Is your patient ready for PACU discharge?

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To discharge or not to discharge your patient from the postanesthesia care unit (PACU)—that’s the question. This clinical judgment, made in conjunction with the anesthetics provider and following your facility’s policy, can test your expertise and critical thinking skills. Consider the anesthetic techniques and agents used, and each patient’s unique situation and needs.

Patients recovering from surgery and anesthesia have gone through a dramatic insult on multiple systems, thus affecting physiologic homeostasis. They’re at risk for respiratory and circulatory deficits, reduced physical activity (especially patients who’ve received regional anesthetics), and alterations in core body temperature and level of consciousness.\(^1\) Patients also may experience nausea and vomiting, pain, inability to void, and postoperative bleeding.\(^1\) Comprehensive hand-off communication via the anesthesia provider and the circulating nurse is imperative to ensure the patient’s successful transition from the OR to the PACU.

The following criteria provide a concise guideline for satisfactory recovery in the immediate postoperative period. Before advancing to outpatient extended care or an inpatient unit, surgical patients should:

- Be awake, oriented, alert, easily arousable to verbal stimuli, and able to summon assistance if necessary.
- Have a patent airway, breathe spontaneously, and maintain a satisfactory level of blood oxygenation (usually greater than 92% on room air).
- Have active airway protective reflexes.
- Be hemodynamically stable with acceptable vital signs for 15 to 30 minutes.
- Possess a core body temperature of not less than 36° C (96.8° F).
- Have no active bleeding or apparent postsurgical complications.
- Have controlled and tolerable levels of postoperative pain.
- Be free from vomiting and, if necessary, have an antiemetic regimen in place.\(^1,2\)

The typical PACU stay is 30 to 60 minutes, although length of stay depends on the patient’s progress.\(^1\) Numerical scoring systems may be used to help determine a patient’s recovery from anesthesia. Systems like the Aldrete (also known as PARS) and the Modified Aldrete (also known as PARSAP) Scoring Systems take the guesswork out of readiness for PACU discharge by assigning numeric values to the following criteria: activity, respiration, circulation, consciousness, and color.\(^1\) Specifically, the Aldrete score rates each criterion from 0 to 2, with a maximum score of 10. Scores in the range of 8 and 9 are usually considered satisfactory for PACU discharge to the inpatient care unit or to PACU phase II.\(^1\)

The Modified Aldrete system, in response to the needs of the outpatient surgery population, includes oxygenation in place of color, and adds criteria for the appearance of the surgical dressing, pain, ambulation, tolerance of oral fluids, and ability to urinate.\(^1\) Phase I PACU discharge criteria requires a minimum of 8 to 10, with a discharge to home requiring a minimum score of 18 out of a possible 20.\(^1\) The Modified Aldrete is useful in situations where the care of PACU phase I and II patients are combined.

By following your facility’s policy and these tips, you’ll be able to successfully transition patients through this most critical phase of the surgical experience. OR

REFERENCES

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