



Committee on Interdisciplinary Practice
Community Health Network of San Francisco
 Committee on Interdisciplinary Practice

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Title: Discharge of Ambulatory Surgery Patients from 6G Women's Options Center Based Upon Discharge Criteria

I. Policy Statement

- A. It is the policy of ~~the Community Health Network and Zuckerberg~~ San Francisco General Hospital ~~and Trauma Center~~ ~~Medical Center~~ that all standardized procedures are developed collaboratively and approved by the Committee on Interdisciplinary Practice (CIDP) whose membership consists of Nurse Practitioners, Certified Nurse Midwives, Physician Assistants, Registered Nurses, Physicians, Pharmacists, Administrators and other Affiliated Staff.
- B. A copy of the signed procedures will be kept in an operational manual in the 6G Women's Options Center ([6G](#)) and on file in the Medical Staff Office.

II. Functions to be performed

When an RN provides health care that involves areas of overlapping practice between nursing and medicine, a standardized procedure is required. Such a standardized procedure includes guidelines stating specific conditions requiring the RN to seek ~~provider~~ ~~physician~~ (MD, CNM, NP, PA) consultation.

III. Circumstances ~~Under~~ ~~Under~~ Which RN May Perform Function

- A. Setting

The Registered Nurse may perform the following standardized procedure functions in the 6G Women's Options Center consistent with his/her experience and training.
- B. Scope of Supervision Required
 - 1. The RN is responsible and accountable to the 6G Women's Options Center Nurse Manager and Medical Director or physician designee.

2. Overlapping functions are to be performed in areas that allow for a consulting ~~physician~~ to be available to the RN by phone or in person including but not limited to the clinical area.
3. ~~Physician or NP/CNM~~ Provider (MD, CNM, NP, PA) consultation is to be obtained as specified in the protocols and under the following circumstances:
 - a) Patient does not meet discharge criteria specified in Standardized Procedure.

Commented [Office1]: Would NP/CNM consultation be obtained if NP/CNM performed abortion?

C. Documentation-RN completes documentation on the 6G Perioperative Clinical Record.

IV. Requirements for the Registered Nurse

A. Experience and Education

1. Active California Registered Nurse license
2. Graduate of an approved RN Program
3. Current BLS certification

B. Special Training

1. Procedural sedation competency [according to ZSFG Administrative Policy Number 19.08](#)

Commented [Office2]: Is this a separate SP/protocol? On a different review schedule? (It is not included in this review).

C. Evaluation of the Registered Nurse competence in performance of standardized procedures

1. Initial: At the conclusion of the standardized procedure training, the Nurse Manager or Medical Director or ~~physician~~ designee will assess the RN's ability to perform the procedure. Evaluation will be done by direct observation of skills [and by medical record review.](#)
2. Annual: Nurse Manager, Medical Director or ~~physician~~ designee will evaluate the RN's competence through an annual performance appraisal and skills competency review along with feedback from colleagues, physicians, direct observation and/or medical record review may be used.
3. Follow-up: areas requiring increased proficiency as determined by the initial or annual evaluation will be re-evaluated by the Nurse Manager, Medical Director or ~~physician~~ designee at appropriate intervals until acceptable skill level is achieved. This may also include medical record reviews.

Commented [Office3]: Need to specify number of cases.

V. Development and Approval of Standardized Procedure

A. Method of Development

Standardized procedures are developed collaboratively by the registered nurses, nurse managers, physicians, and administrators

and must conform to the eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.

- B. Approval
All standardized procedures must be approved by CIDP, Credentials Committee, Medical Executive Committee and Joint Conference Committee prior to use.
- C. Review Schedule
The standardized procedure will be reviewed every three years by the registered nurses, nurse managers, and medical director and as practice changes.
- D. Revisions
All changes or additions to the standardized procedures are to be approved by CIDP accompanied by the dated and signed approval sheet.

Protocol #1 Discharge of Ambulatory Surgery Patients from 6G Women's Options Center

A. Definition

1. Patients may be discharged from the 6G Women's Option's Center when the physician provider (MD, CNM, NP, PA) performing the procedure writes a discharge order indicating that the patient may be discharged by the Registered Nurse when all discharge criteria have been met.
2. Additionally, patients cared for by an anesthesiologist must have a postoperative note written by an anesthesiologist prior to discharge.

Commented [Office4]: Now that a CNM is performing first tri abortion, should this be revised to include CNM/NP order?

B. Criteria

1. A minimum of ~~one hour~~ thirty minutes post-procedure observation for patients who have received procedural sedation or monitored anesthesia care (MAC).
2. The patient is alert and oriented to person, place and time and can verbalize appropriately or has returned to her preoperative level of consciousness.
3. Vital signs are within 20% of preoperative levels (BP, P, R). Oxygen has been discontinued for a minimum of 30 minutes prior to discharge and oxygen saturation is maintained at pre-procedure level or $\geq 95\%$.
4. Able to ambulate with minimal assistance or returned to preoperative mobility status.
5. Able to tolerate fluids without vomiting.
6. Pain is at most mild to moderate Pain scale ≤ 3 or at preoperative level with/without P.O. medication or 30 minutes after IV/IM narcotics.
7. Vaginal bleeding is within normal limits, defined as: scant (staining 25-50% of a peri-pad in 30 minutes) to moderate (staining 50-75% of a peri-pad in 30 minutes).
8. Either a responsible adult escort is present to accompany the patient from the hospital or the patient is discharged using an approved transport service.
9. In the case of homeless patients, counselors will attempt to arrange Social Services has arranged shelter and transportation.

C. Physician Consultation- See General Policy

Commented [DR5]: Does this need to be reviewed?

D. Education of client/patient (and support person when appropriate)

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1. If medications have been ordered, the patient has been educated about her medications and the prescription has been given to the patient.
2. Postoperative discharge instructions have been reviewed with the patient and her escort, using an interpreter if appropriate.
3. The patient has ~~received a three-week~~ been informed of her post-abortion/TAB appointment when indicated.
4. Patients are contacted confidentially as needed for abnormal lab findings.
- 4-5. If contraception has been initiated, the patient has been appropriately educated about her particular birth control method (BCM). Patient understands that she may follow up at her first post TAB appointment with any concerns regarding her BCM.

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Commented [DR6]: This is more of a procedural question about BCM f/u appt's in 5M. My experience is, some pt's get them, some don't. I have had Depo pt's lost to f/u b/c they didn't get a f/u appt s/p 6G. I've had IUD pt's w/ f.u appt's for unclear reasons. Do you need to state what the policy is?

E. Record keeping

1. Nursing documentation on the 6G Perioperative Clinical Record form is completed, reflecting that all discharge criteria have been met.