

Fast Track from Operating Room to Surgical Daycare Unit

Site Applicability

SPH and MSJ Surgical Suites (OR.PACU, SDC)

Skill Level:

Basic: Surgical Daycare Nurse, Anesthesia

Clinical Indication:

Patients classified as ASA I or II that are undergoing short ambulatory procedures are generally appropriate candidates for fast tracking. Patients classified as ASA III or IV may be appropriate in select clinical situations.

Need to Know

Fast tracking is defined as having a patient bypass Phase I level of care and go directly to Phase II level of care in the ambulatory setting. The patient must meet phase I discharge criteria prior to leaving the operating room. The decision to fast track is best made prior to surgery with the patient's involvement. A collaborative approach involving the anesthesiologist, surgeon patient and nurse can ensure the effectiveness of fast tracking.

Appropriate anesthetic techniques should be implemented to allow for successful fast tracking. Monitored anesthesia care (MAC) technique involving the use of local anesthesia via infiltration or peripheral nerve block in combination with and intravenous sedative-analgesic drugs can facilitate a fast track approach. The simplest local anesthetic technique which provides adequate analgesia is recommended to minimize the risk of side effects, complications and control of the surgical stress response.

In order for a patient to qualify for bypassing phase I recovery, the patient must score a minimum of 16/16 using the '*fast track from OR to surgical daycare Form No. PHC-OR077*' criteria ([see Appendix A](#)). Patients that do not qualify for fast tracking include:

- Patients who have received neuraxial anesthesia.
- Patients requiring hemodynamic, cardiac or respiratory monitoring.
- Patients who had an advanced airway (LMA, OETT) or require continued airway support.
- Patients who required reversal agents such as naloxone, flumazenil, neostigmine, glycopyrrolate, etc.
- Patients requiring ongoing interventions (other than peripheral nerve blocks) such as lidocaine infusions or blood transfusions.

PRACTICE GUIDELINE
Procedures/Assessments:

STEPS	RATIONALE
1. Patients identified for fast tracking will have ' <i>fast track from OR to surgical daycare</i> ' completed by anesthesia following the end of surgery in the OR. The patient must score 16 in order to bypass phase I recovery and go directly surgical daycare unit.	This ensures patient safety prior to transfer to PACU phase II.
2. Anesthesia or circulating RN will call surgical daycare charge nurse to ensure space and nurse availability in surgical daycare prior to leaving OR. If no space/nurse availability patient will be redirected to PACU.	Ensures appropriate space with a receiving nurse is available in SDC prior to transfer.
3. Patient handover will occur between anesthesia, OR nurse and surgical daycare receiving nurse using the standardized guide displayed at each bedside in SDC.	Ensures all relevant information is provided in an efficient manner during patient transition.
4. Receiving surgical day care nurse will complete the second column on the ' <i>fast track from OR to surgical daycare</i> ' form No. PHC-OR077 prior to anesthesia handing over care to surgical daycare nurse and discrepancies will be discussed.	This ensures patient safety at transfer of care and assessment correlates with anesthesia assessment and no patient changes have occurred prior to anesthesia handover of care to SDC nurse.

References:

1. American Society of PeriAnesthesia Nurses. (2014). *2015-2017 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: Author
2. National Association of PeriAnesthesia Nurses of Canada (2014). *Standards for Practice* (3rd ed.). Oakville, Ont: Author.
3. Schick, L. & Windle, P.E. (Eds.). (2016). *PeriAnesthesia Core Curriculum: Preoperative, Phase I and Phase II PACU Nursing* (3rd ed.). St. Louis, MO: Elsevier.
4. Watkins, A.C. & White, P.F. (2001). Fast-Tracking After Ambulatory Surgery. *Journal of PeriAnesthesia Nursing*, 16(6), 379-387.
5. White, P.F., Kehlet, J., Neal, J.M., Schricker, T., Carr, D.B., & Carli, F. (2007). The Role

of the Anesthesiologist in Fast-Track Surgery: From Multimodal Analgesia to Perioperative Medical Care. *Anesthesia & Analgesia*, 104(6), 1380-1396.

Persons/Groups Consulted:

Nurse Educator, Operating Rooms – SPH
Nurse Educator, Surgical Program – MSJ
Department of Anesthesiology, MSJ Lead
of Anesthesiology, Regional Anesthesia Lead – PHC
Clinical Nurse Leader, Surgical Daycare – SPH
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Approved/Reviewed/Revised:

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Appendix A: Fast Track from OR to Surgical Daycare

FAST TRACK FROM OR TO SURGICAL DAYCARE

Date: _____

Anesthesia Score	
Time:	
Criteria	Score
1) Level of Consciousness	
Awake and oriented	2
Rousable with minimal stimulation	1
Responsive only to tactile stimulation	0
2) Hemodynamic Stability	
Pulse and BP within 20% of pre-op baseline	2
Pulse and BP within 20 to 30% of pre-op baseline	1
Pulse and BP over 30% of pre-op baseline	0
3) Respiratory Stability	
Able to DB&C. Resps 10 to 20 breaths/min	2
Weak cough. Resps over 20 or less than 10/min	1
Absent cough/airway reflexes. Resps over 24 or less than 8/min	0
4) Oxygen Saturation	
Maintains oxygen saturation over 92% on room air or consistent with pre-op status	2
Requires supplemental O ₂ to maintain oxygen saturation over 92%	1
Unable to maintain oxygen saturation over 92% with supplemental O ₂	0
5) Physical Activity (nerve block limb exempt)	
Moves all extremities on command	2
Some weakness in extremities	1
Unable to voluntarily move extremities	0
6) Postoperative Pain	
None or mild discomfort (0 to 3 on pain scale)	2
Moderate pain controlled with medication (4 to 5 on pain scale)	1
Severe persistent pain (6 to 10 on pain scale)	0
7) Postoperative nausea/vomiting	
None or mild nausea	2
Transient nausea and vomiting, controlled with medication	1
Persistent moderate to severe nausea and vomiting	0
8) Dressing/operative site bleeding	
None or minimal	2
Medium (dressing less than 50% saturated)	1
Large (dressing more than 50% saturated)	0
For FAST TRACK to Surgical Daycare, PATIENT MUST SCORE 16/16 (2 in all categories) PRIOR TO DISCHARGE FROM OR	
TOTAL SCORE:	
Name & Designation of Scorer:	

Surgical Daycare Nurse Score	
Time:	
Criteria	Score
1) Level of Consciousness	
Awake and oriented	2
Rousable with minimal stimulation	1
Responsive only to tactile stimulation	0
2) Hemodynamic Stability	
Pulse and BP within 20% of pre-op baseline	2
Pulse and BP within 20 to 30 % of pre-op baseline	1
Pulse and BP over 30% of pre-op baseline	0
3) Respiratory Stability	
Able to DB & C. Resps 10 to 20 breaths/min	2
Weak cough. Resps over 20 or less than 10/min	1
Absent cough/airway reflexes. Resps over 24 or less than 8/min	0
4) Oxygen Saturation	
Maintains oxygen saturation over 92% on room air or consistent with pre-op status	2
Requires supplemental O ₂ to maintain oxygen saturation over 92%	1
Unable to maintain oxygen saturation over 92% with supplemental O ₂	0
5) Physical Activity (nerve block limb exempt)	
Moves all extremities on command	2
Some weakness in extremities	1
Unable to voluntarily move extremities	0
6) Postoperative Pain	
None or mild discomfort (0 to 3 on pain scale)	2
Moderate pain controlled with medication (4 to 5 on pain scale)	1
Severe persistent pain (6 to 10 on pain scale)	0
7) Postoperative nausea/vomiting	
None or mild nausea	2
Transient nausea and vomiting, controlled with medication	1
Persistent moderate to severe nausea and vomiting	0
8) Dressing/operative site bleeding	
None or minimal	2
Medium (dressing less than 50% saturated)	1
Large (dressing more than 50% saturated)	0
To FAST TRACK to Surgical Daycare, PATIENT MUST SCORE 16/16 (2 in all categories) UPON ARRIVAL	
TOTAL SCORE:	
Name & Designation of Scorer:	

Form No. PHC-OR077 (May-11)