

# Surgical Day Care Unit (SDCU) MSJ- Post op Care Phase 2 Assessment and Discharge Criteria

## Site Applicability

Mount Saint Joseph Hospital (MSJ) Surgical Day Care Unit (SDCU)

## Practice Level

RN and LPN

## Need to Know

The application of discharge criteria is used routinely as part of the nursing assessment for post-op patients to determine if the patient is ready to discharge home. Patients may be discharged from the Phase 2 recovery area when the provider's written discharge order is present **and** the patient meets pre-established discharge criteria via a systems assessment with described criteria outcomes.

(See: [Appendix A](#)).

If the patient is being transferred from PACU (Phase 1 recovery) to SDCU (Phase 2 recovery), the PACU nurse will give a verbal hand over to the post op SDCU nurse receiving care of the patient. Hand over report includes but is not limited to:

- Patient name
- Allergy status
- Procedure, site and side
- Current post op status
- Other patient related concerns

Any changes in the patient current health status **MUST** be documented and communicated to the surgeon and/or charge nurse as soon as possible for further instructions. The physician **MUST** reassess the patient for discharge if/when the patient does not meet the approved discharge criteria.

**Note:** If a patient requires further period of post op observation, inform the charge nurse and/or surgeon right away. **After hours**, notify the Clinical Site Coordinator at **604-499- 6935** to arrange for possible inpatient bed as needed.

Following general anaesthesia, procedural sedation, and regional anaesthesia, patients **must** have a responsible adult to accompany the patient home.

Patients that have received procedural sedation **MUST** be assessed, monitored and an adequate period of post-op observation until the patient meets discharge criteria and has returned to baseline cognitive and functional status. (See: [Appendix B: Modified Aldrete scoring system](#)).).

**“Fast tracking”** ophthalmology patients who received PSA (from OR directly to SDCU bypass phase 1):

The post op SDCU will:

1. Receive a verbal handover report from the anesthesiologist and OR nurse.
2. Assess and monitor patient as per PSA guidelines. (See: [Appendix B: Monitoring parameters for patients receiving PSA](#)).
3. Position patient post procedure as per physician’s order.
4. Check and record vital signs.
5. Assess surgical site(s) and complete Modified Aldrete Score upon arrival from OR suite, then Q15 minutes until discharge criteria met in Phase II (See: [Appendix A: Phase 2 Recovery Assessment and Discharge Criteria](#)).

## Protocol:

### Recovery Phases

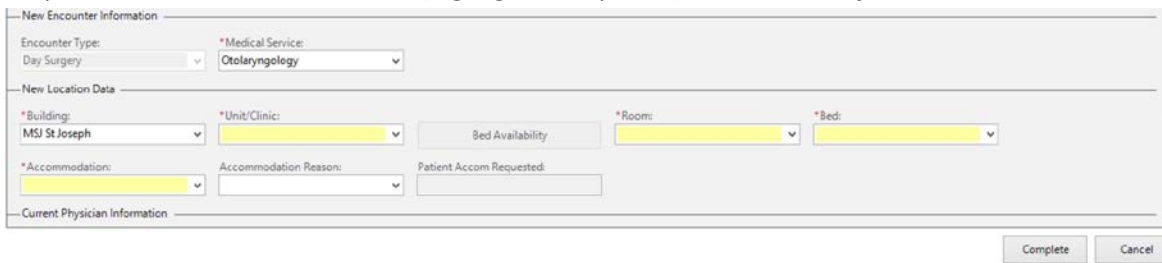
1. *Phase 1 Recovery (PACU)*: the time period directly after the procedure and the administration of procedural sedation analgesia (PSA), nerve blocks, or general anesthesia (GA). The PACU nurse focuses on providing one to one monitoring and nursing care on basic life-sustaining needs based on objective nursing assessment data (i.e. respirations, oxygenation, circulation, level of consciousness, movement).
2. *Phase 2 Recovery (SDCU)*: the time period that occurs directly after Phase I recovery in PACU or in OR ‘fast track’. After criteria for discontinuing from one to one monitoring has been met, post op SDCU nurse focuses nursing care on the patient’s immediate physical/comfort needs based on subjective and objective nursing assessment data.

### Post op care Phase 2:

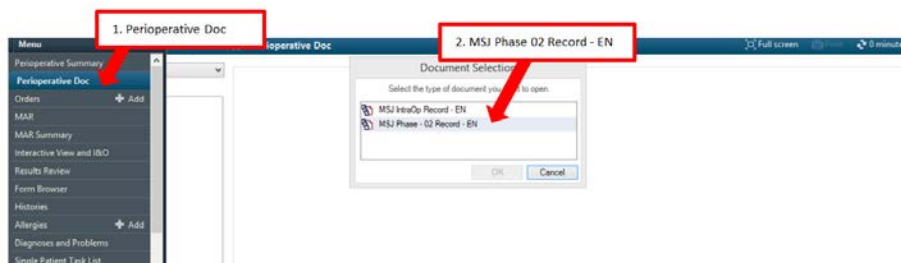
The post op SDCU nurse will:

1. Receive a verbal handover report from PACU nurse.
2. Verify the patient and allergies.
3. **Transfer** the patient Encounter on **PM conversation**.

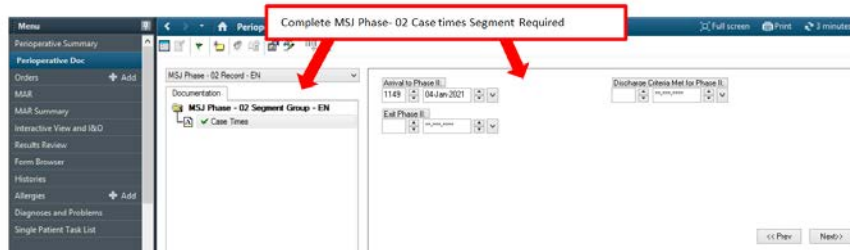
Complete the **Transfer Information** (highlighted in yellow) and click **Complete**.



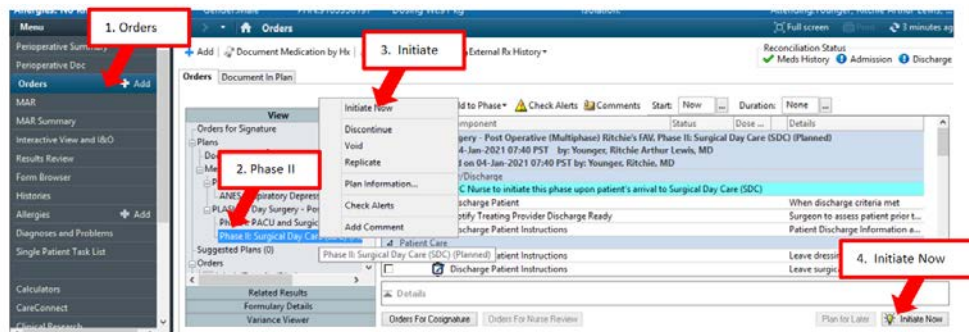
4. Go to **Perioperative Doc** select **MSJ Phase- 02 Record**, click OK.



5. Complete **Phase- 02** Discharge Case times Segment

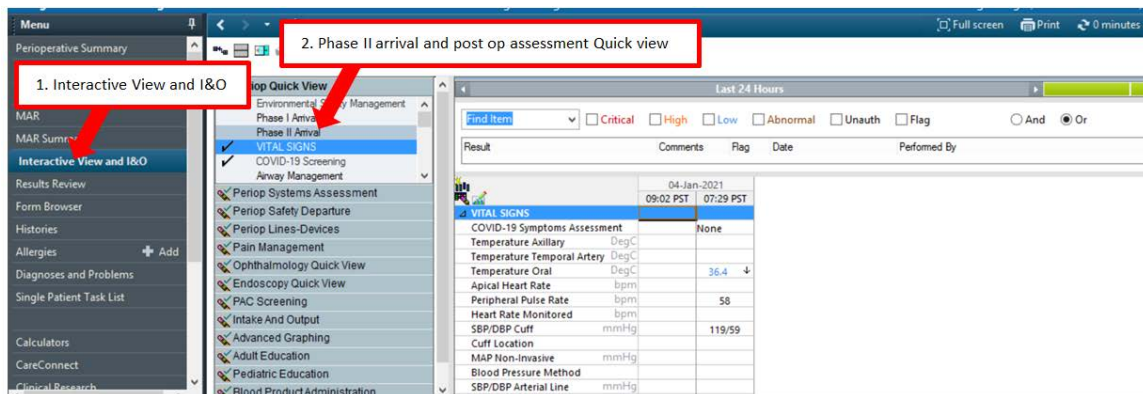


6. Initiate Phase II post op orders. Review physician's post-op orders and initiate action on any orders to be carried prior to patient's discharge home.





7. Complete the post-op observation, discharge criteria assessment and documentation.
  - Use the Modified Aldrete Score to assess the patient upon arrival from SDCU, then Q30 minutes until discharge criteria met in Phase II (minimum length of stay is 30 minutes and/or as per physician's order.). (See: *Appendix A: Phase 2 Recovery Assessment and Discharge Criteria*).
  - Assess surgical sites(s) and record vital signs
  - Document assessment on Interactive View and I&O.



## Discharge Criteria

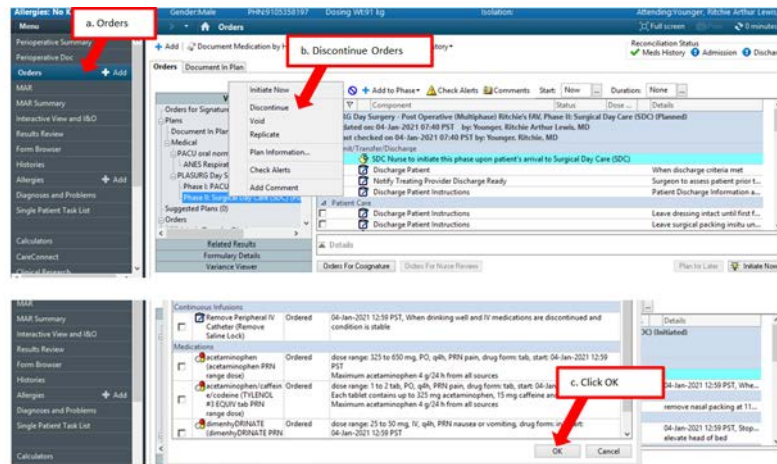
The post-op SDC nurse will:

1. Assess and monitor to ensure the patient meets pre-established discharge criteria outcomes *Appendix A and Appendix B*.
2. If the patient does not meet the discharge criteria (for patients who received unintended deep sedation or an unintended period of general anesthesia), a further 1 hour period of observation and monitoring is required prior to discharge is required until the patient meet the pre-established discharge criteria outcomes.
3. Minimum discharge observation time in SDC post-op is 30 minutes. Surgical procedure such as Thyroidectomy and Parathyroidectomy will require a minimum of 4 hours observation time post-op (2 hours in PACU and 2 hours in SDC). Following general anaesthesia, procedural sedation, and regional anaesthesia, patients must have a responsible adult to accompany them home.
4. Patient must have a physician's written discharge order.
5. Provide patient and/or responsible adult surgeon's specific post-op instructions and follow up

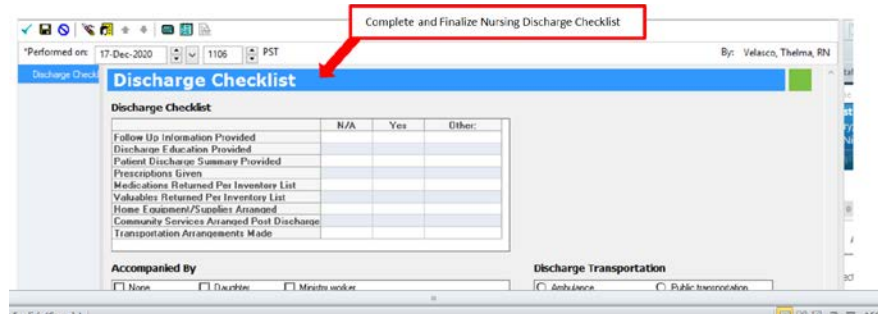
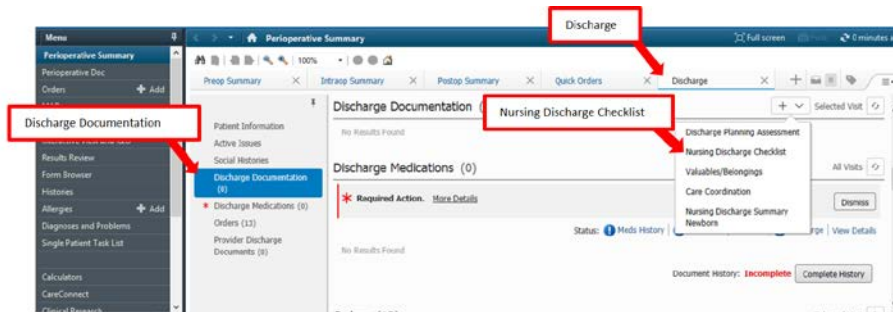
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visit (verbal and written instructions) and give the patient's prescription.

6. The post op SDCU nurse will call the responsible person when the patient is ready to go home.
7. Return belongings/valuables to the patient.
8. Complete patient discharge on Powerchart.
  - a. Discontinue orders, select **"Orders"** on Menu
  - b. Select and right click **Phase 2 Surgery Day Care**. Select **Discontinue**.
  - c. Then Click **"OK"**

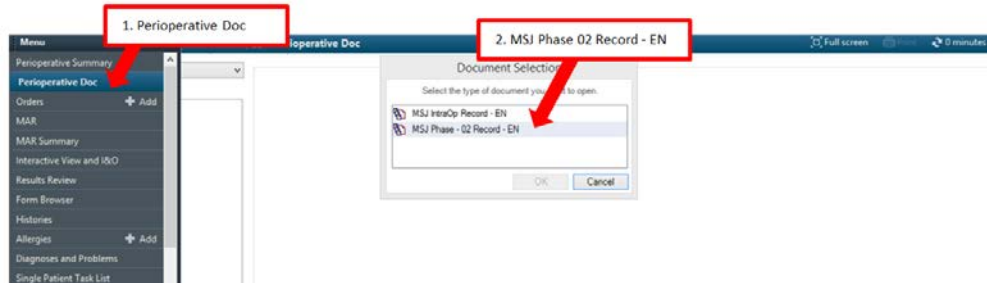


9. Complete and finalize the **Nursing discharge checklist**, under Perioperative Summary **"Discharge"** tab.

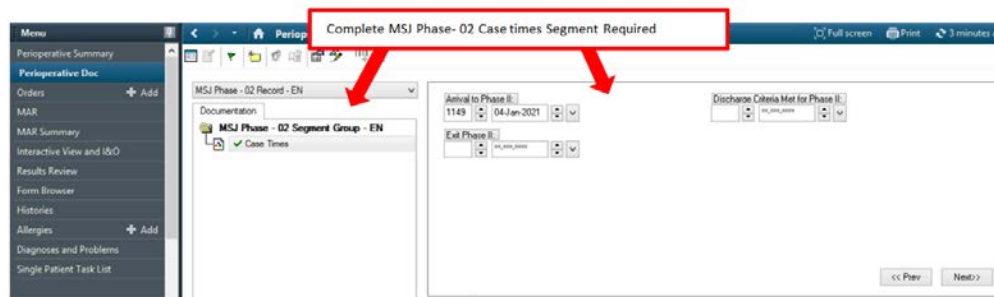


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10. Go to **Perioperative Doc** select **MSJ Phase- 02 Record- EN**, click OK.



11. Complete **Phase- 02** Discharge Case times Segment



12. **Discharge** the patient Encounter on **PM conversation**.

Complete the **Discharge Information** and click **Complete**.

Discharge Information					
*Discharge Disposition:	*Discharge Date:	*Discharge Time:	User ID:	Discharge Username:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	TRAIN.PERIONURSE9	Train, Nurse-Perioperative9	
Deceased Details					
Deceased ID:	Deceased Date:	Deceased Time:			

13. The Encounter will **“Drop off the board”** on Periop Tracking Board. Patient is **DISCHARGED**.

## Documentation

Document all assessments and interventions in Cerner as above.

Document all discharge teaching and educational resources provided.

## Patient and Family Education

The post-op SDCU nurse will provide the patient/family verbal and written post-op instructions, prescriptions, and follow up visit information.

## Related Documents

1. [B-00-11-10192](#) - Patient / Resident Identification
2. [B-00-13-10046](#) - Procedural Sedation in Clinics and Procedure Rooms: Protocol

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3. [B-00-13-10132](#) - Fast Track from Operating Room to Surgical Daycare Unit
4. [B-00-13-10142](#) - DT Procedure Rooms MSJ-Ophthalmology Surgery Postoperative Care and Discharge
5. [B-00-13-10018](#) - PACU: Post Anesthetic Patient in Phase 1
6. [B-00-13-10071](#) - PACU: Discharge Criteria

## References:

1. American Society of PeriAnesthesia Nurses. (2014). 2015 - 2017 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Cherry Hill, NJ: Author.
2. Beetstra, J., & Peterson, L. (2016). Clinical Practice Document: Care of the Post Anesthetic Patient in Phase I. PolicyNet – Vancouver Acute. Vancouver Coastal Health.
3. DT Procedure Rooms MSJ-Ophthalmology Surgery Postoperative Care and Discharge (PHC).
4. Interior Health. (2017). *Ambulatory Care Unit Post-Procedure Phase II Recovery- Adult; Admission Assessment and Discharge Criteria*. AC01500
5. National Association of PeriAnesthesia Nurses of Canada (NAPAN). (2018). *Standards for Practice (4th ed.)*. Ontario, Canada: Pembroke.
6. SHOP: [B-00-13-10208](#) - Peribulbular/Retrobulbular Blocks MSJ SDCU: Care of Patients Receiving

**Appendix A:****PHASE 2 Recovery Assessment and Discharge Criteria****Minimum Discharge Guidelines or Criteria from Phase 2**

Discharge guidelines or criteria will include but are not limited to:

- Vital signs 20% of patient's baseline
- Oriented to preoperative state
- Pain has been within patient's comfort level
- Nausea and vomiting within patient's comfort level
- Stable wound site
- Voiding may be essential following certain surgical procedures
- Ability to ambulate as baseline
- Stable emotional status
- Patient meets scoring guidelines as per post anesthetic scoring tool (dependent on individual institutions)
- A competent adult is readily available to stay with patient for minimum of 24 hours
- Appropriate escort home and safe transportation



## Appendix B: Modified Aldrete Score

Modified Aldrete Scoring system (NAPAN, 2014)

Category	Criteria	Point Value
<b>Respirations</b>	Able to deep breath and cough freely	2
	Dyspnea or limited breathing	1
	Apneic	0
<b>O<sub>2</sub> Saturation</b>	Able to maintain SpO <sub>2</sub> greater than 92% on room air	2
	Requires supplemental oxygen to maintain SpO <sub>2</sub> greater than 90%	1
	SpO <sub>2</sub> below 90% even with supplemental oxygen	0
<b>Circulation</b>	Blood pressure +/- 20mmHg pre-procedure value	2
	Blood pressure +/- 20mmHg to 50mmHg pre-procedure value	1
	Blood pressure +/- greater than 50mmHg of pre-procedure value	0
<b>Level of Consciousness</b>	Awake and oriented	2
	Wakens with stimulation	1
	Not responding	0
<b>Movement</b>	Moves 4 limbs on own	2
	Moves 2 limbs on own	1
	Moves 0 limbs on own	0

**Persons/Groups Consulted:**

Clinical Nurse Leader, MSJ PACU, SDCU, Endoscopy  
Practice Consultant, Professional Practice  
MSJ Surgery Supervisor

**Developed By:**

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