

20162019

Zuckerberg San Francisco General Hospital and Trauma Center Committee on Interdisciplinary Practice

STANDARDIZED PROCEDURE

Title: Discharge of Adult and Pediatric Ambulatory Surgery Patients

1. Policy Statement

- A. It is the policy of Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) 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, Psychologists, ~~and~~ Administrators and other affiliated staff and must conform to the Nurse Practice Act, Business and Professions Code Section 2725.
- B. A copy of the signed procedures will be kept in an operational manual in the Post Anesthesia Care Unit (PACU) and on file in the Medical Staff Office.

2. 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. This standardized procedure includes guidelines stating specific conditions requiring the RN to seek physician consultation.

3. Circumstances under which RN may perform function

- A. Setting
The Registered Nurse may perform the following standardized procedure function in the Post Anesthesia Care Unit (PACU) and ~~Surgicenter-Pre-Op~~ consistent with their experience and training.
- B. Scope of supervision required
 1. The RN is responsible and accountable to the PACU and Surgicenter Nurse Manager and Perioperative Medical Director or physician designee.
 2. Overlapping functions are to be performed in areas that allow for a consulting physician to be available at all times to the RN by phone or in person, including, but not limited to, the clinical area.
 3. Physician consultation is to be obtained as specified in the protocols and under the following circumstances:
 - a. when the ambulatory surgery patient fails to meet discharge criteria
 - ~~a.b. or~~ experiences emergency conditions such as unstable vital signs that require prompt medical intervention. instability in vital signs as defined in Protocol #1 Discharge of Adult and Pediatric Ambulatory Surgery Patients.

Commented [JK1]: Template language

4. List of Protocols:

Protocol #1 Discharge of Adult and Pediatric Ambulatory Surgery Patients

5. 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 from an approved American Heart Association Providers

B. Special Training

1. The RN has successfully completed his/her orientation to the PACU and/or Surgicenter with a completed orientation checklist on file.
2. The RN has learned the criteria contained in the Standardized Protocol defined in Protocol #1 Discharge of Adult and Pediatric Ambulatory Surgery Patients.
3. ~~The RN signs the Standardized Procedure signature sheet, authorizing them to function under this standardized procedure.~~

C. Evaluation of the RN's competence in performance of the standardized procedure.

1. Initial:

After completion of the standardized procedure training, the PACU/~~Surgicenter Pre-Op~~ Nurse Manager or designee will assess the RN's ~~competence~~ ability to perform the procedure:

a. Clinical Practice

- Successful completion of the PACU/Pre-Op RN orientation program.
- Successful completion of the PACU/Pre-Op Standardized Procedure training. in this area by observing + The RN is assessed and documentation reviewed and on three (3) discharge ~~three~~ patients in accordance with the standardized procedure.

2. ~~Annual:~~

The PACU/~~Surgicenter Pre-Op~~ Nurse Manager or designee will evaluate the RN's competence via the annual performance appraisal and skills competency review along with ~~Feedback~~ from colleagues, ~~and/or~~ physicians, ~~and~~ Direct observation and/or chart review may be used. ~~to determine competency.~~

3. Follow-up:

RNs with elements requiring increased proficiency, as determined by the initial or annual review will be re-evaluated by the PACU/~~Surgicenter Pre-Op~~ Nurse Manager or designee at appropriate intervals until acceptable skill level is achieved. Feedback from colleagues, physicians, direct observation and/or chart review may be used to determine competency.

Commented [JK2]: The signature page process is being discontinued. Tracking of RN will be added to the policy. I don't think the tracking of the RN would fall under this section "special training".

6. 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 the 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 (and as practice changes) by the PACU/~~Surgicenter~~Pre-Op Nurse Manager, Perioperative Medical Director and staff.

D. Revisions

All changes to the standardized procedures are to be approved by the _____CIDP, accompanied by the dated and signed approval sheet.

Commented [JK3]: Process changing to include RN SP in the PACU/Pre-OP Scope of Service

Protocol #1

Title: Discharge of Adult and Pediatric Ambulatory Surgery Patients

A. Definition

1. Patients may be discharged from the ~~Surgicenter-Pre-Op~~ or PACU when the physician performing the procedure writes a discharge order indicating 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.

B. Database

1. Subjective Data

- a. ~~Patient is awake, alert and oriented and has returned to their baseline pre-operative level of consciousness~~

2. Objective Data

Meets Discharge Criteria when

- a. Minimum time passed from end of the procedure by sedation/anesthesia type received

- ~~A minimum of one hour post procedure for patients who have received general, spinal, regional or epidural anesthesia, unless a discharge order specifying a different time has been written by the anesthesiologist.~~

~~A minimum of one half hour post procedure for patients who have received moderate sedation or monitored anesthesia care (MAC).~~

<u>Minimum Time period has passed since end of the procedure</u>	<u>Type of Sedation/Anesthesia the patient received</u>
<u>30 minutes</u>	<u>Moderate Sedation or Monitored Anesthesia Care (MAC)</u>
<u>60 minutes</u>	<u>General, spinal, regional or epidural anesthesia</u>

- a-b. ~~Two hours is the minimum time elapsed for monitoring. Any patient receiving a reversal agent (Naloxone or Flumazenil) must be monitored for at least two hours after administration of the reversal agent to detect potential re-sedation (taken from Hosp Policy 19.08 - Guidelines for Moderate and Deep Sedation).~~

b-c. The patient has, at most, mild nausea and/or dizziness.

e-d. The patient is alert and oriented to person, place and time and can verbalize appropriately or has returned to his/her preoperative level of consciousness.

Commented [JZ4]: Should we attach the Hospital policy 19.08?

Commented [JK5]: Title of 19.08 changed to just "Moderate and Deep Sedation"

- ~~e~~.e. Vital signs are within 20% of preoperative levels (blood pressure, heart rate, respiratory rate).
- ~~e~~.f. Supplemental oxygen has been discontinued for a minimum of 30 minutes prior to discharge.
- ~~f~~.g. **Mobility:** Able to ambulate with minimal assistance or returned to preoperative mobility status.
- ~~g~~.h. Pain is no greater than mild to moderate (*NRS* \leq 5) with or without PO medication or 30 minutes after IV/IM narcotics.
- ~~h~~.i. Wound site is dry or appropriate for type of surgery.
- ~~i~~.j. Neurovascular status of operative extremity is appropriate for postoperative state (if applicable).
- ~~j~~.k. ~~Patients who have undergone u~~Urologic, gynecologic, hernia procedures and/or spinal and epidural anesthesia- Patients -must void, unless a physician orders differently.
- l. Blocks:
 - 1. ~~Patients with~~ upper extremity blocks - patients may be discharged with partial motor and sensory return. They must understand how to protect their extremity and have a sling in place.
 - 2. ~~Patients with~~ lower extremity blocks - Patients with will be given crutches or assistive devices to ambulate safely. Crutch teaching is done by the RN and a return demonstration by the patient should be performed with the assistance of two staff members for safety needs.
 - 4.3. All block patients-Patients will also receive written block instructions in their discharge teaching.
- ~~k~~.m. Escort: Patients should have a responsible adult escort to accompany them from the hospital or they may be discharged using an approved transport service.
- ~~l~~.n. Housing - In cases where the patient is homeless, they should have shelter and transportation arranged via Social Services.

C. Diagnosis

Physician ~~c~~Consultation is required for the following:

- ~~3~~.1. Failure to meet discharge criteria
- ~~4~~.2. Vital signs unstable (not within 20% of preoperative level for blood pressure, heart rate, respiratory rate).
- ~~5~~.3. In situations where a responsible adult escort is not present and/or the patient refuses to wait for transportation/escort, the service physician may evaluate the patient in consultation with the Anesthesia attending and, if appropriate, write an order for the patient to be discharged independently.

D. Plan

Education of patient and family and ~~p~~Postoperative follow-up

- ~~6~~.1. If discharge medications have been ordered, the patient has been educated regarding these medications or prescriptions given.

7.2. Postoperative discharge instructions along with medication reconciliation and instructions on nerve blocks have been reviewed with the patient and escort, using an interpreter as appropriate.

8.3. The patient has received a postoperative follow-up appointment with the appropriate ~~physician~~ Provider and clinic when applicable.

B.E. Documentation Record Keeping

Nursing documentation in the clinical record is complete, reflecting that all discharge criteria are met.

**San Francisco General Hospital and Trauma Center
Post Anesthesia Care Unit (PACU) and Surgicenter**

STANDARDIZED PROCEDURES

Discharge of Adult and Pediatric Ambulatory Surgery Patients
Based upon Discharge Criteria

The following registered nurses are authorized to discharge adult and pediatric ambulatory surgery patients under this standardized procedure:

Approved by:

Gerard F. Padilla, RN MS
Nurse Manager, PACU/SC

Date

| ~~Kathy Ballou~~ Patty Coggan, RN MSN
Nursing Director, Perioperative Services

Date

| ~~James Marks~~ Romain Pirracchio, MD
Chief of Anesthesia

Date

| ~~Jens Krombaeh~~ Laura Lang, MD
Medical Director, Perioperative Services

Date