

Kingston Health Sciences Centre

ADMINISTRATIVE POLICY MANUAL

SUBJECT: Guidelines for Bypassing the Post-Anesthesia Care Unit after Outpatient Surgery

Number

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Review NEW

Revision

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Introduction

Recovery after surgery is an ongoing process that begins from the end of intraoperative care until the patient has returned to their preoperative physiologic state. Early recovery (Phase I) is the time from discontinuation of anesthetic agents until the return of protective reflexes and motor function and typically occurs in the Post-Anesthesia Care Unit (PACU). Intermediate recovery (Phase II) refers to the period of time required for the patient to achieve criteria for discharge home.

Fast-tracking is a clinical pathway that involves transferring a patient directly from the operating room to the Phase II recovery area, bypassing the PACU. There are established criteria for appropriate patient selection to ensure safe postoperative care.

This guideline outlines the criteria and the process for bypassing the PACU for patients scheduled for outpatient surgery. The scoring tool is based on the modified Aldrete scoring system along with an assessment of pain and nausea.

Policy

1. The attending anesthesiologist may determine that an ambulatory surgical patient is able to bypass PACU when a score of \geq twelve (12) is achieved on the Fast-track Scoring System with no score $<$ 1 in any individual category. (see Appendix A)
2. If a score of twelve (12) is not achieved on the Fast-track Scoring System the patient will be transferred to the Post Anesthesia Care Unit for recovery.
3. If a score of \geq twelve (12) is achieved on the fast-track scoring system and the attending anesthesiologist would like the patient to bypass the PACU, they will:
 - 3.1 Document the score on the Anesthetic Record
 - 3.2 Call the Phase II recovery unit (Same Day Admission Centre at KGH, Phase II at HDH) to request a bed for the fast-track patient.
 - 3.3 Transfer the patient to the Phase II recovery unit and provide the appropriate handover information to the nursing staff receiving the patient.

References

Awad I, Chung F. Factors affecting recovery and discharge following ambulatory surgery. Canadian Journal of Anesthesia 2006; 53: 858-72.

Authorizing Signature

Date

Appendix A: Fast Track Scoring System

Criteria	Score
Level of consciousness	
Awake and oriented	2
Arousable with minimal stimulation	1
Responsive only to tactile stimulation	0
Physical activity	
Able to move all extremities on command	2
Some weakness in movement of extremities	1
Unable to voluntarily move extremities	0
Hemodynamic stability	
Blood pressure < 15% of baseline MAP value	2
Blood pressure 15–30% of baseline MAP value	1
Blood pressure > 30% below baseline MAP value	0
Respiratory stability	
Able to breathe deeply	2
Tachypnea with good cough	1
Dyspneic with weak cough	0
Oxygen saturation status	
Maintains value > 90% on room air	2
Requires supplemental oxygen (nasal prongs)	1
Saturation < 90% with supplemental oxygen	0
Postoperative pain assessment	
None or mild discomfort	2
Moderate to severe pain controlled with IV analgesia	1
Persistent severe pain	0
Postoperative emetic symptoms	
None or mild nausea with no active vomiting	2
Transient nausea or retching	1
Persistent moderate to severe nausea and vomiting	0

A minimum score of 12 (with no score < 1 in any individual category) is required for patient to be fast-tracked