovery room.

2. DEFINITIONS:

- 2.1 **Anesthesia** – consists of general anesthesia and spinal or major regional anesthesia. It does not include local anesthesia. General anesthesia is a drug – induced loss of consciousness during which patient are not arousable, even by painful stimulation. The ability to independently maintain ventilation function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug – induced depression of neuromuscular function. Cardiovascular function may be impaired.

3. POLICY:

- 3.1 Discharge criteria in Recovery Room:
 - 3.1.1 All patients under anesthesia must be observed in the recovery room for a minimum of 30 minutes. The anesthetist decides when the patient is fit for discharge in recovery room after considering the following criteria:
 - 3.1.1.1 Fully conscious.
 - 3.1.1.2 Stable respiratory parameters.
 - 3.1.1.2.1 Intact airway reflex.
 - 3.1.1.2.2 Regular breathing, no respiratory distress.
 - 3.1.1.2.3 No tachypnea, no sign of hypoxia.
 - 3.1.1.3 Good muscle tone
 - 3.1.1.3.1 Can maintain his airway without any support.
 - 3.1.1.3.2 On command.
 - 3.1.1.3.2.1 Patient can elevate his head and maintain position for 10 seconds.
 - 3.1.1.3.2.2 Can protrude his tongue and hold in position for 5 seconds.
 - 3.1.1.3.2.3 Open his eyes for 5 seconds.
 - 3.1.1.4 Stable cardio - vascular, hemodynamic status.
 - 3.1.1.4.1 Pulse and blood pressure are stable.
 - 3.1.1.5 No bleeding from operation site.
 - 3.1.1.6 Each patient's post anesthesia status is monitored and documented, and a qualified individual discharges the patient from the recovery area using established criteria.
 - 3.1.1.7 Signature of the anesthetist must be secured prior to the transfer of the patient to the ward unit later.
 - 3.2 Physical Signs and their Criteria for Assessment:
 - 3.2.1 Activity:

- 3.2.1.1 Muscle activity is assessed by observing the ability of the patient to move his/her extremities spontaneously or on command.
 - 3.2.1.1.1 Score:
 - 3.2.1.1.1.1 2 – able to move all 4 extremities.
 - 3.2.1.1.1.2 1 – able to move 2 extremities.
 - 3.2.1.1.1.3 0 – not able to move any extremities.
 - 3.2.2 Respiration:
 - 3.2.2.1 Respiratory efficiency evaluated in a form that permits accurate and objective assessment without complicated physical tests.
 - 3.2.2.1.1 Score:
 - 3.2.2.1.1.1 2 – able to breathe deeply and cough.
 - 3.2.2.1.1.2 1 – limited respiratory effort (dyspnea or splinting).
 - 3.2.2.1.1.3 0 – no spontaneous respiratory effort.
 - 3.2.3 Circulation:
 - 3.2.3.1 Use changes of arterial blood pressure from pre- anesthesia level.
 - 3.2.3.1.1 Score:
 - 3.2.3.1.1.1 2 – Systolic arterial pressure between plus or minus 20 % of pre – anesthesia level.
 - 3.2.3.1.1.2 1 – Systolic arterial pressure between plus or minus 20 – 50% of pre – anesthesia levels.
 - 3.2.3.1.1.3 0 – Systolic arterial pressure between plus or minus 51% or more of pre – anesthesia levels.
 - 3.2.4 Consciousness;
 - 3.2.4.1 Determination of the patient's level of consciousness.
 - 3.2.4.1.1 Score:
 - 3.2.4.1.1.1 2 – Full alertness seen in patient's ability to answer questions and acknowledge his/her location.
 - 3.2.4.1.1.2 1 – Aroused when called by name.
 - 3.2.4.1.1.3 0 – Failure to elicit a response upon auditory stimulation.
 - 3.2.5 Oxygen Saturation
 - 3.2.5.1 Score:
 - 3.2.5.1.1 2 – Sat O₂ >92% on room air = 2.
 - 3.2.5.1.2 1 – Need oxygen to maintain Sat O₂ >90% = 1.
 - 3.2.5.1.3 0 – Saturation <90% with oxygen = 0.
 - 3.2.5.2 The patient's score is taken as stated intervals, such as every 15 or 30 minutes, and totalled on the official score card. Patients with a total score of less than eight must remain in PACU until improved or transferred to an intensive care area. This guide permits a more objective evaluation of the patient's physical examination.
- 3.3 Any deviation in any of the above mention signs/criteria, the staff nurse must inform anesthesiologist.

4. PROCEDURE:

- 4.1 Patients will be discharged after meeting the following criteria. These criteria are located on the preprinted Post Anesthesia Care Orders. It reads as follows:
 - 4.1.1 Vital signs within baseline range.
 - 4.1.2 Within preoperative neurological status.
 - 4.1.3 Oxygen saturation as pre – operative level: 95% or greater on room air for all patients.
 - 4.1.4 If foley's catheter present, urine output normal.
 - 4.1.5 Labs post – operative if requested are normal or appropriate.
 - 4.1.6 Temperature within normal or pre – operative level.
- 4.2 When patient has recovered from anesthesia in the Recovery Room, staff will review the Post Anesthesia Care Orders for the discharge option chosen by the anesthesiologist. Options include discharge by criteria (above) or discharge by physician after further assessment.

- 4.3 If the physician writing the orders has indicated that the patient may be discharged by criteria, the nurse or may take the patient to his/her post – operative destination when those criteria have been met.
 - 4.3.1 If discharge following further assessment by physician has been chosen, that will be initiated when the patient has recovered from anesthesia. A discharge order must be written by the physician following the assessment.
 - 4.3.2 If the patient does not meet discharge criteria and/or assessment by physician indicates that the patient is not ready for discharge, the surgical and anesthesia services will consult and a decision regarding disposition of the patient will be made. The service accepting the patient will write orders regarding post – operative care.
 - 4.3.3 If the patient has recovered from anesthesia and discharge from Recovery Room but does not have a room ready for him/her, the post – operative orders are to be followed.

5. MATERIALS AND EQUIPMENT:

- 5.1 Vital Sign Monitors will all Parameters
- 5.2 Suction Machines
- 5.3 Central Pipeline for Gases I.E. Oxygen Saturation, Nitrous Oxide, Medical Air and Vacuum.
- 5.4 Standby Oxygen Cylinders with Connections, as ready to use
- 5.5 Oxygen Face Masks
- 5.6 Medicine Trolleys with Routine Medicines and Intravenous Fluids
- 5.7 Crash Cart

6. RESPONSIBILITIES:

- 6.1 Nurses
- 6.2 Anesthesiologist
- 6.3 Surgeon




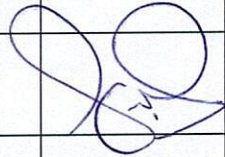
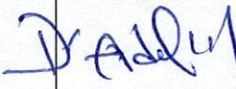

7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 American Society of Anesthesiology

9. APPROVALS:

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