



HEALTH HOLDING

HAFAER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Operating Room		
Document:	Internal Policy and Procedure		
Title:	Discharge of Patient from Recovery Room		
Applies To:	All Surgeon, Anesthesiologist and Operating Room Nurse		
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1. PURPOSE:

- 1.1 To ensure that the patient to be discharged is stable and ready to return to post – operative areas.

2. DEFINITIONS:

- 2.1 **Discharge of Patient from Recovery Room** – the discharge process for patient's discharged from post anesthesia care unit.

3. POLICY:

- 3.1 Discharge the patient once the criteria have been met (Aldrette Scoring).
3.2 Discharge patient after 30 minutes or after clearance from Anesthetist.

4. PROCEDURE:

- 4.1 Before transfer, evaluate the patient if:
- 4.1.1 Fully conscious
 - 4.1.2 Stable respiratory parameters:
 - 4.1.2.1 Intact air way reflex.
 - 4.1.2.2 Regular breathing, no respiratory distress.
 - 4.1.2.3 No tachypnea, no sign of hypoxia.
 - 4.1.3 Good muscle tone:
 - 4.1.3.1 Can maintain his airway without any support.
 - 4.1.3.2 On command:
 - 4.1.3.2.1 Patient can elevate and maintain position for 10 seconds.
 - 4.1.3.2.2 Can protrude his tongue and hold in position for 10 seconds.
 - 4.1.3.2.3 Open his eyes for 5 seconds.
 - 4.1.4 Stable cardio-vascular, hemodynamic status:
 - 4.1.4.1 Pulse and blood pressure are stable.
 - 4.1.4.2 No bleeding from operation site.
 - 4.1.4.3 Monitor for appropriate output.
 - 4.1.5 Signature of the anesthetist must be secured prior to patient discharge.
 - 4.1.6 Inform surgical unit 10 minutes prior to transfer.
 - 4.1.7 Complete the recovery record. Disconnect the monitor and keep the patient ready for transfer. Perform safety check.
 - 4.1.8 Assist the patient to move from recovery room bed to ward bed.
 - 4.1.9 Move patient gently and unhurried.
 - 4.1.10 Proper endorsement must be given to the ward staff, all important information:
 - 4.1.10.1 Call patient by name; stimulate patient.
 - 4.1.10.2 Vital signs chart.
 - 4.1.10.3 Endorse procedure done to the patient.
 - 4.1.10.4 Drains and tube connections catheter or intake and urine output.

- 4.1.10.5 If any implant has been implanted.
- 4.1.10.6 Show dressing is dry and intact.
- 4.1.10.7 Endorse specimen sent to pathology if any.
- 4.1.10.8 If there is any specimen need to be shown to the patient/relative.
- 4.1.10.9 If anything has been done and given in recovery room.
- 4.1.10.10 Endorse post-operative orders.
- 4.1.10.11 If any post-operative X-ray needed.
- 4.1.10.12 File with intraoperative paper operation report, anesthesia paper, and medication card, x – ray film and belonging of patient if any.
- 4.1.11 Recovery Room staff gives verbal report of the patient's status to the ward nurse as a person and responsible for the continuity of post-operative management.
- 4.1.12 Assure the patient of his value as a person and reinforce his positive thoughts and recovery.

5. MATERIALS AND EQUIPMENT:

- 5.1 Patient File with Post – Operative Record
- 5.2 Intraoperative Record
- 5.3 Post – Operative Order
- 5.4 Anesthesia Record
- 5.5 X-ray film with X-ray Jacket
- 5.6 Medication Card

6. RESPONSIBILITIES:

- 6.1 Nurses
- 6.2 Anesthesiologist
- 6.3 Surgeon

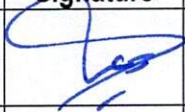


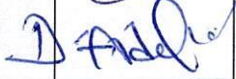

7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Seymour Schwatz (2015) Principles of Surgery, 10th Edition, Mc Graw-Hill Professional.

9. APPROVALS:

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