

PACU Discharge and Bypass Criteria

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8/23/17

Definition

- Determining appropriate recovery from an operation is standardized to assure quality of care and allow for nursing independence.
- Phase I (recovers from anesthesia, protective reflexes return, motor function returns) and II (achieves criteria for discharge, coordinated, ambulating and judged to be home ready) are standard PACU recovery terms. Fully recovered – happens later when they return to preoperative physiological and functional state.
- Bypassing phase I is considered fast tracking. Based on criteria. Incurs cost saving, increases patient satisfaction and is possible with advent of anesthetic agents to facilitate early recovery.
- More complex ambulatory procedures are being performed on sicker patients with an increased emphasis on early discharge. Important to do this safely.

Discharge from Phase I

- Aldrete's original scoring system was originally described in 1970.
- Requires a score of 9 or greater to leave the PACU (out of total of 10) to move from Phase I.
- Has been modified to include SpO₂ rather than “color”

Activity

- Able to move four extremities on command: 2
- Able to move two extremities on command: 1
- Able to move 0 extremities on command: 0

Breathing

- Able to breathe deeply and cough freely: 2
- Dyspnea: 1
- Apnea: 0

Circulation

- BP less than 20% of preanesthetic level: 2
- BP is 20%-49% of the preanesthetic level: 1
- BP greater than 50% of preanesthetic level: 0

Consciousness

- Fully awake: 2
- Arousable: 1
- Not responding: 0

Oxygen Saturation (pulse oximetry)

- 92% while breathing room air: 2
- Needs supplemental oxygen to maintain saturation > 90%: 1
- Below 90% even with supplemental oxygen: 0
- This is the modification to the Aldrete scoring. The original just accounted for “color”. Occurred with the advent of the pulse oximetry.

Fast tracking

- With the increase in ambulatory anesthesia there was a need to revise the Modified Aldrete scoring to allow for fast tracking.
- More criteria added to ensure “street fit” since many who passed the Modified Aldrete Scoring required pain meds and anti-nausea meds.
- White scoring was created to help determine phase II fast tracking.

White Scoring System

| | | | |
|-----------------------------|---|---|-----------|
| Level Of Consciousness | | Oxygen saturation status | |
| Awake & oriented | 2 | Maintains >90% on RA | 2 |
| Arousable w/min stimulation | 1 | Requires nasal prongs | 1 |
| Responsive only to tactile | 0 | Sat <90% with O2 | 0 |
| Physical Activity | | Post-operative Pain | |
| Able to move all 4 ext | 2 | None or mild | 2 |
| Some weakness | 1 | Mod to severe, IV meds | 1 |
| Unable to voluntarily move | 0 | Persistent severe pain | 0 |
| Hemodynamic Stability | | Postoperative Emetic symptoms | |
| BP <15% baseline MAP | 2 | None or mild with no active vomiting | 2 |
| BP 15-30% of baseline MAP | 1 | Transient vomiting or retching | 1 |
| BP >30% below baseline MAP | 0 | Persistent mod to severe nausea and vomiting | 0 |
| Respiratory stability | | TOTAL SCORE | 14 |
| Able to breathe deeply | 2 | Minimal score of 12, with no category <1 required for fast-tracking | |
| Tachypnea w/good cough | 1 | | |
| Dyspnea w/ weak cough | 0 | | |

Modified PADSS – Home readiness

- Post Anesthesia Discharge Scoring System – based on 5 criteria.
- Patients who score of 9 or greater and have an appropriate escort are ready to go home.
- Discharge if released home to a responsible adult.
- This is discharge from phase II – could be a separate unit but it is the same at Stanford. Most value if it is in a stepdown unit.
- Modified because took away requirement to have PO intake and voiding

Vital Signs

- BP and HR within 20% of preanesthetic level: 2
- BP and HR 20%-40% of the preanesthetic level: 1
- BP and HR > 40% of the preanesthetic level: 0

Activity

- Steady gait without dizziness or meets the preanesthetic level : 2
- Requires assistance: 1
- Unable to ambulate: 0

Nausea and Vomiting

- None to minimal, successfully treated with meds: 2
- Moderate successfully treated with IM meds: 1
- Severe, continues despite meds: 0

Surgical Bleeding

- Consistent with that expected for the surgical procedure
- Minimal (does not require dressing change): 2
- Moderate (up to two dressing changes required): 1
- Severe (more than three dressing changes required): 0

Pain

- Pain acceptable: 2
- Pain not acceptable: 1

Voiding

- Routine requirement is not necessary for discharge.
- Instructions are important

Factors that Delay Discharge

- Dizziness
- **PONV**
- **Pain**
- CV event (HTN)
- Drowsiness
- Shivering

Question #1

Which scoring system includes heart rate:

- A. Modified Aldrete
- B. Aldrete
- C. Modified PADSS
- D. White

Answer #1

- Modified PADSS includes criteria for HR. Others only include BP.

Question #2

The concept of fast tracking involves which of the following:

- A. Decreasing length of stay in Phase I by transitioning to Phase II early
- B. Bypassing Phase I and admitting patients from OR to phase II
- C. Discharging patients home from Phase II
- D. Allowing patients to go home on the same day of surgery
- E. Allowing patients who have had a MAC to transition to recovery phases faster than undergoing a general anesthesia

Answer #2

- B
- Suitable for fast tracking past labor intensive Phase I to Phase II
- Overall stay in recovery shorter because of skipping Phase I
- Fast track is possible both for MAC and general anesthesia patients.

Question #3

Patient is a 52 year old female s/p laparoscopic left inguinal hernia repair. PMH: HTN (baseline BP 136/92) for which she takes metoprolol (baseline HR 64). She arrives into recovery. VS: HR 71 BP 140/80 RR 18 SpO2 98% on 3L NC. She is awake and after a big cough states she has no pain. She can wiggle his toes and fingers and gives you a thumbs up. What is her Aldrete Score:

- A. 5
- B. 8
- C. 9
- D. 10
- E. Unable to determine

Answer #3

- C
- One point lost for NC to maintain O₂sat > 90%
- She appears to be even fast track eligible although we don't know exactly her nausea score. Can't determine White score

References

- J A Aldrete The post-anesthesia recovery score revisited. J Clin Anesth: 1995, 7(1): 89-91
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