

Integrative Literature Review: Ascertaining Discharge Readiness for Pediatrics After Anesthesia

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Purpose: *Unplanned hospital readmissions after the administration of general anesthesia for ambulatory procedures may contribute to loss of reimbursement and assessment of financial penalties. Pediatric patients represent a unique anesthetic risk. The purpose of this integrative literature review was to ascertain specific criteria used to evaluate discharge readiness for pediatric patients after anesthesia.*

Design: *This study is an integrative review of literature.*

Methods: *An integrative literature search was conducted and included literature sources dated January 2008 to November 2013. Key words included pediatric, anesthesia, discharge, criteria, standards, assessment, recovery, postoperative, postanesthesia, scale, score, outpatient, and ambulatory.*

Finding: *Eleven literature sources that contributed significantly to the research question were identified. Levels of evidence included three systematic reviews, one randomized controlled trial, three cohort studies, two case series, and two expert opinions.*

Conclusions and Implications: *This integrative literature review revealed evidence-based discharge criteria endorsing home readiness for postanesthesia pediatric patients should incorporate consideration for physiological baselines, professional judgment with regard to infant consciousness, and professional practice standards/guidelines. Additionally, identifying and ensuring discharge to a competent adult was considered imperative. Nurses should be aware that frequently used anesthesia scoring systems originated in the 1970s, and this review was unable to locate current literature examining the reliability and validity of their use in conjunction with modern anesthesia-related health care practices.*

Keywords: *pediatric, postanesthesia, discharge, criteria, ambulatory.*

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PREMATURE DISCHARGE OF PATIENTS from the postanesthesia care unit (PACU) after the administration of general anesthesia may nega-

tively impact patient outcomes and contribute to unplanned hospital readmissions.¹ Epstein¹ has suggested that health care systems and providers could be assessed financial penalties or sacrifice complete reimbursement for unplanned readmissions considered as preventable especially in the emerging ambulatory care service area. Recognizing and establishing appropriate conditions for discharge is imperative to safe and quality patient care as well as mitigating the possibility of being held legally responsible for failing to prevent foreseeable complications after discharge.²

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Conflict of interest: None to report.

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The Aldrete scoring system,³ formalized in 1970, was the first standardized set of criteria used to determine recovery from anesthesia. The Aldrete scoring system was published in 1970, used with adults, adopted rapidly as the standard for all patient populations, and modified with advances in technology.⁴ Subsequently, extensive research has been generated to identify reliable and valid tools to measure recovery from anesthesia. Hoffman⁵ recognized and applauded successful strategies for improved safety in the anesthesia specialty over the last 25 years; however, universal outcome measures in the pediatric subspecialty of anesthesia were considered deficient. Given that adverse events occur more often after anesthesia in pediatric patients, Hoffman⁵ emphasized the importance of establishing quantifiable outcomes by which safety and quality can be evaluated. Physiological norms vary depending on the age of pediatric patients. Additionally, the variable communicative, cooperative, and cognitive abilities of pediatric patients create unique circumstances that demand flexible, yet comprehensive, outcome measures that can be elicited consistently and reliably using established assessment practices. An integrative literature review was conducted for the purpose of ascertaining quantifiable measures indicative of discharge readiness in the pediatric population after anesthesia.

Scope

The guidelines by Cooper⁶ supporting scientific development of an integrated review of literature provide the framework for inquiry. Patients discharged from the PACU may have a disposition to the intensive care unit, inpatient unit, observation area, or outpatient residence. Disposition to an outpatient residence theoretically requires a more complete state of anesthesia recovery and is used as the operational definition for discharge. The operational definition of pediatric is age up to and including 18 years. Finally, the term anesthesia represents all levels of anesthesia provided by a certified registered nurse anesthetist (CRNA) and/or anesthesiologist.

Review Question

The question used to direct this review was “What nursing assessments measure the discharge readi-

ness of the pediatric patient following anesthesia administration?” Research that focused on current anesthesia discharge criteria was helpful to identify existing assessments used to determine discharge readiness. Studies including adult anesthesia recovery were evaluated because older pediatric patients have similar mental faculties, size, weight, and physiological norms. Additionally, Goodman et al⁷ examined data from 30 children’s hospitals and found these “hospitals are caring for increasing numbers of patients outside of the traditional pediatric age range”^(p10) with the 18- to 21-year-old age group projected as the fastest growing patient group in these hospitals. Anesthesia provided in hospital and outpatient settings were equally considered as similar anesthetics are given in both settings. Dental anesthesia was not considered secondary to industry practice differences and varying standards of anesthesia administration.⁸ Planned and emergent cases requiring anesthesia were equally considered as long as the patients were discharged directly from the recovery room to an outpatient residence.

Data Search

Literature considered for review included sources dated January 2008 to November 2013. Searches of the following databases were conducted: Cumulative Index to Nursing and Allied Health Literature, Health Source: Nursing/Academic Edition, Journals @Ovid, Proquest Nursing and Allied Health Source, ScienceDirect College Edition, Cochrane Library, Dynamed, Nursing Reference Center, Evidence Based Resources from Joanna Briggs Institute, MEDLINE, and PubMed. Standards of care, professional guidelines and recommendations, regulatory requirements, as well as published qualitative and quantitative research were used to answer the review question. All methods of research were considered. Key words included the following terms recognized as Health Sciences Descriptors⁹: pediatric, anesthesia, discharge, criteria, standards, assessment, recovery, postoperative, postanesthesia, scale, score, outpatient, and ambulatory. National and international literature published in English was included. The literature review examined criteria used to determine the discharge readiness of pediatric patients to an outpatient residence after receiving anesthesia provided by a CRNA or anesthesiologist.

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